1916 Remit Voucher Detail w/ PLB Report

Presents the claim payment information and the service line detail with PLB information for each payment in the working group with a page break between payments. Counts and totals are provided after the payments. Provider adjustment detail (PLB information) is at the end of the report.

Remittance Voucher Detail w/ PLB Report

FACILITY: FBLA MEDICAL CENTER
ADDRESS: PO BOX 474
CITY, STATE ZIP: LOS ANGELES, CA 90074

PAYER: AETNA
ADDRESS:151 FARMINGTON AVENUE
CITY, STATE ZIP: HARTFORD, CT 06156

AETNA 02/19/CCYY O **PROV NPI:** 196196196 **PROV #:** 9727972972 **REMIT #:** 819819819819819 **FISCAL:** 19/12

Patient Name / Health Ins # / ICN Number	From Date / Thru Date / PCN	Total Chgs / Prov Pmt Amt	Act Cont Adj / TOB	Denied / Pat Liab / Claim Status	Deductible / Blood Ded / DRG Amt	Prof Comp / Coins Amt / DRG Out Amt	Interest Amt / GR Reduction	Reim Rate / Visits
BONU, GOLDE	12/11/CCYY	23,010.62	22,914.07	-11,321.77	0.00	0.00	0.00	0.00
0808710209	12/15/CCYY	1,113.00	721	0.00	0.00	0.00	0.00	0
3407772732222	15434309506			2	0.00	0.00		

Claim Adjustment Information:

Claim Level Adjustment	Reason
10,305.32	23 - The impact of prior payer(s) adjudication including payments and/or adjustments.

Service Line Information:

Code	Billed	Allowed	Paid	Qty	Mod	POS	APC	Adj Amt	Reason
A4657	96.55	11,418.32	11,418.32	1				-11,321.77	94 - Processed in Excess of charges.
A4913	96.55	0.00	0.00	0				96.55	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran
A4913	96.55	0.00	0.00	0				96.55	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran
A4657	96.55	0.00	0.00	0				96.55	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran
A4913	96.55	0.00	0.00	0				96.55	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran
85018	66.97	0.00	0.00	0				66.97	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran
84132	130.04	0.00	0.00	0				130.04	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran
J3370	1,056.72	0.00	0.00	0				1,056.72	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran
J3370	1,056.72	0.00	0.00	0				1,056.72	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran
J3370	1,056.72	0.00	0.00	0				1,056.72	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran
J1644	1,001.70	0.00	0.00	0				1,001.70	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran
J1644	1,001.70	0.00	0.00	0				1,001.70	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran
90999	5,719.10	0.00	0.00	1				5,719.10	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran
90999	5,719.10	0.00	0.00	1				5,719.10	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran
90999	5,719.10	0.00	0.00	1				5,719.10	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran

Rev Billed: 0.00 **HCPCS Billed:** 23,010.62 **Total Paid:** 11,418.32 **Difference:** 11,592.30

Remittance Voucher Detail w/ PLB Report

Patient Name / Health Ins # / ICN Number	From Date / Thru Date / PCN	Total Chgs / Prov Pmt Amt	Act Cont Adj / TOB	Denied / Pat Liab / Claim Status	Deductible / Blood Ded / DRG Amt	Prof Comp / Coins Amt / DRG Out Amt	Interest Amt / GR Reduction	Reim Rate / Visits
BONU, NOXIU	01/19/CCYY	21,176.94	17,466.94	0.00	0.00	0.00	0.00	0.00
0017672483	01/23/CCYY	3,710.00	721	0.00	0.00	0.00	0.00	0
3522704002222	15435461205			1	0.00	0.00		

Claim Adjustment Information:
Claim Level Adjustment **Reason**

Service Line Information:

Code	Billed	Allowed	Paid	Qty	Mod	POS	APC	Adj Amt	Reason
J1644	661.14	661.14	0.00	0				661.14	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran
J1270	141.55	141.55	0.00	0				141.55	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran
J1644	661.14	661.14	0.00	0				661.14	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran
J1270	141.55	141.55	0.00	0				141.55	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran
J1644	661.14	661.14	0.00	0				661.14	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran
J0887	4,191.90	4,191.90	0.00	0	JA			4,191.90	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran
J1756	1,251.50	1,251.50	0.00	0				1,251.50	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran
J1270	141.55	141.55	0.00	0				141.55	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran
90999	6,291.00	1,855.00	1,855.00	1				4,436.00	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran
90999	6,291.00	1,855.00	1,855.00	1				4,436.00	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran
A4657	106.21	106.21	0.00	0				106.21	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran
90999	106.21	106.21	0.00	0				106.21	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran
90999	106.21	106.21	0.00	0				106.21	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran
90999	106.21	106.21	0.00	0				106.21	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran
90999	106.21	106.21	0.00	0				106.21	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran
90999	106.21	106.21	0.00	0				106.21	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran

Rev Billed: 0.00 **HCPCS Billed:** 21,176.94 **Total Paid:** 3,710.00 **Difference:** 17,466.94

Patient Name / Health Ins # / ICN Number	From Date / Thru Date / PCN	Total Chgs / Prov Pmt Amt	Act Cont Adj / TOB	Denied / Pat Liab / Claim Status	Deductible / Blood Ded / DRG Amt	Prof Comp / Coins Amt / DRG Out Amt	Interest Amt / GR Reduction	Reim Rate / Visits
BONU, PUSILL	01/16/CCYY	11,427.40	7,717.40	0.00	0.00	0.00	0.00	0.00
	01/18/CCYY	3,710.00	721	0.00	0.00	0.00	0.00	0
3559871012220	15494293802			1	0.00	0.00		

Claim Adjustment Information:
Claim Level Adjustment **Reason**

Remittance Voucher Detail w/ PLB Report

Service Line Information:

Code	Billed	Allowed	Paid	Qty	Mod	POS	APC	Adj Amt	Reason
A4657	91.95	91.95	0.00	0				91.95	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran
A4657	91.95	91.95	0.00	0				91.95	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran
85018	63.78	63.78	0.00	0				63.78	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran
J1644	143.10	143.10	0.00	0				143.10	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran
J1644	143.10	143.10	0.00	0				143.10	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran
90999	5,446.76	1,855.00	1,855.00	1				3,591.76	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran
90999	5,446.76	1,855.00	1,855.00	1				3,591.76	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran

Rev Billed: 0.00 **HCPCS Billed:** 11,427.40 **Total Paid:** 3,710.00 **Difference:** 7,717.40

Patient Name	From Date	Total Chgs	Act Cont Adj	Denied	Deductible	Prof Comp	Interest Amt	Reim Rate
Health Ins #	Thru Date	Prov Pmt Amt	TOB	Pat Liab	Blood Ded	Coins Amt	GR Reduction	Visits
ICN Number	PCN			Claim Status	DRG Amt	DRG Out Amt		
BONUS, CRISM	11/22/CCYY	729.74	584.94	-584.94	0.00	0.00	0.00	0.00
0204296545	11/27/CCYY	0.00	721	0.00	0.00	0.00	0.00	0
3600916402224	15436114102			2	0.00	0.00		

Claim Adjustment Information:
Claim Level Adjustment **Reason**

Service Line Information:

Code	Billed	Allowed	Paid	Qty	Mod	POS	APC	Adj Amt	Reason
82565	144.80	0.00	0.00	0	CB			729.74	23 - The impact of prior payer(s) adjudication including payments and/or adjustments.
								-584.94	94 - Processed in Excess of charges.
82310	145.83	0.00	0.00	1	CB			145.83	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran
82040	140.28	0.00	0.00	1	CB			140.28	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran
80051	141.45	0.00	0.00	1	CB			141.45	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran
G0010	157.38	0.00	0.00	1				157.38	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arran

Rev Billed: 0.00 **HCPCS Billed:** 729.74 **Total Paid:** 0.00 **Difference:** 729.74

Remittance Voucher Detail w/ PLB Report

SUB-TOTALS FOR: AETNA 02/19/CCYY O **Prov #:**972972972 **REMIT #:** 819819819819819 **Fiscal:** 19/12

	Total Chgs Prov Pmt Amt	Act Cont Adj	Denied Pat Liab	Deductible Blood Ded DRG Amt	Prof Comp Coins Amt DRG Out Amt	Interest Amt GR Reduction
	56,344.70 8,533.00	48,683.35	-11,906.71 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00

Total Payments:	4
Claim Lvl Adj:	0.00
Service Line Sub-Totals:	
Billed:	56,344.70
Allowed:	27,967.14
Paid:	18,838.32
Svc Adj Amt:	37,506.38
Rev Billed:	0.00
HCPCS Billed:	56,344.70
Total Paid:	18,838.32
Difference:	37,506.38

Remittance Voucher Detail w/ PLB Report

ITEM	GRAND TOTAL
Total Payments:	4
Claim Lvl Adj:	0.00
CLAIM:	
Total Charges:	56,344.70
Act Cont Adj:	48,683.35
Denied:	-11,906.71
Deductible:	0.00
Prof Comp:	0.00
Interest Amt:	0.00
Prov Pmt Amt:	8,533.00
Pat Liab:	0.00
Blood Ded:	0.00
Coins Amt:	0.00
GR Reduction:	0.00
SERVICE LINE:	
Billed:	56,344.70
Allowed:	27,967.14
Paid:	18,838.32
REV Billed:	0.00
HCPCS Billed:	56,344.70
Total Paid:	18,838.32
Difference:	37,506.38
Total PLB Amount:	-17,624.19

Remittance Voucher Detail w/ PLB Report

PROVIDER ADJUSTMENT DETAIL

Payment No / Adj Code	Payment Date / Adj Description	Provider NPI / Adj Amount	Provider Num / Adj Ind	Fiscal Period
819819819819819	02/19/CCYY	196196196	972972972	12/31/CCYY
FB	Forwarding Balance	-18.80	919044000323533	
819819819819819	02/19/CCYY Forwarding Balance	196196196	972972972	12/31/CCYY
FB	02/19/CCYY	-2,609.40	919044000296165	
819819819819819		196196196	972972972	12/31/CCYY
WO	Overpayment Recovery	1,125.50	E90215Z3S0000-SRN73175521-CCYY-01-29	
FB	Forwarding Balance	15,642.29	919043000540687	
WO	Overpayment Recovery	544.50	E1TW2DY9P0000-SRN73763345-CCYY-02-02	
CS	Adjustment	-544.50	E1TW2DY9P0000-SRN73763345-CCYY-02-02	
FB	Forwarding Balance	-13,972.29	919044000360292	
CS	Adjustment	-1,125.50	E90215Z3S0000-SRN73175521-CCYY-01-29	
819819819819819	02/19/CCYY	196196196	972972972	12/31/CCYY
L6	Interest Owed	-327.04		
819819819819819	02/19/CCYY	196196196	972972972	12/31/CCYY
L6	Interest Owed	-288.34		
819819819819819	02/19/CCYY	196196196	972972972	12/31/CCYY
L6	Interest Owed	-298.23		
819819819819819	02/19/CCYY	196196196	972972972	12/31/CCYY
CS	Adjustment	-797.51	EAAB4FDXX0002-SRN82616322-CCYY-02-02	
WO	Overpayment Recovery	797.51	EAAB4FDXX0002-SRN82616322-CCYY-02-02	
FB	Forwarding Balance	-1,651.57	919044000323538	
FB	Forwarding Balance	2,449.08	919030000482534	
819819819819819	02/19/CCYY	196196196	972972972	12/31/CCYY
FB	Forwarding Balance	128,438.72	919035000197781	
FB	Forwarding Balance	-128,438.72	919044000323027	
819819819819819	02/19/CCYY	196196196	972972972	12/31/CCYY
L6	Interest Owed	-298.23		
819819819819819	02/19/CCYY	196196196	972972972	12/31/CCYY
CS	Adjustment	-604.32	180307E048890000-SRN77087798-CCYY-02-15	
WO	Overpayment Recovery	604.32	180307E048890000-SRN77087798-CCYY-02-15	
FB	Forwarding Balance	604.32	919030000445982	
819819819819819	02/19/CCYY	196196196	972972972	12/31/CCYY
L6	Interest Owed	-244.25		
819819819819819	02/19/CCYY	196196196	972972972	12/31/CCYY
FB	Forwarding Balance	-3,339.00	919044000323472	
819819819819819	02/19/CCYY	196196196	972972972	12/31/CCYY
L6	Interest Owed	-21.05		
819819819819819	02/19/CCYY	196196196	972972972	12/31/CCYY
CS	Adjustment	-662.16		
WO	Overpayment Recovery	662.16	E2FB4CJ1Q0000-SRN85351483-CCYY-01-08	
819819819819819	02/19/CCYY	196196196	E2FB4CJ1Q0000-SRN85351483-CCYY-01-08 972972972	12/31/CCYY
FB	Forwarding Balance	-68,108.89	919044000380199	
WO	Overpayment Recovery	1,217.78	E7352GCNJ0000-SRN74451850-CCYY-02-06	
FB	Forwarding Balance	69,326.67	919042000134456	
CS	Adjustment	-1,217.78	E7352GCNJ0000-SRN74451850-CCYY-02-06	
819819819819819	02/19/CCYY	196196196	972972972	12/31/CCYY
FB	Forwarding Balance	8,999.27	919003740001059	

Remittance Voucher Detail w/ PLB Report

CS	Adjustment	-890.40	EMAB397TB0000-SRN81958728-CCYY-03-27	
FB	Forwarding Balance	-13,673.87	919044000363702	
819819819819819	02/19/CCYY	196196196	972972972	12/31/CCYY
CS	Adjustment	-78.18	EVTW41MNN0000-599474V9698-CCYY-05-09	
WO	Overpayment Recovery	88.74	EVTW41MNN0000-599474V9698-CCYY-05-09	
CS	Adjustment	-88.74	EVTW41MNN0000-599474V9698-CCYY-05-09	
CS	Adjustment	78.18	EVTW41MNN0000-599474V9698-CCYY-05-09	
819819819819819	02/19/CCYY	196196196	972972972	12/31/CCYY
L6	Interest Owed	-128.61		
819819819819819	02/19/CCYY	196196196	972972972	12/31/CCYY
L6	Interest Owed	-298.23		
819819819819819	02/19/CCYY	196196196	972972972	12/31/CCYY
FB	Forwarding Balance	-7,093.72	919044000388848	
WO	Overpayment Recovery	492.00	ELFB3SLX40001-SRN76856408-CCYY-02-27	
FB	Forwarding Balance	7,585.72	919038000359242	
CS	Adjustment	-492.00	ELFB3SLX40001-SRN76856408-CCYY-02-27	
819819819819819	02/19/CCYY	196196196	972972972	12/31/CCYY
FB	Forwarding Balance	-2,968.00	919044000324433	
819819819819819	02/19/CCYY	196196196	972972972	12/31/CCYY
L6	Interest Owed	-223.67		
819819819819819	02/19/CCYY	196196196	972972972	12/31/CCYY
FB	Forwarding Balance	-5,565.00	919044000324260	
819819819819819	02/19/CCYY	196196196	972972972	12/31/CCYY
L6	Interest Owed	-212.95		