

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

Run Date of 10/10/13

DHH DENIAL CODE	COSMOS DENIAL CDE	COSMOS_REASON_CODE_DESCRIPTION	COUNT
06	052	BEFORE MEMBER EFF. DATE	6037
06	051	THESE CHARGES ARE FOR SERVICES PROVIDED AFTER THIS PATIENT'S COVERAGE WAS CANCELLED, THEREFORE, THEY ARE NOT COVERED.	3818
02	292	REQUIRES NOTIFICATION/PLAN NOT NOTIFIED	3357
06	1142	PLS SUBMIT W/VALID MOLINA CARRIER CODE	2361
06	040	CLAIM AFTER MEMBER TERMINATION DATE	2159
06	6020	MISSING MED RECORD FOR THIS SERVICE	2099
05	482	MANUALLY SPLIT CLAIM-DO NOT BILL MEMB	1872
06	041	CLAIM BEFORE MEMB EFF DATE	743
01	262	SERVICE NOT APPRVD BY HEALTHPLAN	709
06	2024	AMBULANCE DENIAL	561
01	642	CONSENT FORM IS NOT ATTACHED, INVALID	560
06	991	NPI MISSING OR INVALID	282
06	549	DIAGNOSIS (ICD) CODE REQUIRES 5TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 5TH DIGIT.	281
06	333	DIAG OR CPT CODE MISSING OR INVALID	261
02	087	REQUIRES NOTIFICATION	133
06	374	NBR OF UNITS DONT CORRESPOND W/DATE SPAN	89
04	381	REVIEWED TIME LIMIT - DENIAL UPHELD	68
06	2014	CLAIM/EOB SUBMITTED IS NOT LEGIBLE.	38
06	092	INCORRECT MODIFIER	37
05	068	NOT COVERED SERVICE	36
06	550	DIAGNOSIS (ICD) CODE REQUIRES 4TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 4TH DIGIT.	36
06	082	EOB REC'D LACKS CORRECT INFO	25
06	300	SUBMIT ACTIVE PROCEDURE CODE FOR DOS	23
06	2026	INVALID MOLINA BILL TYPE	9
02	026	REQUIRES NOTIFICATION	4