**Unit Test - User Story CPE001-121**

**Assistant Surgeons. When a procedure is submitted with an assistant surgeon modifier (80, 81, or 82)**

Assistant Surgeons. When a procedure is submitted with an assistant surgeon modifier (80, 81, or 82), claim review software, AI (Artificial Intelligence) determines whether that procedure always, sometimes, or never requires an assistant surgeon. If the determination is always, the modified code will pay, if the determination is never, the modified code will reject, if the determination is sometimes, clinical review of the procedure is necessary.

**16% of the allowed amount**

Convert ICD-9-CM Diagnosis 844.2 to ICD-10-CM

ICD-9-CM 844.2 converts approximately to:

•2018 ICD-10-CM S83.509A Sprain of unspecified cruciate ligament of unspecified knee, initial encounter

MODIFIER 80

**PDI:** 201806103000192 **Page #:** 1 **Img #:** 1 **Assignment:**

**Vendor:** INTRALIGN CA PHYS ASSISTANTS **Beneficiary:** SANDER-SIROIS,MARYKAY

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

**OHI TOC:** 1 - NO OHI **OHI Edit TOC:**

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

1 03/14/18 OP S83.509A

2 03/14/18 OP 29888 80 1 5000.00

**TOTALS**  **5,000.00**  **0.00**

KNEE ARTHROSCOPY/SURGERY

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**[Edit Claim Data Screen]**

**PDI# 201806103000192 Related Claims:**

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

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1) RLT8187 SANDER-SIROIS,M OUT INTRALIGN 3/14/2018

DUZ: 0 Health Administration Center Page: 1

Date: MAR 16, 2018 Post-Processing Claim Report

Time: 851

PDI: 201806103000192- BATCH: Claim #: RLT8187

EIN: 710890443- -cc Status: Payment Req.

Program: CHAMPVA

Vendor: INTRALIGN CA PHYS AS Type: Outpatient

Pay Prov?: Yes Ser/Admis Date: MAR 14,2018

Sponsor: SIROIS,PAUL D Comp. Date:

Bene: SANDER-SIROIS,MARYKAY POS: OUTPATIENT HOS

Bene Sex: F Bene DOB: 05/27/63 PL ZIP: 92056

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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S83.509A 1 AC

29888-80 1 5,000.00 165.08 0.00 123.81 AC 174

1 5,000.00 165.08 41.27

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Totals: 5,000.00 165.08 0.00 123.81

41.27

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

Total Charges Billed: 5,000.00 CITI Maximum Reimbursement Rate: N/A

Calculated Allowable Amount: 165.08 MEDICAID Amount: N/A

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

Cost Share Credited to Cat Cap: 41.27 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: 123.81 Total Payment for Current PDI# 201806103000192: +123.81

Amount PAID to Vendor: 123.81

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: 505.86

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

Actions for Claim:

1) SNA CAPPS (Pending Batch Process) 2) ClaimCheck (Complete)

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.

Line Item Reasons: 174 - PAYMENT BASED ON 16% OF ALLOWABLE CHARGE FOR PRIMARY SURGEON.

Press <RETURN> to continue.

**CMAC Data**

**Zip Code:** 92056

**CHAMPUS Locality No.:** 416

**CPT Code:** 29888

**CMAC Data Year:** 18

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

**- Physician**  $ 1031.73 $ 1031.73

**- Non-Physician** $ 876.97 $ 876.97

<RETURN> to continue:

HADR1TSVR:HADTST>W 1031.73\*.16

165.0768

MODIFIER 81

**PDI# 201806103000190 Related Claims:**

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

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1) RLT8185 SANDER-SIROIS,M OUT INTRALIGN 3/16/2018

DUZ: 0 Health Administration Center Page: 1

Date: MAR 16, 2018 Post-Processing Claim Report

Time: 750

PDI: 201806103000190- BATCH: Claim #: RLT8185

EIN: 710890443- -cc Status: Payment Req.

Program: CHAMPVA

Vendor: INTRALIGN CA PHYS AS Type: Outpatient

Pay Prov?: Yes Ser/Admis Date: MAR 16,2018

Sponsor: SIROIS,PAUL D Comp. Date:

Bene: SANDER-SIROIS,MARYKAY POS: OUTPATIENT HOS

Bene Sex: F Bene DOB: 05/27/63 PL ZIP: 92056

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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S83.509A 1 AC

29888-81 1 5,000.00 165.08 0.00 123.81 AC 174

1 5,000.00 165.08 41.27

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Totals: 5,000.00 165.08 0.00 123.81

41.27

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

Total Charges Billed: 5,000.00 CITI Maximum Reimbursement Rate: N/A

Calculated Allowable Amount: 165.08 MEDICAID Amount: N/A

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

Cost Share Credited to Cat Cap: 41.27 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: 123.81 Total Payment for Current PDI# 201806103000190: +123.81

Amount PAID to Vendor: 123.81

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: 423.32

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

Actions for Claim:

1) SNA CAPPS (Pending Batch Process) 2) ClaimCheck (Complete)

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.

Line Item Reasons: 174 - PAYMENT BASED ON 16% OF ALLOWABLE CHARGE FOR PRIMARY SURGEON.

**CMAC Data**

**Zip Code:** 92056

**CHAMPUS Locality No.:** 416

**CPT Code:** 29888

**CMAC Data Year:** 18

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

**- Physician**  $ 1031.73 $ 1031.73

**- Non-Physician** $ 876.97 $ 876.97

<RETURN> to continue:

HADR1TSVR:HADTST>W 1031.73\*.16

165.0768

MODIFIER 82

**PDI# 201806103000191 Related Claims:**

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

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1) RLT8186 SANDER-SIROIS,M OUT INTRALIGN 3/16/2018

OUTPATIENT DATA SCREEN

DOS: MAR 16, 2018 Total Charges:$ 5000.00 TOTAL PR BAL:$ 0.00

DXS PXS/NDC MODIFIERS UNT/QTY DESCRIPTION AMOUNT P/R BAL

**1** S83.509A SPRAIN UNS C

**2** 29888 82 1 KNEE ARTHROS 5000.00

DUZ: 0 Health Administration Center Page: 1

Date: MAR 16, 2018 Post-Processing Claim Report

Time: 841

PDI: 201806103000191- BATCH: Claim #: RLT8186

EIN: 710890443- -cc Status: Payment Req.

Program: CHAMPVA

Vendor: INTRALIGN CA PHYS AS Type: Outpatient

Pay Prov?: Yes Ser/Admis Date: MAR 16,2018

Sponsor: SIROIS,PAUL D Comp. Date:

Bene: SANDER-SIROIS,MARYKAY POS: OUTPATIENT HOS

Bene Sex: F Bene DOB: 05/27/63 PL ZIP: 92056

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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S83.509A 1 AC

29888-82 1 5,000.00 165.08 0.00 123.81 AC 174

1 5,000.00 165.08 41.27

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Totals: 5,000.00 165.08 0.00 123.81

41.27

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

Total Charges Billed: 5,000.00 CITI Maximum Reimbursement Rate: N/A

Calculated Allowable Amount: 165.08 MEDICAID Amount: N/A

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

Cost Share Credited to Cat Cap: 41.27 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: 123.81 Total Payment for Current PDI# 201806103000191: +123.81

Amount PAID to Vendor: 123.81

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: 464.59

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

Actions for Claim:

1) SNA CAPPS (Pending Batch Process) 2) Duplicate Claim (Accepted)

3) ClaimCheck (Complete)

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.

Line Item Reasons: 174 - PAYMENT BASED ON 16% OF ALLOWABLE CHARGE FOR PRIMARY SURGEON.

Press <RETURN> to continue.

**CMAC Data**

**Zip Code:** 92056

**CHAMPUS Locality No.:** 416

**CPT Code:** 29888

**CMAC Data Year:** 18

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

**- Physician**  $ 1031.73 $ 1031.73

**- Non-Physician** $ 876.97 $ 876.97

<RETURN> to continue:

HADR1TSVR:HADTST>W 1031.73\*.16

165.0768