HAC Payment Processing - Document Identification Screen

**[DOCUMENT IDENTIFICATION SCREEN]**

Batch Number: 0

PDI Number: 201806005000011

Total Pages: UNK

Page Number: 1 of UNK

Type of Image: BILL/INVOICE

Image Available: No

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**1)** Cont Edt **2)** Next Scr **3)** Sort PDI **4)** Kill PDI **5)** Not Aval **6)** Unrd Img

**7)** PDI Revw **8)** Pause **9)** Comments **10)** Btch Cmp **11)** PPR **12)** PPRs-PDI

**PDI:** 201806005000011 **Page #:** 1 **Img #:** 1 **Assignment:**

**Vendor:**  **Beneficiary:** DURHAM,NELLIE E

**[BENEFICIARY ID SCREEN - BILL/INVOICE]**

**Beneficiary ID:** DURHAM,NELLIE E **Sponsor ID:**

--------------------------------------------------------------------------------

**Name:** DURHAM,NELLIE E

**SSN:** 458-28-3090 **OHI Cov Code:** 6 - MEDICARE A&B

**ID #:** 458283090 **Start Date:** NOV 1, 2003

**Add 1:** 201 MCDERMOTT STREET **Stop Date:**

**Add 2:** APT 132 **OHI Name:** MED A&B

**City:** DEER PARK

**State:** TEXAS **Comments:** Yes

**Zip:** 775366094

**Phone:** 2819280395

**DOB:** FEB 11, 1923

**Rel:** Spouse

**1)** Cont Edt **2)** Next Scr **3)** Prv Scrn **4)** Kill **5)** Dis Data **6)** Psd Bene

**7)** OHI Hist **8)** OHI Comm **9)** OHI Edit **10)** Ch Ad Fg

**PDI:** 201806005000011 **Page #:** 1 **Img #:** 1 **Assignment:**

**Vendor:** KENNETH H HIRSCH DDS **Beneficiary:** DURHAM,NELLIE E

**TAX ID:**   **| TOS:** DENTAL

**NPI: | PAYP:** Yes

**RT NAME: | MCCR:** Yes

**RT ZIP: | PCN:**

**| TOB:**

**| PL ZIP:** 77536

**------------------------------------ || Billing/Remit-to Information |---------**

KENNETH H HIRSCH DDS

A/V=Y 010803310- -

FAC TYPE=PHYSICIANS 2870 HEMPSTEAD TURNPIKE

DRG= STE 106

CMAC=1 LEVITTOWN

EDI= NEW YORK

117561341

**1)** Cont Edt **2)** Next Scr **3)** Prev Scr **4)** Kill **5)** Dis Data **6)** Psd Ven

**7)** Med Ven

**PDI:** 201806005000011 **Page #:** 1 **Img #:** 1 **Assignment:**

**Vendor:** KENNETH H HIRSCH DDS **Beneficiary:** DURHAM,NELLIE E

**[OHI PAYMENTS E/E SCREEN]**

OHI TOC: 6 - MEDICARE A&B OHI Edit TOC:

**--- Primary OHI ---**  **Add'l OHIs**

**DOS**   **SVCS/NDC**  **Billed Amt**  **Paid**   **P/R**   **Paid**   **P/R Bal**

2 02/01/18 99204 200.00 190.00 190.00

**TOTALS**  **200.00**  **0.00**  **190.00**  **0.00**  **190.00**

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**\*\* WARNING - OHI was not entered on Beneficiary ID screen. \*\***

**1)** Cont Edt **2)** Next Scr **3)** Ent Ttls **4)** OHI Edit **5)** OHI Hist **6)** ET DOS

**PDI:** 201806005000011 **Page #:** 1 **Img #:** 1 **Assignment:**

**Vendor:** KENNETH H HIRSCH DDS **Beneficiary:** DURHAM,NELLIE E

**[DENTAL E/E SCREEN - BILL/INVOICE]**

**OHI TOC:** 6 - MEDICARE A&B **OHI Edit TOC:**

DOS POS ICD REV SVCS/NDC MODS UNT/QTY AMOUNT P/R BAL

1 02/01/18 DO R89.7

2 02/01/18 DO 99204 1 200.00 190.00

3 02/01/18 DO 1

**TOTALS**  **200.00**  **190.00**

--------------------------------------------------------------------------------

**Select:** Next Scr//

**1)** Cont Edt **2)** Next Scr **3)** Prev Scr **4)** Kill **5)** Payments **6)** Ben Pymt

**7)** TPL Pymt **8)** Del Data **9)** OHI Edit **10)** Restore

**[Edit Claim Data Screen]**

**PDI# 201806005000011 Related Claims:**

No. Claim # RO Cl # Bene Typ Vendor D.O.S D/C

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1) RLT8168 DURHAM,NELLIE E DEN KENNETH H 2/1/2018

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DUZ: 830388 Health Administration Center Page: 1

Date: MAR 15, 2018 Post-Processing Claim Report

Time: 845

PDI: 201806005000011- BATCH: Claim #: RLT8168

EIN: 010803310- - Status: Payment Req.

Program: CHAMPVA

Vendor: KENNETH H HIRSCH DDS Type: Dental

Pay Prov?: Yes Ser/Admis Date: FEB 1,2018

Sponsor: DURHAM,JAMES O Comp. Date:

Bene: DURHAM,NELLIE E POS: DOCTOR'S OFFIC

Bene Sex: F Bene DOB: 02/11/23 PL ZIP: 77536

Press <RETURN> to continue, <^> to exit.

DX's/Px's/NDC's P/L Unt/Qty Total Chg TotalAA Mcaid OHI #1 PD OHI #1 PR Deduct Payments AI Reas

AlwUnt Chg/Unt AA/Unt Addl OHI OHI PR Bal Cst Share

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R89.7 1 AC

99204 1 200.00 168.12 10.00 190.00 0.00 168.12 AC

1 200.00 168.12 0.00

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Totals: 200.00 168.12 10.00 190.00 0.00 168.12

0.00

Press <RETURN> to Continue, <^> to exit.

Total Charges Billed: 200.00 CITI Maximum Reimbursement Rate: N/A

Calculated Allowable Amount: 168.12 MEDICAID Amount: N/A

Amount Applied to Deductible: 0.00 Amount Paid by TPL: N/A

Cost Share Credited to Cat Cap: 0.00 Amount Reversed from Deductible: N/A

Amount Paid by Other Insurance(s): 10.00 Amount Reversed from Cat Cap: N/A

Patient Responsibility Amount: 190.00 Amount Reduced from Previous Payment: N/A

Amount Paid by Beneficiary to Vendor: 0.00 Last PDI Payment Difference: 0.00

Total Amount to be PAID on claim: 168.12 Total Payment for Current PDI# 201806005000011: +168.12

Amount PAID to Vendor: 168.12

Amount PAID to Beneficiary: 0.00

CHAMPVA Beneficiary Deductible 2018: 0.00

CHAMPVA Family Deductible 2018: 0.00

CHAMPVA Family Catastrophic Cap 2018: 0.00

Actions for Claim:

1) SNA CAPPS (Pending Batch Process)

Claim Reasons: 319 - CFR 17.272(B)(3) REQUIRES PROVIDER TO ACCEPT CHAMPVA ALLOWABLE AS FULL PAYMENT.

322 - COST SHARE FOR CLAIM MAY NOT ALWAYS BE PATIENT LIABILITY; OHI / CAT CAP MAY IMPACT.

356 - REMINDER - MAIL CLAIMS TO: CHAMPVA, PO Box 469064, DENVER, CO 80246-9064

371 - WHEN RESUBMITTING CLAIMS YOU MUST ATTACH THE CHAMPVA EOB FOR PROPER PROCESSING.

Press <RETURN> to continue.

VIEWING OF PPR

Select OPTION NAME: CHMLCMA5 Zip code/CPT4 code display

Zip code/CPT4 code display

**CMAC Data**

**Zip Code:** 77536

**CHAMPUS Locality No.:** 379

**CPT Code:** 99204

**CMAC Data Year:** 17

**Facility** **Non-Facility** **Professional** **Technical**

**- Physician**  $ 133.36 $ 168.12

**- Non-Physician** $ 113.35 $ 142.90

<RETURN> to continue:

DUZ: 55202 Health Administration Center Page: 1

Date: MAR 21, 2018 Post-Processing Claim Report

Time: 841

PDI: 201807305000002- BATCH: Claim #: RLT8221

EIN: 010803310- - Status: Payment Req.

Program: CHAMPVA

Vendor: KENNETH H HIRSCH DDS Type: Dental

Pay Prov?: Yes Ser/Admis Date: MAR 1,2018

Sponsor: HAYNES JR,MICHAEL H Comp. Date:

Bene: HAYNES,DEBORAH POS: DOCTOR'S OFFIC

Bene Sex: F Bene DOB: 09/01/63 PL ZIP: 13204

Press <RETURN> to continue, <^> to exit.

DX's/Px's/NDC's P/L Unt/Qty Total Chg TotalAA Mcaid OHI #1 PD OHI #1 PR Deduct Payments AI Reas

AlwUnt Chg/Unt AA/Unt Addl OHI OHI PR Bal Cst Share

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K02.9 1 AC

D7140 1 200.00 200.00 50.00 112.50 AC

1 200.00 200.00 37.50

99202 1 200.00 72.72 0.00 54.54 AC

1 200.00 72.72 18.18

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Totals: 400.00 272.72 50.00 167.04

55.68

Press <RETURN> to Continue, <^> to exit.

Total Charges Billed: 400.00 CITI Maximum Reimbursement Rate: N/A

Calculated Allowable Amount: 272.72 MEDICAID Amount: N/A

Amount Applied to Deductible: 50.00 Amount Paid by TPL: N/A

Cost Share Credited to Cat Cap: 55.68 Amount Reversed from Deductible: N/A

Amount Paid by Other Insurance(s): N/A Amount Reversed from Cat Cap: N/A

Patient Responsibility Amount: N/A Amount Reduced from Previous Payment: N/A

Amount Paid by Beneficiary to Vendor: 0.00 Last PDI Payment Difference: 0.00

Total Amount to be PAID on claim: 167.04 Total Payment for Current PDI# 201807305000002: +167.04

Amount PAID to Vendor: 167.04

Amount PAID to Beneficiary: 0.00

Press <RETURN> to Continue, <^> to exit.

CHAMPVA Beneficiary Deductible 2018: 50.00 (satisfied)

CHAMPVA Family Deductible 2018: 50.00

CHAMPVA Family Catastrophic Cap 2018: 105.68

Press <RETURN> to Continue, <^> to exit.

Actions for Claim:

1) Quality Assurance (Comp) 2) SNA CAPPS (Pending Batch Process)

Claim Reasons: 319 - CFR 17.272(B)(3) REQUIRES PROVIDER TO ACCEPT CHAMPVA ALLOWABLE AS FULL PAYMENT.

322 - COST SHARE FOR CLAIM MAY NOT ALWAYS BE PATIENT LIABILITY; OHI / CAT CAP MAY IMPACT.

356 - REMINDER - MAIL CLAIMS TO: CHAMPVA, PO Box 469064, DENVER, CO 80246-9064

371 - WHEN RESUBMITTING CLAIMS YOU MUST ATTACH THE CHAMPVA EOB FOR PROPER PROCESSING.

Press <RETURN> to continue.

**CMAC Data**

**Zip Code:** 11756

**CHAMPUS Locality No.:** 356

**CPT Code:** 99202

**CMAC Data Year:** 18

**Facility** **Non-Facility** **Professional** **Technical**

**- Physician**  $ 59.26 $ 89.19

**- Non-Physician** $ 50.37 $ 75.81

**CMAC Data**

**Zip Code:** 13204

**CHAMPUS Locality No.:** 359

**CPT Code:** 99202

**CMAC Data Year:** 18

**Facility** **Non-Facility** **Professional** **Technical**

**- Physician**  $ 49.12 $ 72.72

**- Non-Physician** $ 41.75 $ 61.81