

UnitedHealthcare Community Plan
LA DHH DENIAL SUMMARY
ADJUDICATION DATE: AUGUST 2013

Run Date of 09/10/13

(This summary represents those denial codes mapped to the State of Louisiana's designated 5 Denial Codes.)

DHH DENIAL CODE	COSMOS DENIAL CDE	COSMOS_REASON_CODE_DESCRIPTION	COUNT
		THESE CHARGES ARE FOR SERVICES PROVIDED AFTER THIS PATIENT'S COVERAGE	
06	051	WAS CANCELLED, THEREFORE, THEY ARE NOT COVERED.	2996
06	1142	PLS SUBMIT W/VALID MOLINA CARRIER CODE	2810
06	052	BEFORE MEMBER EFF. DATE	2627
02	292	REQUIRES NOTIFICATION/PLAN NOT NOTIFIED	2591
06	6020	MISSING MED RECORD FOR THIS SERVICE	1808
05	482	MANUALLY SPLIT CLAIM-DO NOT BILL MEMB	1712
06	040	CLAIM AFTER MEMBER TERMINATION DATE	1669
01	262	SERVICE NOT APPRVD BY HEALTHPLAN	746
06	041	CLAIM BEFORE MEMB EFF DATE	743
01	642	CONSENT FORM IS NOT ATTACHED, INVALID	544
06	2024	AMBULANCE DENIAL	387
06	991	NPI MISSING OR INVALID	313
		DIAGNOSIS (ICD) CODE REQUIRES 5TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT	
06	549	THE CLAIM WITH THE REQUIRED 5TH DIGIT.	293
06	333	DIAG OR CPT CODE MISSING OR INVALID	201
06	374	NBR OF UNITS DONT CORRESPOND W/DATE SPAN	119
02	087	REQUIRES NOTIFICATION	101
04	381	REVIEWED TIME LIMIT - DENIAL UPHELD	77
		DIAGNOSIS (ICD) CODE REQUIRES 4TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT	
06	550	THE CLAIM WITH THE REQUIRED 4TH DIGIT.	51
06	2014	CLAIM/EOB SUBMITTED IS NOT LEGIBLE.	48
05	068	NOT COVERED SERVICE	40
06	2026	INVALID MOLINA BILL TYPE	40
04	289	CLAIM FILED AFTER TIME LIMIT	27
06	092	INCORRECT MODIFIER	17
06	300	SUBMIT ACTIVE PROCEDURE CODE FOR DOS	17
02	502	REQUIRES NOTIFICATION	4
02	026	REQUIRES NOTIFICATION	2