

**BAYOU HEALTH Shared Denied Claim Report  
 UnitedHealthcare Community Plan / 2162438  
 For Period Paid Claims FEBRUARY 2013**

**LA DHH DENIAL SUMMARY  
 ADJUDICATION DATE: FEBRUARY 2013**

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

DHH DENIAL CODE	COSMOS DENIAL CODE	COSMOS_REASON_CODE_DESCRIPTION	COUNT
02	026	REQUIRES NOTIFICATION	3
06	040	CLAIM AFTER MEMBER TERMINATION DATE	2820
06	041	CLAIM BEFORE MEMB EFF DATE	578
06	051	THESE CHARGES ARE FOR SERVICES PROVIDED AFTER THIS PATIENT'S COVERAGE WAS CANCELLED, THEREFORE, THEY ARE NOT COVERED.	3215
06	052	BEFORE MEMBER EFF. DATE	2901
05	068	NOT COVERED SERVICE	31
02	087	REQUIRES NOTIFICATION	948
06	092	INCORRECT MODIFIER	49
01	262	SERVICE NOT APPRVD BY HEALTHPLAN	195
06	291	INCORRECT MEMBER NUMBER SUBMITTED	24
02	292	REQUIRES NOTIFICATION/PLAN NOT NOTIFIED	2457
06	300	SUBMIT ACTIVE PROCEDURE CODE FOR DOS	566
06	333	DIAG OR CPT CODE MISSING OR INVALID	372
06	374	NBR OF UNITS DONT CORRESPOND W/DATE SPAN	108
01	404	CONSENT FORM NOT ATTACHED/COMPLETED	1
05	482	MANUALLY SPLIT CLAIM-DO NOT BILL MEMB	1282
02	502	REQUIRES NOTIFICATION	7
06	549	DIAGNOSIS (ICD) CODE REQUIRES 5TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 5TH DIGIT.	270
06	550	DIAGNOSIS (ICD) CODE REQUIRES 4TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 4TH DIGIT.	28
01	642	CONSENT FORM IS NOT ATTACHED, INVALID	1763
06	991	NPI MISSING OR INVALID	517
06	2024	AMBULANCE DENIAL	365
			18500