

Reimbursement Comment Analysis Smith Family Practice

Service Dates From: 01/01/2015 - 01/31/2015

Patient Name	Voucher	Actual Provider	Dept	Service Date	Defined Fee	Units	Service Fee	Contractual Allowance	Allowed	Primary Paid	Primary Adj	
Department: ACUTE CARE SURGERY (ACS)												
Actual Provider: Smith, Paul												
Reimbursement Comment: An attachment/other documentation is required to adjudicate this claim/service (CO-252)												
CHRISTINE	98870	ACS		01/16/2015								
Proc: 99212	OFFICE/OUTPATIENT VISIT, EST, LVL 2			01/16/2015	142.00	1.00	79.00	0.00	0.00	0.00	0.00	
02/10/2015	Remittor: NETWORK	Ref: 57					NETWORK HEALTH PAYMENT (CO-252)				0.00	
Totals for Reimbursement Comment: An attachment/other documentation is required to				Number of Claims:			1					0.00
Reimbursement Comment: CLAIM NOT ON FILE WITH CARRIER (NOF)												
JOHN	11360	ACS		01/23/2015								
* Proc: 99212	OFFICE/OUTPATIENT VISIT, EST, LVL 2			01/23/2015	142.00	1.00	79.00	0.00	79.00	74.00	74.00	
03/12/2015	Remittor: HPI5199	Ref: NO RECORD OF CLAIM/ CLAIM RECOVERED					COMMERCIAL PAYMENT (NOF)				0.00	
04/09/2015	Remittor: HPI5199	Ref: 43					COMMERCIAL PAYMENT (NOF)				74.00	
Totals for Reimbursement Comment: CLAIM NOT ON FILE WITH CARRIER (NOF)				Number of Claims:			1					74.00
Reimbursement Comment: COVERAGE TERMINATED (TERM)												
JEFFREY	50880	ACS		01/06/2015								
* Proc: 99212	OFFICE/OUTPATIENT VISIT, EST, LVL 2			01/06/2015	142.00	1.00	79.00	18.49	0.00	0.00	79.00	
03/16/2015	Remittor: MDMA	Ref: PER MEDICAID NO COVERAGE AT TIME OF SERVICE					MEDICAID PAYMENT (TERM)				0.00	
07/08/2015	Remittor: BHR	Ref: SENT TO BHR COLLECTIONS					COLLECTIONS (TERM)				79.00	
Totals for Reimbursement Comment: COVERAGE TERMINATED (TERM)				Number of Claims:			1					79.00
Reimbursement Comment: Patient cannot be identified as our insured. (PR-31)												
SHELDON	83600	ACS		01/02/2015								
* Proc: 99222	INITIAL HOSPITAL CARE, LVL 2			01/02/2015	431.00	1.00	431.00	143.20	0.00	0.00	176.10	
01/22/2015	Remittor: MCMA	Ref: 46					MEDICARE PAYMENT (PR-31)				0.00	
03/16/2015	Remittor: MHB24503	Ref: PER EOB DEDUCTIBLE APPLIED					COMMERCIAL PAYMENT (PR-31)				0.00	
03/16/2015	Remittor: MHB24503	Ref: PER EOB DEDUCTIBLE APPLIED					COMMERCIAL CONTRACTUAL ADJUSTMENT (PR-31)				176.10	
Totals for Reimbursement Comment: Patient cannot be identified as our insured. (PR-31)				Number of Claims:			1					176.10
Reimbursement Comment: Payment is Included in the Allowance for Another Service/Procedure (CO-97)												
REBECCA	84560	ACS		01/02/2015								
* Proc: 99222	INITIAL HOSPITAL CARE, LVL 2			01/02/2015	431.00	1.00	431.00	0.00	188.18	169.36	169.36	
02/11/2015	Remittor: BSHMO	Ref: 707					BLUE SHIELD PAYMENT (CO-97)				169.36	
02/11/2015	Remittor: BSHMO	Ref: 707					BLUE SHIELD CONTRACTUAL ADJ (CO-97)				242.82	
04/15/2015	Remittor: BSHMO	Ref: 707					BLUE SHIELD TAKEBACK PAYMENT (CO-97)				-169.36	
04/15/2015	Remittor: BSHMO	Ref: 707					BLUE SHIELD TAKEBACK ADJUSTMENT (CO-97)				-242.82	
05/27/2015	Remittor: BSHMO	Ref: PAYMT INCLUDED IN ANOTHER ALLOWANCE					BLUE SHIELD PAYMENT (CO-97)				0.00	
06/03/2015	Remittor: BSHMO	Ref: 708					BLUE SHIELD PAYMENT (CO-97)				169.36	
Totals for Reimbursement Comment: Payment is Included in the Allowance for Another Service/Procedure				Number of Claims:			1					169.36
Reimbursement Comment: PLACE OF SERVICE CONFLICT (PLACE)												
CAROL	63370	ACS		01/23/2015								
* Proc: 99224	SUBSEQUENT OBSERVATION CARE, LVL 1			01/23/2015	125.00	1.00	125.00	0.00	58.56	53.44	53.44	
02/25/2015	Remittor: BSHMO	Ref: CLMS IN A PENDING STATUS					BLUE SHIELD PAYMENT (PLACE)				0.00	
03/20/2015	Remittor: BSHMO	Ref: DENIED AUTH FOR OBS/ BILLED IN PLACE					BLUE SHIELD PAYMENT (PLACE)				0.00	
03/23/2015	Remittor: BSHMO	Ref: CHANGED PROC CODE/POS CLAIMS					BLUE SHIELD PAYMENT (PLACE)				0.00	
04/01/2015	Remittor: BSHMO	Ref: 707					BLUE SHIELD PAYMENT (PLACE)				53.44	
Totals for Reimbursement Comment: PLACE OF SERVICE CONFLICT (PLACE)				Number of Claims:			1					53.44
Totals for Actual Provider: Smith, Paul				Number of Claims:			6					551.90