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

Sentara® Health Plans

sentarahealthplans.com/providers

Check Has Cleared and/or Electronic Funds (EFT)

Adjustment Codes

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

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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                    1300 SENTARA PARK                          PAYMENT          73.88
STE 2                                  VIRGINIA BEACH, VA  23464                  CHECK HAS NOT CLEARED
SOMEWHEREIN OH 43081                   757/000-0000


                                                               PLAN      PATIENT
PATIENT          PROV#       CLAIM ID        BEGIN   END    CPT/DESC   QTY  REQ.AMT   MAX.AMT   COB    WHOLD   COPAY/    PAYMENT ADJ
                                                                                            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
12345678         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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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

SHP_MULTI_PROV_P&P_230005