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Claim Header

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Claim Number:

Claim Finalized Date:

Beneficiary Medicare Number:

Diagnosis Code 1:
32723 - OBSTRUCTIVE SLEEP APNEA

Billing Provider Name:
SALVATORE S ARAGONA DDS

Diagnosis Code 2:
78054 - HYPERSOMNIA NOS

Total Billed Amount:
\$6,750.00

Diagnosis Code 3:
4019 - HYPERTENSION NOS

Total Allowed Amount:
\$4,722.29

Diagnosis Code 4:

Claim Lines

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[Initiate Redetermination/Reopening](#)

Line Number	From Service Date	To Service Date	Place of Service	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Diagnosis Pointer 1	Billed/Submitted Amount	Allowed Amount	Co-Insurance Amount	Deductible Amount	Paid Amount	Provider PTAN	Referring Provider
1	4/10/2015	4/10/2015	12 - Home	e0486 - oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adju	NU - New Equipment	KX - Specific Required Documentation On File	GA - Waiver of liability statement issued as required by payer policy, individual case		1	\$6,750.00	\$4,722.29	\$944.46	\$0.00	\$3,702.27	6745550001	1073623328 (1)

Denial Reason(s)

1 - 2 of 2

Description

Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use only with Group Codes PR or CO depending upon liability)

A special method was used to determine the approved amount.

Medical Review Responses

No Records

DCN

Decision

Description