

Claim Face Sheet (Claim Facesheet Page 1 of 1)

Patient Name: NAME, LASTNAME
Member Number: #####

Payer Name
ATTN GROUPNAME
PO BOX #####
PAYER CITY, ST #####-####
#####

Employer Group Name: GROUPNAME
Submitted Policy Number: #####

Claim Number: SSI#####HCFA#####

MCE#: MCE#####
MCC#: MCC#####

Provider: PROVIDER NAME
Federal Tax ID#: #####
NPI:

Group Eligible Tier:
Repriced Tier:

Original Repriced Date: 12/21/2009
Corrected Date:
Previous Print/EDI Date:
Today's Date: 01/09/2009

<u>Begin Service</u>	<u>End Service</u>	<u>POS Code</u>	<u>Service Code</u>	<u>Mod Codes</u>	<u>Charged Amount</u>	<u>Unit Count</u>	<u>Reimbursement Method</u>	<u>Allowed Amount</u>	<u>Write-off Amount</u>
12/08/2009	12/08/2009	21	93307	57	###.00	1	B11 NON SURG	##.00	##.00
12/08/2009	12/08/2009	21	93325		#,###.00	1	B11 NON SURG	###.00	###.00
CLAIM TOTALS					#,###.00			###.00	###.00

CCI Edit Messages

Code	Comment
93307	CCI edits: Excluded procedure 93325.
93325	CCI edits: Excluded by 93307.

Effective Oct. 1, 2009, CCI Edit Messages indicate when codes have been incorrectly submitted by the same provider for the same patient on the same date of service.