



Claimant:	JOSEPH BROWN	Date of review:	4/22/2014
Claim #:	1234567	D.O.S:	12/26/13-2/10/14
Date of injury:	12/26/2013	Facility:	BOSTON HOSPITAL
		Client:	123TPA

Summary	Total Billed Charges	Billed	Reduction	Allowance
		\$383,286.93	\$255,847.95	\$127,438.98

ICD9: 1) 996.74 OTH COMPLICNS D/T VASCLR DEVICE IMPLNT	3) 518.51 ACUTE RESP FAILURE
2) 585.6 END STAGE RENAL DISEASE	4) 486 PNEUMONIA, ORGANISM UNSPEC

Date	Description	Qty	Billed Amt	Reduction	Allowed	RC	IC
12/27/2013	ROOM AND CARE CCS	1	2,245.00	795.20	1,449.80	30	
12/28/2013	ROOM AND CARE SICU	3	8,520.00	4,170.60	4,349.40	30	
12/31/2013	ROOM AND CARE SICU	3	6,735.00	2,385.60	4,349.40	30	
1/3/2014	ROOM AND CARE SICU	8	23,840.00	12,241.60	11,598.40	30	
1/11/2014	ROOM AND CARE ICCS	1	2,355.00	905.20	1,449.80	30	
1/12/2014	ROOM AND CARE ICCS	2	5,960.00	3,060.40	2,899.60	30	
1/14/2014	ROOM AND CARE IMS4	14	32,970.00	12,672.80	20,297.20	30	
1/28/2014	ROOM AND CARE SUR5	1	1,330.00	425.80	904.20	30	
1/29/2014	ROOM AND CARE MEDI	1	1,330.00	425.80	904.20	30	
1/30/2014	ROOM AND CARE CICU	2	5,960.00	3,060.40	2,899.60	30	
2/1/2014	ROOM AND CARE ICCS	2	4,710.00	1,810.40	2,899.60	30	
2/3/2014	ROOM AND CARE MSIC	7	20,860.00	10,711.40	10,148.60	30	
12/26/2013	MIDAZOLAM 1MG/ML 2ML V	1	46.48	41.66	4.82	200	
12/26/2013	LIDOCAIN 1% 20ML VL	1	33.91	30.99	2.92	200	
12/26/2013	FENTANYL 100MCG/2ML IN	1	42.85	39.11	3.74	200	
12/27/2013	HEPARIN 1000U/ML 10ML	1	41.00	22.82	18.18	200	
12/27/2013	HEPARIN 1000U/ML 10ML	1	41.00	22.82	18.18	200	
12/28/2013	CEFAZOLIN 1GM VL	1	51.00	40.92	10.08	200	
12/28/2013	BACITRACIN 50,000U VL	1	72.00	45.38	26.62	200	
12/28/2013	MIDAZOLAM 1MG/ML 2 ML V	1	46.48	41.66	4.82	200	
12/28/2013	FENTANYL 50MCG/ML 5ML	4	172.60	161.24	11.36	200	
12/28/2013	FENTANYL 50MCG/ML 5ML	1	43.15	40.31	2.84	200	
12/28/2013	MIDAZOLAM 1MG/ML 5ML V	2	104.58	90.18	14.40	200	
12/28/2013	PROPOFOL 10MG/ML 20ML	1	58.69	43.69	15.00	200	
12/28/2013	PHENYLEPHN 1% 10MG/ML	1	56.00	45.44	10.56	200	
12/28/2013	HEPARIN 1000U/ML 10ML	3	123.00	68.46	54.54	200	
12/28/2013	NOREPINEPHRINE 4ML VL	1	47.00	28.08	18.92	200	
12/28/2013	AMICAR 250MG/ML 20ML	3	261.00	252.93	8.07	200	
12/28/2013	CEFAZOLIN 1GM VL	2	102.00	81.84	20.16	200	
RUNNING TOTALS			\$118,157.74	\$53,762.73	\$64,395.01		



Reduction Summary

<u>Reason Code</u>	<u>Description</u>	<u>Reduction</u>	<u>% of Billed Charges</u>
200	The charge has been adjusted to reflect 200% of AWP.	4,320.23	1.09 %
31	This charge has been adjusted to reflect 110% of this hospital's reported cost for the service billed.	29,003.34	7.29 %
40	The charge for the services exceeds an amount that would appear reasonable when compared to the charges of other providers in the same geographic area. Allowances are based on the 90th percentile.	187,829.45	47.19 %
20	The provider billed for a procedure/supply/drug which is subsumed or bundled into payment for another service on the same day.	8,275.00	2.08 %
25	Billed charges do not appear medically necessary.	116.00	0.03 %
98	The charge for the supply exceeds an amount that would appear reasonable.	3,137.12	0.79 %
MC	Claim repriced at 110% of AWP.	52,081.50	13.09 %
TOTAL		\$284,762.64	71.55 %

COMMENTS

This review contains adjustments, modifications, or definitions that are based on information provided to the auditor that may have been limited in scope. Therefore, the adjustments or modifications contained in this review are recommendations only and final payment considerations are the sole responsibility of the payer.

The provider failed to provide NDC codes for some or all of the medications included on this bill. In the absence of these codes, adjustments are based on the auditor's best efforts to identify the appropriate definitions in support of these charges. A re-review of these charges may be conducted if NDC codes are subsequently provided.