Explanation of Payment - Nursing Facility *Daily Unit Rate and/or Medicare Coinsurance Claim*
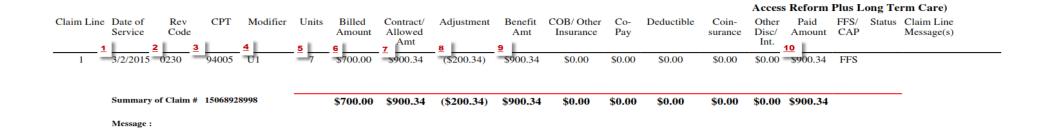
MOLINA HEALTHCARE

Explanation of Payment for:

Happy Nursing Facility
NPI: 1234303292
Tax ID: 239424021

Molina Healthcare of Texas, Inc

Paid Date: 03/10/2015   Check or EFT Trace #   02410778

Claim Line	Date ServiceFrom ServiceThru	Rev Code cpt/hpc		Units	Mod 1	Mod 2 3	4	Billed Amount	Allowed Amount	Disallow Amount	Gross Plan Payable	COB Amount	Co-Pay Applied	Refund Amount Interest	Co-insurance	Deductible	FFS Withhold	Net Plan Payable	FSS CAP	Line Status	Adj Grp Cd	Adj Rsn Cd	Rmk Cd	Msg

Patient Name: *1*   Name of resident
Rendering Provider Name: Happy Nursing Home

Member ID#: *2* 1111111111
NPI#: 1234303292

Payer Claim Ctrl#: *3* 15068928290
Program: STAR+PLUS (State of Texas Access Reform Plus Long Term Care)

Patient Control #: *4* 47

5	*6*	*7*	*8*	*9*	*10*	*11*	*12*	*13*	*14*	*15*	*16*	*17*	*18*	*19*	*20*	*21*	*22*	*23*	*24*	*25*	*26*
1 03/01/2015 03/08/2015	0100		8.00		$1,600.00	$875.99	$724.01	$875.99	$0.00	$0.00	$0.00 $0.00	$0.00	$0.00	$0.00	$875.99	FFS	PAID	CO	45		***
TOTAL AMOUNT:					$1,600.00	$875.99	$724.01	$875.99	$0.00	$0.00	$0.00 $0.00	$0.00	$0.00	$0.00	$875.99						

***Msg: Applied Income taken in the amount of $70.09

Line 1. -Pend for NF AutoQ (53) Processing.   *26*

1.   Patient Name
2.   Medicaid Number (Member ID)
3.   Claim Internal Control Document (ICD)number
4.   Medical Record Number
5.   Claim Line Item
6.   Dates of service
7.   Revenue Code (0100 for daily care, 0101 for coinsurance)
8.   Units billed
9.   Modifiers
10.   Amount billed by provider
11.   Amount allowed by Unit Rate per files from DADS minus applied income
12.   Difference between Billed Amount and Unit Rate
13.   Gross amount =allowed amount

14.   Deductions due to other insurance payments
15.   Copay amounts-N/A on NF claims (AI is already deducted in allowed amount)
16.   Refunds or interest due the facility
17.   Coinsurance-N/A on NF claims
18.   Deductible-N/A on NF claims
19.   Recoupment or monies owed to the plan
20.   Net payable
21.   FSS Cap-2% sequestration- N/A on NF claims
22.   Line Status- example Paid or Denied
23.   Adj Grp CD- internal adjustment code the claim falls under – it will not be on original claims
24.   Adj Rsn Cd-– description of the above code
25.   RMK CD- remark code or remittance advice code – not always present
26.   MSG-Messages (For NF –the amount of applied income applied)

1

Explanation of Payment – Nursing Facility *Add on-Services-Ventilator*

Access Reform Plus Long Term Care)

Claim Line	Date of Service	Rev Code	CPT	Modifier	Units	Billed Amount	Contract/ Allowed Amt	Adjustment	Benefit Amt	COB/ Other Insurance	Co-Pay	Deductible	Coin-surance	Other Disc/ Int.	Paid Amount	FFS/ CAP	Status	Claim Line Message(s)
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**						**10**			
1	3/2/2015	0230	94005	U1	7	$700.00	$900.34	($200.34)	$900.34	$0.00	$0.00	$0.00	$0.00	$0.00	$900.34	FFS		

Summary of Claim # 15068928998 $700.00 $900.34   ($200.34) $900.34 $0.00 $0.00 $0.00 $0.00 $0.00 $900.34

Message :

1. Date of service/services
2. Revenue code (from Long-Term Care Bill Code Crosswalk)
3. CPT code   (from Long-Term Care Bill Code Crosswalk)
4. Modifiers   (from Long-Term Care Bill Code Crosswalk)
5. Units billed
6. Billed amount (charges billed by facility)
7. Allowed amount from Medicaid Fee Screen
8. Adjustment to Medicaid Fee Screen vs Billed amount
9. Benefit amount after adjustment to Medicaid Fee Screen vs Billed amount
10. Paid Amount

To access the Long-Term Care Bill Code Crosswalk, access the link below:

http://www.dads.state.tx.us/providers/hipaa/billcodes/

Explanation of Payment – Nursing Facility *Add-on Therapy Services*

Access Reform Plus Long Term Care)

Claim Line	Date of Service	Rev Code	CPT	Modifier	Units	Billed Amount	Contract/ Allowed Amt	Adjustment	Benefit Amt	COB/ Other Insurance	Co-Pay	Deductible	Coin-surance	Other Disc/ Int.	Paid Amount	FFS/ CAP	Status	Claim Line Message(s)
1	3/1/2015	6421	97039	U1	3	$113.10	$113.10	$0.00	$113.10	$0.00	$0.00	$0.00	$0.00	$0.00	$113.10	FFS		

Summary of Claim # 15096979123A1 $113.10 $113.10 $0.00 $113.10 $0.00 $0.00 $0.00 $0.00 $0.00 $113.10

Message : Adjustment of Claim # 15096979123
Incorrect Payment
Adjustment as a result of final determination of provider appeal.
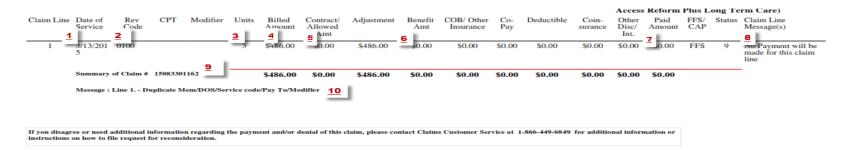
1. Date of service/services
2. Revenue code (from Long-Term Care Bill Code Crosswalk)
3. CPT code   (from Long-Term Care Bill Code Crosswalk)
4. Modifiers   (from Long-Term Care Bill Code Crosswalk)
5. Units billed
6. Billed amount (charges billed by facility)
7. Allowed amount from Medicaid Fee Screen
8. Adjustment to Medicaid Fee Screen vs Billed amount
9. Benefit amount after adjustment to Medicaid Fee Screen vs Billed amount
10. Paid Amount

To access the Long- Term Care Bill Code Crosswalk, access the link below:

http://www.dads.state.tx.us/providers/hipaa/billcodes/

Explanation of Payment - Nursing Facility *Denied Claim* *(example of Daily Unit Rate)*

Access Reform Plus Long Term Care)

Claim Line	Date of Service	Rev Code	CPT	Modifier	Units	Billed Amount	Contract/ Allowed Amt	Adjustment	Benefit Amt	COB/ Other Insurance	Co-Pay	Deductible	Coin-surance	Other Disc/ Int.	Paid Amount	FFS/ CAP	Status	Claim Line Message(s)
	1	**2**			**3**	**4**	**5**		**6**						**7**			**8**
1	5/13/201 5	0100			3	$486.00	$0.00	$486.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	FFS	9	No Payment will be made for this claim line

9

Summary of Claim # 15083301162		$486.00	$0.00	$486.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Message : Line 1. - Duplicate Mem/DOS/Service code/Pay To/Modifier **10**

If you disagree or need additional information regarding the payment and/or denial of this claim, please contact Claims Customer Service at 1-866-449-6849 for additional information or instructions on how to file request for reconsideration.

1. Dates of service
2. Revenue Code
3. Units billed
4. Amount billed by provider
5. Amount allowed by Unit Rate per files from DADS
6. Difference between Billed Amount and Unit Rate
7. Net Payable Amount
8. Claim Line Message
9. Summary of claim totals
10. Explanation of denial reason (If another claim is referenced, it will appear in this field)