

BAYOU HEALTH Shared Denied Claim Summary
UHC - 2162438
For period Paid clams AUGUST 2012
Run Date of 10/02/2012

| DHH DENIAL CODE | COSMOS DENIAL CDE | COSMOS_REASON_CODE_DESCRIPTION | COUNT |
|-----------------|-------------------|---|-------|
| 01 | 262 | SERVICE NOT APPRVD BY HEALTHPLAN | 666 |
| 01 | 282 | SUBMIT ITEMIZED HOSPITAL BILL AND UB04 | 188 |
| 01 | 404 | CONSENT FORM NOT ATTACHED/COMPLETED | 2111 |
| 01 | 642 | CONSENT FORM IS NOT ATTACHED, INVALID | 3 |
| 02 | 026 | REQUIRES NOTIFICATION | 71 |
| 02 | 087 | REQUIRES NOTIFICATION | 431 |
| 02 | 292 | REQUIRES NOTIFICATION/PLAN NOT NOTIFIED | 2679 |
| 02 | 502 | REQUIRES NOTIFICATION | 25 |
| 04 | 289 | CLAIM FILED AFTER TIME LIMIT | 246 |
| 04 | 381 | REVIEWED TIME LIMIT - DENIAL UPHELD | 2 |
| 05 | 068 | NOT COVERED SERVICE | 32 |
| 05 | 482 | MANUALLY SPLIT CLAIM-DO NOT BILL MEMB | 1053 |
| 05 | 902 | SVCS RECEIVED FROM INELIGIBLE PROVIDER | 23 |
| 06 | 040 | CLAIM AFTER MEMBER TERMINATION DATE | 1019 |
| 06 | 041 | CLAIM BEFORE MEMB EFF DATE | 860 |
| 06 | 051 | THESE CHARGES ARE FOR SERVICES PROVIDED AFTER THIS PATIENT'S COVERAGE WAS CANCELLED, THEREFORE, THEY ARE NOT COVERED. | 2535 |
| 06 | 052 | BEFORE MEMBER EFF. DATE | 4721 |
| 06 | 092 | INCORRECT MODIFIER | 8 |
| 06 | 2024 | AMBULANCE DENIAL | 1437 |
| 06 | 300 | SUBMIT ACTIVE PROCEDURE CODE FOR DOS | 19 |
| 06 | 333 | DIAG OR CPT CODE MISSING OR INVALID | 192 |
| 06 | 374 | NBR OF UNITS DONT CORRESPOND W/DATE SPAN | 49 |
| 06 | 549 | DIAGNOSIS (ICD) CODE REQUIRES 5TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 5TH DIGIT. | 258 |
| 06 | 550 | DIAGNOSIS (ICD) CODE REQUIRES 4TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 4TH DIGIT. | 38 |