SUMANA KETHA MD PA
2925 SKYWAY CIR N
IRVING, TX 750383510

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TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

Mailroom
12357B Riata Trace Parkway
Suite 150
Austin, Texas 78727

Address SUMANA KETHA MD PA
2925 SKYWAY CIR N
IRVING, TX 750383510

Julian Date 12160

Clerk TEMP02

Date 06/08/2012

Subject: Returned claims/correspondence/documentation

TMHP cannot process your submitted documentation. TMHP is returning a copy of the first page of the information you submitted for appropriate identification. Please follow the additional instructions on this letter and resubmit all requested documentation.

Any and all information and/or documentation submitted in response to this letter must be received by Texas Medicaid & Healthcare Partnership (TMHP) within 120 days from the date of this letter. Information and/or documentation not received within 120 days will cause your claims to deny. You must attach a copy of this letter with each claim re-submission to show proof of timely filing. No further action will be taken by TMHP until the information requested below has been provided and/or corrected.

If you would like assistance with the claims submission process refer to the Texas Medicaid Provider Procedures Manual or the CSHCN Services Program Provider Manual. Additional assistance is available by calling the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Contact Center at 1-800-568-2413.

Your correspondence is being returned for the following reason(s):

1) **Medicare paper claims (including Medicare denials) must be filed with a completed claim form and one of the approved HHSC Medicare Remittance Advice Notices (MRANs).**

TMHP generated copy of DCN 201216049000893

If you are not enrolled in the Texas Medicaid Program or need an additional provider number for a new location, visit www.tmhp.com <http://www.acs-inc.com> for an enrollment application or call TMHP Customer Service at 1-800-925-9126.

Quick Tips for Expediting Paper Claims

DO

1) Use original claim forms
2) Use black ink (not a black marker)
3) Print claim data within defined boxes on the claim form
4) Use all capital letters
5) Use a laser printer for best results
6) Use paper clips on claims or appeals if they include attachments
7) Detach claims at perforated lines before mailing
8) Use 10x13 inch envelopes to mail claims.
9) Use the HHSC approved Medicare Remittance Advice Notice, or an MRAN printed from Medicare Remit Easy Print (MREP) (professional services) or PC-Print (institutional services) when sending the Remittance Advice from Medicare.
10) All MRANs and R&Ss must be accompanied by a claim form
11) Place the claim form on top when sending new claims, followed by any medical records or attachments.
12) Number the pages appropriately when sending attachments, (e.g., 1 of 2, 2 of 2).
13) Indicate continuation when multiple claims for the same client.
14) Print using Courier-10 pitch (12-point)

DON'T

1) Don't use copies of claim forms
2) Don't use red ink or highlighters
3) Don't use dashes or slashes in date fields
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TMHP generated copy of DCN 201216049000893

Crossover Professional Claim Type 30

TMHP Standardized Medicare and Medicare Advantage Plan (MAP) Remittance Advice Notice Form

1 Billing Provider NPI/API: 1356565865	2 Billing Provider TPI: 183413701
3 Billing Provider Name: SUMANAKETHA,MD PA	4 Billing Provider Medicare ID: 1962447805
5 Medicaid Client Number: 529630807	6 Medicare Paid Date: 11/03/2011
7 Client Last Name: BROWN	8 Client First Name: SAMMY
9 Medicare ICN: 2211293151730	10 Client HIC Number: 462727063A

11 Detail(s) Information

Dtl #	a. Perf Prov TPI / b. Perf Prov NPI	c. From DOS	d. To DOS	e. POS	f. Units	g. CPT	h. Mods	i. Charges	j. Allow	k. Ded	l. Coins	m. Paid	n. Reason Code
1	183413701 / 1962447805	06/06/2011	06/06/2011	12	1	99350		400.00	170.36	0.00	34.07	136.29	
2													
3													
4													
5													
6													
7													

12 Totals Information	a. Charges	b. Allow	c. Ded	d. Coins	e. Paid	f. Total Pages
	400.00	170.36	0.00	34.07	136.29	1 of 1
13 Medicare Prev Paid						

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Save As

Effective 01012012 / Revised 0206012

TMHP generated copy of DCN 201216049000893

TEXAS MEDICARE PART B
P.O. BOX 660156
DALLAS, TX 752660156

MEDICARE
REMITTANCE
ADVICE

SUMANA KETHA, MD PA
2925 SKYWAY CIRCLE NORTH
IRVING, TX 750383510

NPI #: 1356565865
DATE: 11/03/2011
PAGE #: 1

CHECK/EFT #: 881054766

REND-PROV	SERV-DATE	POS	PD-PROC/MODS	PD-NOS	BILLED	ALLOWED	DEDUCT	COINS	PROV-PD
RARC				SUB-NOS	SUB-PROC	GRP/CARC	CARC-AMT	ADJ-QTY	
NAME:BROWN, SAMMY			HIC:462727063A	ACNT:2497Z5556		ICN:2211293151730	ASG:Y	MOA:MA01	
1962447805	0606	060611	12 99350	1.000	400.00	170.36	0.00	34.07	136.29
						CO-45	229.64		
CNTL #: S5556K3444K9									
PT RESP	34.07			CLAIM TOTALS	400.00	170.36	0.00	34.07	136.29
ADJ TO TOTALS: PREV PD				INTEREST	0.00	LATE FILING CHARGE	0.00	NET	136.29

TMHP generated copy of DCN 201216049000893

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Julian Date 12160

Clerk TEMP02

Date 06/08/2012

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TMHP generated copy of DCN 201216049000895

Crossover Professional Claim Type 30

TMHP Standardized Medicare and Medicare Advantage Plan (MAP) Remittance Advice Notice Form

1 Billing Provider NPI/API: 1356565865	2 Billing Provider TPI: 183413701
3 Billing Provider Name: Sumanaketha, MD PA	4 Billing Provider Medicare ID: 1962447805
5 Medicaid Client Number: 508965847	6 Medicare Paid Date: 03/28/2012
7 Client Last Name: Perez	8 Client First Name: Tiburcia
9 Medicare ICN: 2812096494680	10 Client HIC Number: 457699166B

11 Detail(s) Information

Dtl #	a. Perf Prov TPI / b. Perf Prov NPI	c. From DOS	d. To DOS	e. POS	f. Units	g. CPT	h. Mods	i. Charges	j. Allow	k. Ded	l. Coins	m. Paid	n. Reason Code
1	183413701 / 1962447805	12/06/2011	12/06/2011	11	1	G0179		71.00	40.56	0.00	8.11	32.45	
2													
3													
4													
5													
6													
7													

12 Totals Information	a. Charges	b. Allow	c. Ded	d. Coins	e. Paid	f. Total Pages
	71.00	40.56	0.00	8.11	32.45	1 __ of 1
13 Medicare Prev Paid						

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Save As

Effective 01012012 / Revised 0206012

TMHP generated copy of DCN 201216049000895

TEXAS MEDICARE PART B
P.O. BOX 660156
DALLAS, TX 752660156

MEDICARE
REMITTANCE
ADVICE

PAYER BUSINESS CONTACT INFORMATION:
MEDICARE PART B
(866)280-6520

PAYER TECHNICAL CONTACT INFORMATION:
PROVIDER SUPPORT
(866)528-1605

SUMANA KETHA, MD PA
2925 SKYWAY CIRCLE NORTH
IRVING, TX 750383510

NPI #: 1356565865
DATE: 03/28/2012
PAGE #: 1

CHECK/EFT #: 881966639

REND-PROV	SERV-DATE	POS	PD-PROC/MODS	PD-NOS	BILLED	ALLOWED	DEDUCT	COINS	PROV-PD
RARC				SUB-NOS	SUB-PROC	GRP/CARC	CARC-AMT	ADJ-QTY	
NAME:PEREZ, TIBURCIA			HIC:457699166B	ACNT:5434Z5556		ICN:2812096494680	ASG:Y	MOA:MA01	MA07
1962447805 1206 120611 11 G0179				1.000	71.00	40.56	0.00	8.11	32.45
						CO-45	30.44		

CNTL #: 85556K6552K9

PT RESP	8.11	CLAIM TOTALS		71.00	40.56	0.00		8.11	32.45
ADJ TO TOTALS: PREV PD		INTEREST	0.00	LATE FILING CHARGE			0.00	NET	32.45

CLAIM INFORMATION FORWARDED TO: TX HEALTH & HUMAN SERVICES COMMI
70051

TMHP generated copy of DCN 201216049000895

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Julian Date 12160

Clerk TEMP02

Date 06/08/2012

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TMHP generated copy of DCN 201216049000894

Crossover Professional Claim Type 30

TMHP Standardized Medicare and Medicare Advantage Plan (MAP) Remittance Advice Notice Form

1 Billing Provider NPI/API: 1356565865	2 Billing Provider TPI: 183413701
3 Billing Provider Name: Sumanaketha, MD PA	4 Billing Provider Medicare ID: 1962447805
5 Medicaid Client Number: 522469180	6 Medicare Paid Date: 11/28/2011
7 Client Last Name: Thompson	8 Client First Name: Brian
9 Medicare ICN: 2911319569900	10 Client HIC Number: 462911591A

11 Detail(s) Information

Dtl #	a. Perf Prov TPI / b. Perf Prov NPI	c. From DOS	d. To DOS	e. POS	f. Units	g. CPT	h. Mods	i. Charges	j. Allow	k. Ded	l. Coins	m. Paid	n. Reason Code
1	183413701 / 1962447805	10/26/2011	10/26/2011	11	1	99214		180.00	102.67	0.00	14.12	56.47	
2													
3													
4													
5													
6													
7													

12 Totals Information	a. Charges	b. Allow	c. Ded	d. Coins	e. Paid	f. Total Pages
	180.00	102.67	0.00	14.12	56.47	2 __ of 3

13 Medicare Prev Paid

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Effective 01012012 / Revised 0206012

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TEXAS MEDICARE PART B
P.O. BOX 660156
DALLAS, TX 752660156

MEDICARE
REMITTANCE
ADVICE

SUMANA KETHA, MD PA
2925 SKYWAY CIRCLE NORTH
IRVING, TX 750383510

NPI #: 1356565865
DATE: 11/28/2011
PAGE #: 1

CHECK/EFT #: 881263369

REND-PROV	SERV-DATE	POS	FD-PROC/MODS	PD-NOS	BILLED	ALLOWED	DEDUCT	COINS	PROV-PD
RARC				SUB-NOS	SUB-PROC	GRP/CARC	CARC-AMT	ADJ-QTY	
NAME:THOMPSON, BRIAN			HIC:462911591A	ACNT:2917Z5556		ICN:2911319569900	ASG:Y	MOA:MA01	
1962447805	1026	102611	11 99214	1.000	180.00	102.67	0.00	14.12	56.47
						CO-45	77.33		
						PR-122	32.08		

CNTL #: 85556K4026K9

PT RESP	46.20	CLAIM TOTALS	180.00	102.67	0.00	14.12	56.47
ADJ TO TOTALS: PREV PD		INTEREST	0.00	LATE FILING CHARGE	0.00	NET	56.47

TMHP generated copy of DCN 201216049000894

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TMHP generated copy of DCN 201216049000894

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2925 SKYWAY CIR N
IRVING, TX 750383510

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IRVING, TX 750383510

Julian Date 12160

Clerk TEMP02

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TMHP generated copy of DCN 201216049000903

Crossover Professional Claim Type 30

TMHP Standardized Medicare and Medicare Advantage Plan (MAP) Remittance Advice Notice Form

1 Billing Provider NPI/API: 1356565865	2 Billing Provider TPI: 183413701
3 Billing Provider Name: Sumanaketha, MD PA	4 Billing Provider Medicare ID: 1962447805
5 Medicaid Client Number: 508965847	6 Medicare Paid Date: 03/13/2012
7 Client Last Name: Perez	8 Client First Name: Tiburcia
9 Medicare ICN: 2212080022240	10 Client HIC Number: 457699166B

11 Detail(s) Information

Dtl #	a. Perf Prov TPI / b. Perf Prov NPI	c. From DOS	d. To DOS	e. POS	f. Units	g. CPT	h. Mods	i. Charges	j. Allow	k. Ded	l. Coins	m. Paid	n. Reason Code
1	183413701 / 1962447805	01/05/2012	01/05/2012	21	1	99223		346.00	195.84	0.00	39.17	156.67	
2	183413701 / 1962447805	01/06/2012	01/06/2012	21	1	99233		179.00	100.48	0.00	20.10	80.38	
3	183413701 / 1962447805	01/07/2012	01/07/2012	21	1	99233		179.00	100.48	0.00	20.10	80.38	
4	183413701 / 1962447805	01/08/2012	01/08/2012	21	1	99239		180.00	103.68	0.00	20.74	82.94	
5													
6													
7													

12 Totals Information	a. Charges	b. Allow	c. Ded	d. Coins	e. Paid	f. Total Pages
	884.00	500.48	0.00	100.11	400.37	1 __ of 1
13 Medicare Prev Paid						

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MEDICARE
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(866)280-6520

PAYER TECHNICAL CONTACT INFORMATION:
PROVIDER SUPPORT
(866)528-1605

SUMANA KETHA, MD PA
2925 SKYWAY CIRCLE NORTH
IRVING, TX 750383510

NPI #: 1356565865
DATE: 03/13/2012
PAGE #: 1

CHECK/EFT #: 881886470

REND-PROV SERV-DATE POS PD-PROC/MODS RARC	PD-NOS SUB-NOS	BILLED SUB-PROC	ALLOWED GRP/CARC	DEDUCT CARC-AMT	COINS ADJ-QTY	PROV-PD
NAME:PEREZ, TIBURCIA HIC:457699166B	ACNT:510325556		ICN:2212080022240	ASG:Y	MOA:MA01	MA07
1962447805 0105 010512 21 99223	1.000	346.00	195.84	0.00	39.17	156.67
			CO-45	150.16		
CNTL #: 85556K6276K9						
PT RESP 39.17	CLAIM TOTALS	346.00	195.84	0.00	39.17	156.67
ADJ TO TOTALS: PREV PD	INTEREST	0.00	LATE FILING CHARGE	0.00	NET	156.67
CLAIM INFORMATION FORWARDED TO:	TX HEALTH & HUMAN SERVICES COMMI 70051					

REND-PROV SERV-DATE POS PD-PROC/MODS RARC	PD-NOS SUB-NOS	BILLED SUB-PROC	ALLOWED GRP/CARC	DEDUCT CARC-AMT	COINS ADJ-QTY	PROV-PD
NAME:PEREZ, TIBURCIA HIC:457699166B	ACNT:510425556		ICN:2212080022280	ASG:Y	MOA:MA01	MA07
1962447805 0106 010612 21 99233	1.000	179.00	100.48	0.00	20.10	80.38
			CO-45	78.52		
CNTL #: 85556K6277K9						
PT RESP 20.10	CLAIM TOTALS	179.00	100.48	0.00	20.10	80.38
ADJ TO TOTALS: PREV PD	INTEREST	0.00	LATE FILING CHARGE	0.00	NET	80.38
CLAIM INFORMATION FORWARDED TO:	TX HEALTH & HUMAN SERVICES COMMI 70051					

REND-PROV SERV-DATE POS PD-PROC/MODS RARC	PD-NOS SUB-NOS	BILLED SUB-PROC	ALLOWED GRP/CARC	DEDUCT CARC-AMT	COINS ADJ-QTY	PROV-PD
NAME:PEREZ, TIBURCIA HIC:457699166B	ACNT:510525556		ICN:2212080022330	ASG:Y	MOA:MA01	MA07
1962447805 0107 010712 21 99233	1.000	179.00	100.48	0.00	20.10	80.38
			CO-45	78.52		
CNTL #: 85556K6278K9						
PT RESP 20.10	CLAIM TOTALS	179.00	100.48	0.00	20.10	80.38
ADJ TO TOTALS: PREV PD	INTEREST	0.00	LATE FILING CHARGE	0.00	NET	80.38
CLAIM INFORMATION FORWARDED TO:	TX HEALTH & HUMAN SERVICES COMMI 70051					

REND-PROV SERV-DATE POS PD-PROC/MODS RARC	PD-NOS SUB-NOS	BILLED SUB-PROC	ALLOWED GRP/CARC	DEDUCT CARC-AMT	COINS ADJ-QTY	PROV-PD
NAME:PEREZ, TIBURCIA HIC:457699166B	ACNT:510625556		ICN:2212080022380	ASG:Y	MOA:MA01	MA07
1962447805 0108 010812 21 99239	1.000	180.00	103.68	0.00	20.74	82.94
			CO-45	76.32		

CNTL #: 85556K6279K9

TMHP generated copy of DCN 201216049000903

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TMHP generated copy of DCN 201216049000903

SUMANA KETHA MD PA
2925 SKYWAY CIR N
IRVING, TX 750383510

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TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

Mailroom
12357B Riata Trace Parkway
Suite 150
Austin, Texas 78727

Address SUMANA KETHA MD PA
2925 SKYWAY CIR N
IRVING, TX 750383510

Julian Date 12160

Clerk TEMP02

Date 06/08/2012

Subject: Returned claims/correspondence/documentation

TMHP cannot process your submitted documentation. TMHP is returning a copy of the first page of the information you submitted for appropriate identification. Please follow the additional instructions on this letter and resubmit all requested documentation.

Any and all information and/or documentation submitted in response to this letter must be received by Texas Medicaid & Healthcare Partnership (TMHP) within 120 days from the date of this letter. Information and/or documentation not received within 120 days will cause your claims to deny. You must attach a copy of this letter with each claim re-submission to show proof of timely filing. No further action will be taken by TMHP until the information requested below has been provided and/or corrected.

If you would like assistance with the claims submission process refer to the Texas Medicaid Provider Procedures Manual or the CSHCN Services Program Provider Manual. Additional assistance is available by calling the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Contact Center at 1-800-568-2413.

Your correspondence is being returned for the following reason(s):

1) **Medicare paper claims (including Medicare denials) must be filed with a completed claim form and one of the approved HHSC Medicare Remittance Advice Notices (MRANs).**

TMHP generated copy of DCN 201216049000907

If you are not enrolled in the Texas Medicaid Program or need an additional provider number for a new location, visit www.tmhp.com <http://www.acs-inc.com> for an enrollment application or call TMHP Customer Service at 1-800-925-9126.

Quick Tips for Expediting Paper Claims

DO

1) Use original claim forms
2) Use black ink (not a black marker)
3) Print claim data within defined boxes on the claim form
4) Use all capital letters
5) Use a laser printer for best results
6) Use paper clips on claims or appeals if they include attachments
7) Detach claims at perforated lines before mailing
8) Use 10x13 inch envelopes to mail claims.
9) Use the HHSC approved Medicare Remittance Advice Notice, or an MRAN printed from Medicare Remit Easy Print (MREP) (professional services) or PC-Print (institutional services) when sending the Remittance Advice from Medicare.
10) All MRANs and R&Ss must be accompanied by a claim form
11) Place the claim form on top when sending new claims, followed by any medical records or attachments.
12) Number the pages appropriately when sending attachments, (e.g., 1 of 2, 2 of 2).
13) Indicate continuation when multiple claims for the same client.
14) Print using Courier-10 pitch (12-point)

DON'T

1) Don't use copies of claim forms
2) Don't use red ink or highlighters
3) Don't use dashes or slashes in date fields
4) Don't use fonts smaller than 10 points
5) Don't use a dot matrix printer, if possible
6) Don't use labels, stickers or stamps
7) Don't use glue, tape, or staples
8) Don't fold claim forms, appeals or correspondence
9) Don't send duplicate copies of information.
10) Don't use paper smaller or larger than 8 ½ x 11. Scan equipment will accept 8 ½ x 11 paper.
11) Don't mail claims with correspondence for other departments, this may delay claims processing
12) Don't total each claim form when the claim is a continuation of multiple claims for the same client.
13) Don't use Proportional fonts

TMHP generated copy of DCN 201216049000907

Crossover Professional Claim Type 30

TMHP Standardized Medicare and Medicare Advantage Plan (MAP) Remittance Advice Notice Form

1 Billing Provider NPI/API: 1356565865	2 Billing Provider TPI: 183413701
3 Billing Provider Name: SUMANAKETHA, MD PA	4 Billing Provider Medicare ID: 1962447805
5 Medicaid Client Number: 531315200	6 Medicare Paid Date: 10/28/2011
7 Client Last Name: RUBIO	8 Client First Name: ROBERT
9 Medicare ICN: 3811286286550	10 Client HIC Number: 456449295A

11 Detail(s) Information

Dtl #	a. Perf Prov TPI / b. Perf Prov NPI	c. From DOS	d. To DOS	e. POS	f. Units	g. CPT	h. Mods	i. Charges	j. Allow	k. Ded	l. Coins	m. Paid	n. Reason Code
1	183413701 / 1962447805	01/26/2011	01/26/2011	31	1	99306	GW	278.00	158.05	0.00	31.61	126.44	
2													
3													
4													
5													
6													
7													

12 Totals Information	a. Charges	b. Allow	c. Ded	d. Coins	e. Paid	f. Total Pages
	278.00	158.05	0.00	31.61	126.44	1 __ of 1
13 Medicare Prev Paid						

Important: By submitting these forms to TMHP, the provider attests that the information included in the form exactly matches the Medicare RA or RN that was received from Medicare or the MAP. If the information on this crossover claim type form does not exactly match the information on the RA or RN, the claim may be denied.

Save As

Effective 01012012 / Revised 0206012

TMHP generated copy of DCN 201216049000907

TEXAS MEDICARE PART B
P.O. BOX 660156
DALLAS, TX 752660156

MEDICARE
REMITTANCE
ADVICE

SUMANA KETHA, MD PA
2925 SKYWAY CIRCLE NORTH
IRVING, TX 750383510

NPI #: 1356565865
DATE: 10/28/2011
PAGE #: 1

CHECK/EFT #: 880988931

REND-PROV	SERV-DATE	POS	PD-PROC/MODS	PD-NOS / SUB-NOS	BILLED / SUB-PROC	ALLOWED / GRP/CARC	DEDUCT / CARC-AMT	COINS / ADJ-QTY	PROV-PD / RARC
NAME:RUBIO, ROBERT			HIC:456449295A	ACNT:1694Z5556		ICN:3811286286550	ASG:Y	MOA:MA01	
1962447805	0126	012611	31 99306GW	1.000	278.00	158.05	0.00	31.61	126.44
						CO-45	119.95		

CNTL #: 85556K3061K9

PT RESP	31.61	CLAIM TOTALS	278.00	158.05	0.00	31.61	126.44
ADJ TO TOTALS: PREV PD		INTEREST	0.00	LATE FILING CHARGE	0.00	NET	126.44

TMHP generated copy of DCN 2012160490009 07

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SUMANA KETHA MD PA
2925 SKYWAY CIR N
IRVING, TX 750383510

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TMHP TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

Mailroom
12357B Riata Trace Parkway
Suite 150
Austin, Texas 78727

Address SUMANA KETHA MD PA
2925 SKYWAY CIR N
IRVING, TX 750383510

Julian Date 12160

Clerk TEMP02

Date 06/08/2012

Subject: Returned claims/correspondence/documentation

TMHP cannot process your submitted documentation. TMHP is returning a copy of the first page of the information you submitted for appropriate identification. Please follow the additional instructions on this letter and resubmit all requested documentation.

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Your correspondence is being returned for the following reason(s):

1) **Medicare paper claims (including Medicare denials) must be filed with a completed claim form and one of the approved HHSC Medicare Remittance Advice Notices (MRANs).**

TMHP generated copy of DCN 201216049000904

If you are not enrolled in the Texas Medicaid Program or need an additional provider number for a new location, visit www.tmhp.com <http://www.acs-inc.com> for an enrollment application or call TMHP Customer Service at 1-800-925-9126.

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7) Detach claims at perforated lines before mailing
8) Use 10x13 inch envelopes to mail claims.
9) Use the HHSC approved Medicare Remittance Advice Notice, or an MRAN printed from Medicare Remit Easy Print (MREP) (professional services) or PC-Print (institutional services) when sending the Remittance Advice from Medicare.
10) All MRANs and R&Ss must be accompanied by a claim form
11) Place the claim form on top when sending new claims, followed by any medical records or attachments.
12) Number the pages appropriately when sending attachments, (e.g., 1 of 2, 2 of 2).
13) Indicate continuation when multiple claims for the same client.
14) Print using Courier-10 pitch (12-point)

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5) Don't use a dot matrix printer, if possible
6) Don't use labels, stickers or stamps
7) Don't use glue, tape, or staples
8) Don't fold claim forms, appeals or correspondence
9) Don't send duplicate copies of information.
10) Don't use paper smaller or larger than 8 ½ x 11. Scan equipment will accept 8 ½ x 11 paper.
11) Don't mail claims with correspondence for other departments, this may delay claims processing
12) Don't total each claim form when the claim is a continuation of multiple claims for the same client.
13) Don't use Proportional fonts

TMHP generated copy of DCN 201216049000904

Crossover Professional Claim Type 30

TMHP Standardized Medicare and Medicare Advantage Plan (MAP) Remittance Advice Notice Form

1 Billing Provider NPI/API: 1356565865	2 Billing Provider TPI: 183413701
3 Billing Provider Name: Sumana Ketha MD PA	4 Billing Provider Medicare ID: 1962447805
5 Medicaid Client Number: 530985090	6 Medicare Paid Date: 07/13/2011
7 Client Last Name: Dean	8 Client First Name: Christopher
9 Medicare ICN: 2911186839810	10 Client HIC Number: 439928745A

11 Detail(s) Information

Dtl #	a. Perf Prov TPI / b. Perf Prov NPI	c. From DOS	d. To DOS	e. POS	f. Units	g. CPT	h. Mods	i. Charges	j. Allow	k. Ded	l. Coins	m. Paid	n. Reason Code
1	183413701 / 1356565865	04/25/2011	04/25/2011	21	1	99233		179.00	100.06	78.94	20.01	80.05	
2	183413701 / 1356565865	04/26/2011	04/26/2011	21	1	99233		179.00	100.06	78.94	20.01	80.05	
3	183413701 / 1356565865	04/27/2011	04/27/2011	21	1	99233		179.00	100.06	78.94	20.01	80.05	
4	183413701 / 1356565865	04/28/2011	04/28/2011	21	1	99233		179.00	100.06	78.94	20.01	80.05	
5	183413701 / 1356565865	04/29/2011	04/29/2011	21	1	99232		125.00	69.67	55.33	13.93	55.74	
6	183413701 / 1356565865	04/30/2011	04/30/2011	21	1	99239		180.00	101.75	78.25	20.35	81.40	
7	183413701 / 1356565865												

12 Totals Information	a. Charges	b. Allow	c. Ded	d. Coins	e. Paid	f. Total Pages
	1021	571.66	449.34	114.32	457.34	__ of __

13 Medicare Prev Paid

Important: By submitting these forms to TMHP, the provider attests that the information included in the form exactly matches the Medicare RA or RN that was received from Medicare or the MAP. If the information on this crossover claim type form does not exactly match the information on the RA or RN, the claim may be denied.

Save As

Effective 01012012 / Revised 0206012

TMHP generated copy of DCN 201216049000904

TEXAS MEDICARE PART B
P.O. BOX 660156
DALLAS, TX 752660156

MEDICARE
REMITTANCE
ADVICE

SUMANA KETHA, MD PA
2925 SKYWAY CIRCLE NORTH
IRVING, TX 750383510

NPI #: 1356565865
DATE: 07/15/2011
PAGE #: 1

CHECK/EFT #: 880153438

REND-PROV SERV-DATE POS PD-PROC/MODS RARC	PD-NOS SUB-NOS	BILLED SUB-PROC	ALLOWED GRP/CARC	DEDUCT CARC-AMT	COINS ADJ-QTY	PROV-PD
NAME:DEAN, CHRISTOPH HIC:439928745A	ACNT:135Z5556		ICN:2911186839810	ASG:Y	MOA:MA01	
1962447805 0425 042511 21 99233	1.000	179.00	100.06	0.00	20.01	80.05
			CO-45	78.94		
CNTL #: S5556K340K9						
PT RESP 20.01	CLAIM TOTALS	179.00	100.06	0.00	20.01	80.05
ADJ TO TOTALS: PREV PD	INTEREST	0.00	LATE FILING CHARGE	0.00	NET	80.05
REND-PROV SERV-DATE POS PD-PROC/MODS RARC	PD-NOS SUB-NOS	BILLED SUB-PROC	ALLOWED GRP/CARC	DEDUCT CARC-AMT	COINS ADJ-QTY	PROV-PD
NAME:DEAN, CHRISTOPH HIC:439928745A	ACNT:136Z5556		ICN:2911186839820	ASG:Y	MOA:MA01	
1962447805 0426 042611 21 99233	1.000	179.00	100.06	0.00	20.01	80.05
			CO-45	78.94		
CNTL #: S5556K341K9						
PT RESP 20.01	CLAIM TOTALS	179.00	100.06	0.00	20.01	80.05
ADJ TO TOTALS: PREV PD	INTEREST	0.00	LATE FILING CHARGE	0.00	NET	80.05
REND-PROV SERV-DATE POS PD-PROC/MODS RARC	PD-NOS SUB-NOS	BILLED SUB-PROC	ALLOWED GRP/CARC	DEDUCT CARC-AMT	COINS ADJ-QTY	PROV-PD
NAME:DEAN, CHRISTOPH HIC:439928745A	ACNT:137Z5556		ICN:2911186839830	ASG:Y	MOA:MA01	
1962447805 0427 042711 21 99233	1.000	179.00	100.06	0.00	20.01	80.05
			CO-45	78.94		
CNTL #: S5556K342K9						
PT RESP 20.01	CLAIM TOTALS	179.00	100.06	0.00	20.01	80.05
ADJ TO TOTALS: PREV PD	INTEREST	0.00	LATE FILING CHARGE	0.00	NET	80.05
REND-PROV SERV-DATE POS PD-PROC/MODS RARC	PD-NOS SUB-NOS	BILLED SUB-PROC	ALLOWED GRP/CARC	DEDUCT CARC-AMT	COINS ADJ-QTY	PROV-PD
NAME:DEAN, CHRISTOPH HIC:439928745A	ACNT:138Z5556		ICN:2911186839840	ASG:Y	MOA:MA01	
1962447805 0428 042811 21 99233	1.000	179.00	100.06	0.00	20.01	80.05
			CO-45	78.94		
CNTL #: S5556K343K9						
PT RESP 20.01	CLAIM TOTALS	179.00	100.06	0.00	20.01	80.05
ADJ TO TOTALS: PREV PD	INTEREST	0.00	LATE FILING CHARGE	0.00	NET	80.05
REND-PROV SERV-DATE POS PD-PROC/MODS RARC	PD-NOS SUB-NOS	BILLED SUB-PROC	ALLOWED GRP/CARC	DEDUCT CARC-AMT	COINS ADJ-QTY	PROV-PD
NAME:DEAN, CHRISTOPH HIC:439928745A	ACNT:139Z5556		ICN:2911186839850	ASG:Y	MOA:MA01	
1962447805 0429 042911 21 99232	1.000	125.00	69.67	0.00	13.93	55.74
			CO-45	55.33		
CNTL #: S5556K344K9						
PT RESP 13.93	CLAIM TOTALS	125.00	69.67	0.00	13.93	55.74
ADJ TO TOTALS: PREV PD	INTEREST	0.00	LATE FILING CHARGE	0.00	NET	55.74
REND-PROV SERV-DATE POS PD-PROC/MODS RARC	PD-NOS SUB-NOS	BILLED SUB-PROC	ALLOWED GRP/CARC	DEDUCT CARC-AMT	COINS ADJ-QTY	PROV-PD
NAME:DEAN, CHRISTOPH HIC:439928745A	ACNT:140Z5556		ICN:2911186839860	ASG:Y	MOA:MA01	
1962447805 0430 043011 21 99239	1.000	180.00	101.75	0.00	20.35	81.40
			CO-45	78.25		
CNTL #: S5556K345K9						
PT RESP 20.35	CLAIM TOTALS	180.00	101.75	0.00	20.35	81.40
ADJ TO TOTALS: PREV PD	INTEREST	0.00	LATE FILING CHARGE	0.00	NET	81.40

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