CLINICAL REVIEW

This assessment aims to ensure claims are accurately billed, prevent fraud, waste, and abuse, and verify the necessity of provided services. Incorporating pre-authorization terms, statutory laws, and payer-specific guidelines, aligning with National Uniform Billing Committee (NUBC) guidelines, CMS/Medicare reimbursement rules, and standards set by the American Hospital Association (AHA) and InterQual

Summary of Disallowed Charges

Date Of Service	Remark Code	Disallowed Reason	Amount
12/18/2024 to 12/22/2024	CO-50 RARC N115	Prolonged inpatient stay - No acute inpatient medical necessity. Transition to lower level of care recommended.	$14,332.50
12/15/2024	CO-97, M86	Emergency Department Level 5 visit billed during inpatient stay. Charges should be bundled.	$2,490.56
12/15/2024 to 12/20/2024	CO-97, M2	Supplies and Bundling Charges - Routine supplies bundled into room charges. Excessive charges identified.	$690.59
12/20/2024	PI-152 N640	Surgery Add on Charge - Only 4 extra minutes exceeded; full additional unit not justified. Allowed 1 unit only	$1,129.18
12/14/2024 to 12/23/2024	CO-16, M123	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	$4,242.80
12/14/2024	CO-97, M15	Radiology / Imaging – Chest Xray Included in inpatient DRG payment; not separately reimbursable. CT Maxillofacial with Contrast Bundled service; should not be billed separately from CT Orbit unless medically necessary.	$3218.23
		Total Disallowed Amount	**$26,103.86**

Detailed Review

Room charges

Findings

The patient was admitted with **sepsis, acute otitis media, and Streptococcus pyogenes bacteremia**, requiring **IV antibiotics and hemodynamic monitoring**. **Sinus bradycardia with first-degree AV block** was

identified upon admission, justifying telemetry monitoring. Close monitoring was required due to a history of Down syndrome, nonverbal status, and infection-related complications.

- By **12/18/2024**, telemetry documentation indicates that the **patient's cardiac condition had stabilized**, and there were **no new arrhythmias, hemodynamic instability, or episodes of symptomatic bradycardia**.
- **No further interventions were performed related to telemetry monitoring**, and the focus of care shifted toward IV antibiotics for bacteremia.
- **Vital signs remained stable** throughout this period, supporting transition to a lower level of care.
- **InterQual & MCG criteria indicate that once a patient is hemodynamically stable without cardiac interventions, continued telemetry is not justified.**

Regulatory Support

CMS Inpatient Admission Criteria (Two-Midnight Rule)

- **CMS Manual 100-04, Chapter 3, Section 10.2** states that inpatient admission is appropriate **only if hospitalization spans two midnights OR medical necessity justifies inpatient care.**
- **After 12/17/2024, no acute condition required continued inpatient hospitalization**, meaning further room & board charges should be denied.

MCG Guidelines for Sepsis and Infection-Related Hospitalization

- **Inpatient admission is justified only if:**
  Sepsis remains unstable despite IV therapy.
  Refractory hypotension, organ dysfunction, or worsening infection.
  Frequent IV fluid resuscitation or vasopressor support.
- **Observation or step-down care is appropriate if:**
  Infection is controlled with antibiotics.
  No hemodynamic instability or worsening symptoms.
  Patient is tolerating oral medications and fluids.

InterQual Criteria for Inpatient Stay

- By 12/17/2024, the patient was clinically stable with no further acute interventions needed.
- Continued inpatient hospitalization beyond 12/17/2024 did not meet InterQual inpatient criteria.

MCG & InterQual Guidelines for Telemetry Stay

- **Telemetry admission is justified only if:**
  - The patient has acute coronary syndrome, life-threatening arrhythmias, or hemodynamic instability.
  - The patient requires continuous cardiac monitoring due to a high risk of sudden deterioration.
- **Telemetry monitoring is NOT justified when:**
  - The underlying cause of bradycardia has resolved and there is no longer a need for continuous monitoring.
  - The patient's condition can be managed with routine vital sign checks rather than cardiac telemetry.

Federal Regulation 42 CFR § 412.3(d)

- Hospitalization must be necessary and not safely managed at a lower level of care.
- Since the patient stabilized post-IV therapy, a lower level of care (observation or outpatient management) was appropriate.

Key Violations

Failure to Transition to Lower Level of Care

- The patient remained in inpatient status beyond 12/17/2024 despite no clinical need for continued hospitalization.
- Step-down care or outpatient IV therapy should have been considered once sepsis stabilized.

Overutilization of Inpatient Services

- Continued telemetry monitoring beyond 12/17/2024 lacked medical justification.
- Billing for inpatient-level care when lower-cost alternatives (e.g., outpatient IV antibiotics, home health) were available.

Recommendation

Disallow room charges from 12/18/2024 – 12/22/2024 due to absence of documented acute medical necessity.

Emergency Department

Findings:

- The patient **was already admitted as an inpatient on 12/14/2024** for **sepsis due to Streptococcus pyogenes bacteremia, periorbital cellulitis, and otitis media.**
- A **Level 5 Emergency Department (ED) visit was billed on 12/15/2024**, but the medical record does not indicate a **separate and distinct ED visit outside of the inpatient admission.**
- **The patient was already under hospital care** on the **same date as the ED charge** and received inpatient-level services.
- **No documentation supports an emergency-level evaluation requiring separate payment** during the inpatient stay.
- **CMS and Medicare guidelines state that ED services are bundled into inpatient admissions unless an unrelated condition requires a distinct emergency evaluation.**

Regulatory Support

CMS National Correct Coding Initiative (NCCI) Guidelines

- Emergency Department visits that occur during an active inpatient admission are included in the inpatient reimbursement and are not separately billable.
- Separate ED billing is inappropriate unless the patient is seen for a condition unrelated to the inpatient admission.

Medicare Claims Processing Manual (Chapter 12, Section 30.6.7)

- **ED visits occurring during inpatient hospitalization are considered part of the inpatient stay unless:**

    - The patient is evaluated for a new, unrelated condition not addressed by the inpatient care team.
    - The ED visit results in a different level of care transition (e.g., from observation to inpatient).

- **Since the patient's ED visit was for the same diagnosis that led to the inpatient admission, it is not separately reimbursable.**

MCG & InterQual Guidelines for ED Services

- Level 5 ED visits require high-complexity decision-making, critical interventions, or immediate life-saving treatment.
- In this case, the patient was already receiving inpatient hospital care for the primary diagnosis, making a separate Level 5 ED charge inappropriate.

Key Violations:

- **Emergency Department Service is Bundled into Inpatient Stay**
    - **The patient was already an inpatient on 12/15/2024, making separate ED billing inappropriate.**
- **No New or Unrelated Emergency Condition Justifying Separate ED Charge**
    - **The ED visit was for the same infection-related symptoms that led to inpatient admission.**
- **Overutilization of ED Level 5 Billing**
    - **Level 5 ED services require critical interventions and complex management**, neither of which were separate from the inpatient services.
- CO-97: Service included in the payment/allowance for another service/procedure already adjudicated.
- M86: "Service denied because payment already made for same/similar procedure within set timeframe."

Recommendation:

- Disallow the Emergency Department Level 5 charge.

Supplies and Bundled Charges

Findings:

- Routine inpatient supplies were billed separately despite being included in room charges.
- No documentation indicating the use of high-cost or patient-specific supplies.

Regulatory Support:

- **CMS Medicare Claims Processing Manual, Chapter 3, Section 40.3**: Routine supplies are included in the inpatient per diem rate.
- **NUBC UB-04 Guidelines**: Routine supplies should not be separately billed.

Key Violations:

- **CO-97:** Unbundling of services.
- **M2:** Routine supplies included in inpatient reimbursement.

Recommendation:

- Disallow separately billed routine supply charges.

Pharmacy Charges

Findings:

- Lack of MAR (Medication Administration Record)
- CMS 42 CFR §410.32 requires MAR documentation to justify inpatient pharmacy charges.
- No corresponding physician orders found for several billed medications.

Regulatory Support:

- CMS Claims Processing Manual, Pub. 100-04, Chapter 17 states all medication administrations must be supported by MAR records.

Key Violations:

- CO-16: Claim/service lacks information or has submission/billing error(s)
- M123: Missing/Incomplete/Invalid documentation.

Recommendation:

- Disallow all medication charges without MAR verification

Surgery Charges

Findings: The patient underwent a surgical procedure from 11:58 AM to 12:32 PM (34 minutes total).

- The first 30-minute surgery charge is justified.
- Two additional 15-minute units were billed; however, the procedure lasted only 4 extra minutes beyond the initial 30 minutes.
- CMS guidelines prohibit billing a full 15-minute unit when the additional time does not meet the threshold.
- One additional 15-minute unit is disallowed due to insufficient time documentation.

Regulatory Support

CMS Time-Based Billing Guidelines

- Medicare and CPT guidelines state that additional time-based units must meet the full time requirement (e.g., 15-minute increments must be at least 8 minutes to bill a full unit).
- Only 4 minutes beyond the initial 30-minute surgery block were performed, failing to meet the 8-minute minimum requirement for another unit.

Medicare Claims Processing Manual (Chapter 12, Section 30.6.1)

- Surgical time must be documented to justify additional units billed.
- Billing for increments that do not meet time requirements results in overpayme**nt.**

Key Violations

Surgery Overbilling

- Billing two additional 15-minute units despite only 4 extra minutes of surgery.
- Full 15-minute increments are not justified without meeting minimum duration requirements.

PI-152 – "Payer deems the information submitted does not support the level of service, procedure, or treatment billed. The claim has been adjusted accordingly."
RARC N640 – "Exceeds number/frequency approved/allowed within time period.."

Recommendation: Disallow one unit of "Surgery – Each Additional 15 Minutes" ($1,129.18) due to insufficient documented time**.**

Radiology / Imaging

Findings

The patient underwent **multiple imaging studies** during an admission for **sepsis, periorbital cellulitis, and otitis media**.

- **Routine chest X-ray (12/14/2024)** is **included in the inpatient reimbursement under TEFRA** and is **not separately reimbursable**.
- **Two CT scans of overlapping anatomical regions (Maxillofacial and Orbit/Ear/Fossa) were billed on 12/14/2024**.
    - **Medical necessity supports only one of these studies unless distinct pathology is suspected**.
    - **Bundling rules prevent separate billing of overlapping CT studies without clear justification**.

Regulatory Support

TEFRA Reimbursement Guidelines

- Under TEFRA, hospitals reimbursed based on the cost of treating patients, with certain routine services included in the overall reimbursement.

CMS National Correct Coding Initiative (NCCI) Guidelines

- CT Maxillofacial and CT Orbit/Ear/Fossa should not be billed separately unless they evaluate distinct conditions.

Key Violations

Unbundling of Services

- CT Maxillofacial and CT Orbit/Ear/Fossa should not be billed separately unless they address separate diagnoses.

Routine Chest X-ray Included in TEFRA Reimbursement

- Routine chest X-rays performed on admission are part of the inpatient payment bundle and not separately reimbursable.

CO 97: "The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated."
M15: "Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed."

Recommendation: Deny routine chest X-ray as it is included in TEFRA reimbursement. Disallow one of the two CT scans due to redundancy.

References

- **CMS Claims Processing Manual, Pub. 100-04, Chapter 3 - Documentation for inpatient care https://www.cms.gov/Regulations-andGuidance/Guidance/Manuals/downloads/clm104c03.pdf**
- **42 CFR §410.32 - CMS Billing Rules for Medical Necessity https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-410/subpart-B/section-410.32**
- **CMS Claims Processing Manual (Pub. 100-04): Chapter 4, Sections 231.1 and 231.2 – Bundling Rules -www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c04.pdf**
- **CMS Claims Processing Manual (Pub. 100-04): Chapter 12 - www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf**
- **CMS Claims Processing Manual, Pub. 100-04, Chapter 13 - Imaging services: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c13.pdf**

Patient Name: Gogue Jeffrey
Patient Account #: 250304539300
Date of Service: 12/14/2024 to 12/23/2024

Disallowed Charges

Date Of Service	Charge Code	Description	QTY	Amount	Disallowed Reason	Remark Code
12/18/2024	4000000022	Telemetry Room and Board (Regular R	1	$2,866.50	Prolonged inpatient stay - No acute inpatient medical necessity. Transition to lower level of care recommended.	CO 50: "These are non-covered services because this is not deemed a 'medical necessity' by the payer." RARC N115: "This decision was based on a Local Coverage Determination (LCD). An LCD provides a guide to assist in determining whether a particular item or service is covered."
12/19/2024	4000000022	Telemetry Room and Board (Regular R	1	$2,866.50	Prolonged inpatient stay - No acute inpatient medical necessity. Transition to lower level of care recommended.	CO 50: "These are non-covered services because this is not deemed a 'medical necessity' by the payer." RARC N115: "This decision was based on a Local Coverage Determination (LCD). An LCD provides a guide to assist in determining whether a particular item or service is covered."
12/20/2024	4000000022	Telemetry Room and Board (Regular R	1	$2,866.50	Prolonged inpatient stay - No acute inpatient medical necessity. Transition to lower level of care recommended.	CO 50: "These are non-covered services because this is not deemed a 'medical necessity' by the payer." RARC N115: "This decision was based on a Local Coverage Determination (LCD). An LCD provides a guide to assist in determining whether a particular item or service is covered."
12/21/2024	4000000022	Telemetry Room and Board (Regular R	1	$2,866.50	Prolonged inpatient stay - No acute inpatient medical necessity. Transition to lower level of care recommended.	CO 50: "These are non-covered services because this is not deemed a 'medical necessity' by the payer." RARC N115: "This decision was based on a Local Coverage Determination (LCD). An LCD provides a guide to assist in determining whether a particular item or service is covered."
12/22/2024	4000000022	Telemetry Room and Board (Regular R	1	$2,866.50	Prolonged inpatient stay - No acute inpatient medical necessity. Transition to lower level of care recommended.	CO 50: "These are non-covered services because this is not deemed a 'medical necessity' by the payer." RARC N115: "This decision was based on a Local Coverage Determination (LCD). An LCD provides a guide to assist in determining whether a particular item or service is covered."
12/15/2024	70100001111	EMERGENCY DEPT VISIT LEVEL 5	1	$2,490.56	Emergency Department Level 5 visit billed during inpatient stay. Charges should be bundled.	CO-97: The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. N111: This service was included in a claim that has been previously billed and adjudicate
12/15/2024	77200000090	Oxygen per hour ventilator	1	$50.15	Supplies and Bundling Charges - Routine supplies bundled into room charges. Excessive charges identified.	CO-97: The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. M2: Not paid separately when the patient is an inpatient.
12/20/2024	8000002791	SCD EXPRESS KNEE/THIGH LENGTH	1	$100.85	Supplies and Bundling Charges - Routine supplies bundled into room charges. Excessive charges identified.	CO-97: The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. M2: Not paid separately when the patient is an inpatient.
12/20/2024	8000009840	OXYGEN SYSTEM LIQ STATION >4-8LPM P	1	$50.15	Supplies and Bundling Charges - Routine supplies bundled into room charges. Excessive charges identified.	CO-97: The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. M2: Not paid separately when the patient is an inpatient.
12/20/2024	8000002409	MASK LARYNGEAL AIRWAY SUP SZ 5 ADLT	1	$489.44	Supplies and Bundling Charges - Routine supplies bundled into room charges. Excessive charges identified.	CO-97: The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. M2: Not paid separately when the patient is an inpatient.
12/15/2024	83900000081	ALLOPURINOL 100 MGTAB	1	$2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/16/2024	83900000081	ALLOPURINOL 100 MGTAB	1	$2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/17/2024	83900000081	ALLOPURINOL 100 MGTAB	1	$2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/18/2024	83900000081	ALLOPURINOL 100 MGTAB	1	$2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/19/2024	83900000081	ALLOPURINOL 100 MGTAB	1	$2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/20/2024	83900002482	LIDOCAINE 2% PRESERV-FREE 5 ML SOLN	1	$5.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/20/2024	83900000081	ALLOPURINOL 100 MGTAB	1	$2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/21/2024	83900000501	Ciprofloxacin-Dexametha 0.3%-0.1% 7	1	$422.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/21/2024	83900000081	ALLOPURINOL 100 MGTAB	1	$2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/22/2024	83900000081	ALLOPURINOL 100 MGTAB	1	$2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/22/2024	83900000013	ACETAMINOPHEN 325 MG TAB	2	$2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/22/2024	83900000013	ACETAMINOPHEN 325 MG TAB	2	$2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/23/2024	83900000081	ALLOPURINOL 100 MGTAB	1	$2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/14/2024	83900002282	Vancomycin 1 gm Powder for injectio	1	$43.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/14/2024	83900001358	LORazepam 2 mg/1 mL Solution for In	1	$9.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/14/2024	83900002706	IOHEXOL 300 MG/ML 100 ML SOLN (OMNI	1	$457.80	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/14/2024	83900002866	SODIUM CHLORIDE 0.9% 250 ML (W/ VIA	1	$35.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.

12/14/2024	83900002690	SODIUM CHLORIDE 0.9% 100ML SOLN FOR	1	$28.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/14/2024	83900001803	Piperacillin-Tazobactam 4 g-0.5 g P	1	$61.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/15/2024	83900002486	ALBUMIN HUMAN 5% (12.5 GM/ 250 ML)	2	$338.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/15/2024	83900002695	SODIUM CHLORIDE 0.9% 50 ML SOLN FOR	1	$28.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/15/2024	83900001801	Piperacillin-Tazobactam 3 g-0.375 g	1	$40.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/15/2024	83900000822	Enoxaparin 40 mg/0.4 mL Solution fo	1	$14.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/15/2024	83900002486	ALBUMIN HUMAN 5% (12.5 GM/ 250 ML)	2	$338.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/15/2024	83900002695	SODIUM CHLORIDE 0.9% 50 ML SOLN FOR	1	$28.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/15/2024	83900001801	Piperacillin-Tazobactam 3 g-0.375 g	1	$40.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/15/2024	83900002066	Sodium chloride 0.9% 250 mL solutio	1	$19.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/15/2024	83900002282	Vancomycin 1 gm Powder for injectio	1	$43.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/15/2024	83900002695	SODIUM CHLORIDE 0.9% 50 ML SOLN FOR	1	$28.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/15/2024	83900001801	Piperacillin-Tazobactam 3 g-0.375 g	1	$40.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/16/2024	83900002695	SODIUM CHLORIDE 0.9% 50 ML SOLN FOR	1	$28.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/16/2024	83900001801	Piperacillin-Tazobactam 3 g-0.375 g	1	$40.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/16/2024	83900000822	Enoxaparin 40 mg/0.4 mL Solution fo	1	$14.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/16/2024	83900002695	SODIUM CHLORIDE 0.9% 50 ML SOLN FOR	1	$28.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/16/2024	83900001801	Piperacillin-Tazobactam 3 g-0.375 g	1	$40.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/16/2024	83900003092	vancomycin 500 mg/100 mL water SOLN	1	$32.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/16/2024	83900002695	SODIUM CHLORIDE 0.9% 50 ML SOLN FOR	1	$28.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/16/2024	83900001801	Piperacillin-Tazobactam 3 g-0.375 g	1	$40.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/17/2024	83900000822	Enoxaparin 40 mg/0.4 mL Solution fo	1	$14.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/17/2024	83900002695	SODIUM CHLORIDE 0.9% 50 ML SOLN FOR	1	$28.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/17/2024	83900001801	Piperacillin-Tazobactam 3 g-0.375 g	1	$40.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/17/2024	83900000520	CLINDAMYCIN 900 MG-D5% 50 ML SOLN F	1	$70.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/17/2024	83900002695	SODIUM CHLORIDE 0.9% 50 ML SOLN FOR	1	$28.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/17/2024	83900001801	Piperacillin-Tazobactam 3 g-0.375 g	1	$40.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/17/2024	83900000520	CLINDAMYCIN 900 MG-D5% 50 ML SOLN F	1	$70.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/17/2024	83900002695	SODIUM CHLORIDE 0.9% 50 ML SOLN FOR	1	$28.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/17/2024	83900001801	Piperacillin-Tazobactam 3 g-0.375 g	1	$40.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/18/2024	83900001358	LORazepam 2 mg/1 mL Solution for In	1	$9.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/18/2024	83900000520	CLINDAMYCIN 900 MG-D5% 50 ML SOLN F	1	$70.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/18/2024	83900002695	SODIUM CHLORIDE 0.9% 50 ML SOLN FOR	1	$28.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/18/2024	83900001801	Piperacillin-Tazobactam 3 g-0.375 g	1	$40.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/18/2024	83900000822	Enoxaparin 40 mg/0.4 mL Solution fo	1	$14.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.

12/18/2024	83900000520	CLINDAMYCIN 900 MG-D5% 50 ML SOLN F	1	$70.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/18/2024	83900002695	SODIUM CHLORIDE 0.9% 50 ML SOLN FOR	1	$28.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/18/2024	83900001801	Piperacillin-Tazobactam 3 g-0.375 g	1	$40.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/18/2024	83900000520	CLINDAMYCIN 900 MG-D5% 50 ML SOLN F	1	$70.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/19/2024	83900000520	CLINDAMYCIN 900 MG-D5% 50 ML SOLN F	1	$70.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/19/2024	83900002695	SODIUM CHLORIDE 0.9% 50 ML SOLN FOR	1	$28.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/19/2024	83900000442	cefTRIAXone 1 g Powder for Injectio	1	$35.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/19/2024	83900000520	CLINDAMYCIN 900 MG-D5% 50 ML SOLN F	1	$70.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/19/2024	83900002695	SODIUM CHLORIDE 0.9% 50 ML SOLN FOR	1	$28.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/19/2024	83900000444	cefTRIAXone 2 gm Powder for Injecti	1	$42.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/19/2024	83900000520	CLINDAMYCIN 900 MG-D5% 50 ML SOLN F	1	$70.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/20/2024	83900000520	CLINDAMYCIN 900 MG-D5% 50 ML SOLN F	1	$70.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/20/2024	83900000520	CLINDAMYCIN 900 MG-D5% 50 ML SOLN F	1	$70.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/20/2024	83900002695	SODIUM CHLORIDE 0.9% 50 ML SOLN FOR	1	$28.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/20/2024	83900000444	cefTRIAXone 2 gm Powder for Injecti	1	$42.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/20/2024	83900002743	Ondansetron 4 mg /2 mL Solution for	1	$2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/20/2024	83900001896	Propofol 200 mg/20 mL emulsion for	2	$20.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/20/2024	83900000520	CLINDAMYCIN 900 MG-D5% 50 ML SOLN F	1	$70.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/21/2024	83900000520	CLINDAMYCIN 900 MG-D5% 50 ML SOLN F	1	$70.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/21/2024	83900000822	Enoxaparin 40 mg/0.4 mL Solution fo	1	$14.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/21/2024	83900000520	CLINDAMYCIN 900 MG-D5% 50 ML SOLN F	1	$70.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/21/2024	83900002695	SODIUM CHLORIDE 0.9% 50 ML SOLN FOR	1	$28.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/21/2024	83900000444	cefTRIAXone 2 gm Powder for Injecti	1	$42.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/21/2024	83900000520	CLINDAMYCIN 900 MG-D5% 50 ML SOLN F	1	$70.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/22/2024	83900000520	CLINDAMYCIN 900 MG-D5% 50 ML SOLN F	1	$70.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/22/2024	83900000822	Enoxaparin 40 mg/0.4 mL Solution fo	1	$14.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/22/2024	83900002695	SODIUM CHLORIDE 0.9% 50 ML SOLN FOR	1	$28.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/22/2024	83900000444	cefTRIAXone 2 gm Powder for Injecti	1	$42.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/23/2024	83900000822	Enoxaparin 40 mg/0.4 mL Solution fo	1	$14.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/15/2024	83900001725	Pantoprazole 40 mg Delayed Release	1	$2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/15/2024	83900001561	multivitamin Therapeutic TAB	1	$2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/15/2024	83900001674	Omega-3-fatty acids ethyl esters 10	1	2	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/15/2024	83900001061	Haloperidol 1 mg Tab	1	2	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/15/2024	83900001061	Haloperidol 1 mg Tab	1	2	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/15/2024	83900002250	Triamcinolone 0.1% 15 g Cream	1	$6.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.

12/15/2024	83900001061	Haloperidol 1 mg Tab	2	$	4.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/15/2024	83900001674	Omega-3-fatty acids ethyl esters 10	1	$	2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/15/2024	83900001061	Haloperidol 1 mg Tab	2	$	4.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/16/2024	83900001061	Haloperidol 1 mg Tab	2	$	4.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/16/2024	83900001725	Pantoprazole 40 mg Delayed Release	1	$	2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/16/2024	83900001561	multivitamin Therapeutic TAB	1	$	2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/16/2024	83900001674	Omega-3-fatty acids ethyl esters 10	1	$	2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/16/2024	83900002250	Triamcinolone 0.1% 15 g Cream	1	$	6.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/16/2024	83900001674	Omega-3-fatty acids ethyl esters 10	1	$	2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/16/2024	83900001061	Haloperidol 1 mg Tab	2	$	4.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/16/2024	83900002980	MELATONIN 5 MG TAB	1	$	2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/17/2024	83900001061	Haloperidol 1 mg Tab	2	$	4.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/17/2024	83900001725	Pantoprazole 40 mg Delayed Release	1	$	2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/17/2024	83900001561	multivitamin Therapeutic TAB	1	$	2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/17/2024	83900001674	Omega-3-fatty acids ethyl esters 10	1	$	2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/17/2024	83900001061	Haloperidol 1 mg Tab	2	$	4.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/17/2024	83900001674	Omega-3-fatty acids ethyl esters 10	1	$	2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/18/2024	83900001061	Haloperidol 1 mg Tab	2	$	4.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/18/2024	83900001725	Pantoprazole 40 mg Delayed Release	1	$	2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/18/2024	83900001561	multivitamin Therapeutic TAB	1	$	2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/18/2024	83900001674	Omega-3-fatty acids ethyl esters 10	1	$	2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/18/2024	83900001061	Haloperidol 1 mg Tab	2	$	4.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/18/2024	83900001674	Omega-3-fatty acids ethyl esters 10	1	$	2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/19/2024	83900001725	Pantoprazole 40 mg Delayed Release	1	$	2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/19/2024	83900001561	multivitamin Therapeutic TAB	1	$	2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/19/2024	83900001674	Omega-3-fatty acids ethyl esters 10	1	$	2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/19/2024	83900001674	Omega-3-fatty acids ethyl esters 10	1	$	2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/20/2024	83900001725	Pantoprazole 40 mg Delayed Release	1	$	2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/20/2024	83900001561	multivitamin Therapeutic TAB	1	$	2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/20/2024	83900001674	Omega-3-fatty acids ethyl esters 10	1	$	2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/21/2024	83900001725	Pantoprazole 40 mg Delayed Release	1	$	2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/21/2024	83900001561	multivitamin Therapeutic TAB	1	$	2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/21/2024	83900001674	Omega-3-fatty acids ethyl esters 10	1	$	2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/21/2024	83900001674	Omega-3-fatty acids ethyl esters 10	1	$	2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/22/2024	83900001725	Pantoprazole 40 mg Delayed Release	1	$	2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/22/2024	83900001561	multivitamin Therapeutic TAB	1	$	2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/22/2024	83900001674	Omega-3-fatty acids ethyl esters 10	1	$	2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.

12/22/2024	83900001674	Omega-3-fatty acids ethyl esters 10	1	$	2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/22/2024	83900002980	MELATONIN 5 MG TAB	1	$	2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/23/2024	83900001725	Pantoprazole 40 mg Delayed Release	1	$	2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/23/2024	83900001561	multivitamin Therapeutic TAB	1	$	2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/23/2024	83900001674	Omega-3-fatty acids ethyl esters 10	1	$	2.00	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	CO-16: Missing documentation. M123: Incomplete/inaccurate records.
12/20/2024	74200000001	SURGERY EACH ADDITIONAL 15 MINU`	1	$	1,129.18	Surgery Add on Charge - Only 4 extra minutes were performed;	PI-152 – "Payer deems the information submitted does not support the level of service, procedure, or treatment billed. The claim has been adjusted accordingly." N640 – "Exceeds number/frequency approved/allowed within time period.."
12/14/2024	7630000215	XR CHEST 1 VIEW	1	$	229.27	Radiology / Imaging – Chest Xray Included in inpatient TEFRA r	CO 97: "The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated." M15: "Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed."
12/14/2024	7680000015	CT MAXILLOFACIAL W/DYE	1	$	2,988.96	Radiology / Imaging – CT Maxillofacial with Contrast Bundled se	CO 97: "The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated." M15: "Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed."
					$26,103.86		

Date of Review:

March 18, 2025

Patient Name: [redacted]
Patient Account #: [redacted]
Date of Service: 12/14/2024 to 12/23/2024
Provider: [redacted]

Disallowed Charges

Date Of Service	Rev Code	Remark Code	Disallowed Reason	Amount
12/18/2024 to 12/22/2024	0110	CO-50 RARC N115	Prolonged inpatient stay - No acute inpatient medical necessity. Transition to lower level of care recommended.	$14,332.50
12/15/2024	0450	CO-97, M86	Emergency Department Level 5 visit billed during inpatient stay. Charges should be bundled.	$2,490.56
12/15/2024 to 12/20/2024	0270 and 0272	CO-97, M2	Supplies and Bundling Charges - Routine supplies bundled into room charges. Excessive charges identified.	$690.59
12/20/2024	0360	PI-152 N640	Surgery Add on Charge - Only 4 extra minutes exceeded; full additional unit not justified. Allowed 1 unit only	$1,129.18
12/14/2024 to 12/23/2024	0250, 0636, 0637	CO-16, M123	Pharmacy Charges - MAR documentation missing. Billing unverifiable for medications administered.	$4,242.80
12/14/2024	0324, 0351	CO-97, M15	Radiology / Imaging – Chest Xray Included in inpatient DRG payment; not separately reimbursable. CT Maxillofacial with Contrast Bundled service; should not be billed separately from CT Orbit unless medically necessary.	$3218.23
			Total Disallowed Amount	**$26,103.86**

To address and substantiate the disallowed charges, supporting clinical documentation and analysis covering the full span from patient admission to discharge have been provided.