

LA DHH DENIAL SUMMARY

Health Plan ID: 2162438
 Health Plan Name: UnitedHealthcare Community Plan
 Health Plan Contact: ***
 Contact Email: ***

(This summary represents those denial codes mapped to the State of Louisiana's designated Denial Codes.)

DHH DENIAL CODE	COSMOS DENIAL CDE	COSMOS_REASON_CODE_DESCRIPTION	COUNT
02	292	REQUIRES NOTIFICATION/PLAN NOT NOTIFIED	4003
06	051	THESE CHARGES ARE FOR SERVICES PROVIDED AFTER THIS PATIENT'S COVERAGE WAS CANCELLED, THEREFORE, THEY ARE NOT COVERED.	3746
06	052	BEFORE MEMBER EFF. DATE	3484
06	1142	PLS SUBMIT W/VALID MOLINA CARRIER CODE	3300
06	6020	MISSING MED RECORD FOR THIS SERVICE	2088
05	482	MANUALLY SPLIT CLAIM-DO NOT BILL MEMB	1883
06	040	CLAIM AFTER MEMBER TERMINATION DATE	1828
01	642	CONSENT FORM IS NOT ATTACHED, INVALID	772
01	262	SERVICE NOT APPRVD BY HEALTHPLAN	668
06	041	CLAIM BEFORE MEMB EFF DATE	657
06	991	NPI MISSING OR INVALID	400
06	2024	AMBULANCE DENIAL	325
06	374	NBR OF UNITS DONT CORRESPOND W/DATE SPAN	259
06	549	DIAGNOSIS (ICD) CODE REQUIRES 5TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 5TH DIGIT.	202
06	333	DIAG OR CPT CODE MISSING OR INVALID	125
02	087	REQUIRES NOTIFICATION	104
06	300	SUBMIT ACTIVE PROCEDURE CODE FOR DOS	41
05	068	NOT COVERED SERVICE	39
06	550	DIAGNOSIS (ICD) CODE REQUIRES 4TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 4TH DIGIT.	35
06	2026	INVALID MOLINA BILL TYPE	28
06	092	INCORRECT MODIFIER	21
02	502	REQUIRES NOTIFICATION	21
06	2014	CLAIM/EOB SUBMITTED IS NOT LEGIBLE.	17
04	289	CLAIM FILED AFTER TIME LIMIT	14
02	026	REQUIRES NOTIFICATION	3
06	038	INCORRECT DIAGNOSIS CODE	1