

How To Read a Historical Sentara Health Plans Remit and Understand the Denial Codes (Commercial Plans)

Practice's/Facility's Sentara Health Plans Vendor Number

Practice/Facility

Date of Service

Sentara Health Plans Claim #

Sentara Health Plans Provider #

Patient

Patient's Member ID

Check Has Cleared and/or Electronic Funds (EFT)

Adjustment Codes

PATIENT	PROV#	CLAIM ID	BEGIN	END	CPT/DESC	QTY	PLAN REQ.AMT	MAX.AMT	PATIENT COB	WHOLD	COPAY/	PAYMENT	ADJ
DOE, JOHN 0001234*01 12345678	1001000 GROUP 00000	15055555555	02-20-15	02-20-15	99213	1	87.00	66.85	0.00	0.00	13.37	53.48	
			02-20-15	02-20-15	87880	1	30.00	16.42	0.00	0.00	3.28	13.14	
			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	92.34	0.00	0.00	18.46	73.88	
*** TOTALS ***							142.00	92.34	0.00	0.00	18.46	73.88	
					AMT NOT ALLOWED		306.45						

REMIT DATE 03-11-15
VENDOR 011111

REMITTANCE ADVICE

SENTARA HEALTH PLANS, INC.
1300 SENTARA PARK
VIRGINIA BEACH, VA 23464
757/000-0000

PAGE 1
CHECK # 1111

CHECK DATE 03-03-15
PAYMENT 73.88
CHECK HAS NOT CLEARED

***** SUMMARY OF PAYMENTS *****

100100 JOHN SMITH 73.88

***** ADJUSTMENT CODES *****

Rendering Provider(s)

Adjustment Code Explanations

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-authorized
- Services not covered - D20DM - Deny - No coverage through Sentara Health Plans or Sentara Community Plan. Bill Medicaid