OptimaHealth®

READING AN OPTIMA HEALTH REMIT

www.optimahealth.com/providers

Practice/Facility's Optima Health Vendor number

Practice/Facility

Check has Cleared and/or Electronic Funds (EFT)

Adjustment Codes

Optima Health Claim#

Optima Health Provider Number

Date of Service

Patient

Patient's Member ID

Rendering Provider(s)

Adjustment code explanations

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REMIT DATE 03-11-15                REMITTANCE ADVICE                    PAGE    1         1
VENDOR  011111                                                         CHECK #          1111

ABC PEDIATRICS                     SENTARA HEALTH PLANS, INC.           CHECK DATE   03-03-15
123 ANYWHERE STREET                4417 CORPORATION LANE                PAYMENT          73.88
STE 2                              VIRGINIA BEACH, VA  23462            CHECK HAS NOT CLEARED
SOMEWHEREIN OH 43081               757/000-0000


                                                        PLAN      PATIENT
                                                        COB      WHOLD   COPAY/   PAYMENT  ADJ
PATIENT              PROV#      CLAIM ID    BEGIN   END   CPT/DESC  QTY  REQ.AMT  MAX.AMT  COINS/DED/
                                                                                  BRIDGE

DOE, JOHN           1001000    15055555555  02-20-15 02-20-15 99213   1   87.00    66.85   0.00   0.00  13.37   53.48
0001234*01          GROUP  00000            02-20-15 02-20-15 87880   1   30.00    16.42   0.00   0.00   3.28   13.14
12345,678     CONTRACT ADJUSTMENT   49.66   02-20-15 02-20-15 87081   1   25.00     9.07   0.00   0.00   1.81    7.26
                              TOTAL FOR CLAIM           142.00          142.00    92.34   0.00   0.00  18.46   73.88




                   *** TOTALS ***                      142.00          142.00    92.34   0.00   0.00  18.46   73.88

                   AMT NOT ALLOWED          306.45


*************  SUMMARY OF PAYMENTS  *************       ********************************* ADJUSTMENT CODES ********************************************

100100 JOHN SMITH                   73.88
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Denial Codes and Definitions

- DOS denial prior to effective date - D34 Deny - CPT Code Deleted/Invalid/Not Provided

- DOS denial after effective date - D19P Deny- Invalid Modifier for Procedure Code

- Exceeding the age restrictions - D95 Code Inappropriate for age

- No authorization - D26 Deny - Services not pre-authed

- Services not covered - D20DM - Deny - No Coverage through OHP or OHCC. Bill Medicaid