

**Explanation of Review
RECONSIDERATION**



Client: AMETROS FINANCIAL CORPORATION

Patient: Beth Doe
111 Coffee Lane
Cocoa, IL

Claim Jurisdiction: IL
Carrier Received: 01/09/18
Date Received: 02/08/18
Date Printed: 02/28/18
Processor: AWS
Review #: XXXXX
Original Review #: XXXXX
Document Name: CAXXXXX

Adjuster:

Claim #: XXXXX1
DOI: 01/01/2001
Account #: XXXXXXX1
Coverage: Workers Compensation

Employer:

Provider: MEMORIAL HOSPITAL

Dates of Service: 06/28/17 - 06/28/17
Medicare #: XXXXX

Diagnosis Code(s):
Z4589 Encounter for adjustment and management of implanted devices
M545 Low back pain
M791 Myalgia
I10 Essential (primary) hypertension
F17210 Nicotine dependence, cigarettes, uncomplicated

TIN: XXXXXXXX
Rendering Zip: XXXX
Bill Type: APC Outpatient
NPI:

Treating Provider: MEMORIAL HOSPITAL

Line	DOS	Procedure /Modifier	Description	Units	Billed Charges	FS/UCR Reductions	Audit Reductions	Network Reductions	Allowance	Qualify Code
1	06/28/17	250	PHARMACY	15	\$399.45	\$0.00	\$0.00	\$19.97	\$379.48	DSPRS
2	06/28/17	272	MEDICAL/SURGICAL SUPPLIES: STERILE SUPPLIES	4	\$10514.00	\$0.00	\$0.00	\$525.70	\$9988.30	DSPRS
3	06/28/17	C1820 278	MEDICAL/SURGICAL SUPPLIES: OTHER IMPLANTS	1	\$102555.00	\$78,665.00	\$0.00	\$1194.50	\$22695.50	INV2
4	06/28/17	C1787 278	MEDICAL/SURGICAL SUPPLIES: OTHER IMPLANTS	1	\$8336.00	\$4,039.75	\$0.00	\$214.81	\$4081.44	INV2
5	06/28/17	63685 360	OPERATING ROOM SERVICES	4	\$4480.00	\$0.00	\$0.00	\$224.00	\$4256.00	FS001 R51
6	06/28/17	00630 370 QX	ANESTHESIA	56	\$1470.00	\$0.00	\$0.00	\$73.50	\$1396.50	DSPRS
7	06/28/17	370	ANESTHESIA	1	\$884.00	\$0.00	\$0.00	\$44.20	\$839.80	DSPRS
8	06/28/17	J2370 636	DRUGS REQUIRE SPECIFIC ID: DRUGS REQUIRING DETAIL CODING	1	\$33.60	\$11.76	\$0.00	\$1.09	\$20.75	FS001
9	06/28/17	J1100 636	DRUGS REQUIRE SPECIFIC ID: DRUGS REQUIRING DETAIL CODING	8	\$20.00	\$7.00	\$0.00	\$0.65	\$12.35	FS001
10	06/28/17	710	RECOVERY ROOM	215	\$4085.00	\$0.00	\$0.00	\$204.25	\$3880.75	DSPRS

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Totals:				306	\$132,777.05	\$82,723.51	\$0.00	\$2,502.67	\$47,550.87	

Qualify Code Descriptions:

- R51 - THE SURGICAL PROCEDURE FALLS WITHIN THE MULTIPLE PROCEDURE GUIDELINES OF THE IWCC PAYMENT GUIDE TO GLOBAL DAYS AND HAS BEEN PRICED ACCORDINGLY.
- DSPRS - ALLOWANCE GREATER THAN CHARGED HAS BEEN ADJUSTED AND DISPERSED ACROSS LINE ITEMS
- FS001 - FEE SCHEDULE REDUCTION - STANDARD
- INV2 - ALLOWANCE AT INVOICE COST PLUS FEE SCHEDULE %

Notes:

This claim has been reviewed according to the Illinois Workers' Compensation Fee Schedule. Section 8.2 (820 ILCS 305/8.2; Public Act 94-277).