



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



List of Over-Utilized Codes – FY 2004

Carrier Data

Cahaba GBA – AL, GA, MS

Betos Code	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
All Codes (incl. those not in list)	1,991	3,620	\$20,555	\$185,494	\$429,356,026	11.1%
Hospital visit - subsequent	113	192	\$4,192	\$10,602	\$87,571,058	39.5%
Consultations	78	86	\$1,647	\$9,499	\$34,407,929	17.3%
Hospital visit - initial	39	39	\$1,347	\$4,565	\$28,127,788	29.5%
Office visits - established	571	580	\$1,246	\$25,032	\$26,031,483	5.0%
Minor procedures - other (Medicare fee schedule)	92	159	\$1,150	\$5,486	\$24,022,281	21.0%
Office visits - new	37	37	\$638	\$3,128	\$13,334,386	20.4%
Ambulance	25	54	\$555	\$5,031	\$11,590,250	11.0%
Lab tests - other (non-Medicare fee schedule)	269	499	\$508	\$5,472	\$10,601,419	9.3%
Anesthesia	36	39	\$490	\$4,654	\$10,226,900	10.5%
Nursing home visit	47	59	\$271	\$2,343	\$5,664,994	11.6%
Specialist - pathology	38	49	\$204	\$3,035	\$4,255,273	6.7%
Emergency room visit	52	52	\$200	\$3,269	\$4,182,374	6.1%
Other drugs	85	120	\$161	\$9,870	\$3,372,135	1.6%
Standard imaging - musculoskeletal	53	74	\$157	\$1,825	\$3,276,468	8.6%
Other tests - other	37	52	\$154	\$1,855	\$3,222,160	8.3%
Other tests - electrocardiograms	64	79	\$151	\$826	\$3,163,883	18.3%
Standard imaging - chest	79	90	\$115	\$1,012	\$2,409,205	11.4%
Ambulatory procedures - skin	30	46	\$93	\$2,883	\$1,935,050	3.2%
Lab tests - blood counts	109	113	\$58	\$986	\$1,202,931	5.8%
Specialist - ophthalmology	46	62	\$48	\$3,146	\$1,010,345	1.5%
Standard imaging - other	25	30	\$46	\$773	\$966,481	6.0%
Echography - heart	19	57	\$45	\$3,767	\$948,517	1.2%
Lab tests - routine venipuncture (non Medicare fee schedule)	184	184	\$30	\$510	\$626,636	5.9%
Lab tests - automated general profiles	123	125	\$28	\$1,300	\$586,113	2.2%
Lab tests - urinalysis	69	70	\$12	\$268	\$240,837	4.3%
Chiropractic	29	38	\$0	\$739	\$0	0.0%
Immunizations/Vaccinations	46	85	\$0	\$602	\$0	0.0%
Advanced imaging - CAT: other	26	37	-\$3	\$2,326	-\$70,392	-0.1%

AR BCBS – AR, MO

Betos Code	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
All Codes (incl. those not in list)	1,990	3,539	\$20,818	\$196,218	\$243,035,358	10.6%
Hospital visit - subsequent	108	198	\$3,474	\$11,175	\$40,558,701	31.1%
Oncology - radiation therapy	14	48	\$2,824	\$6,520	\$32,974,674	43.3%
Other drugs	62	86	\$1,935	\$6,982	\$22,591,205	27.7%
Consultations	72	73	\$1,020	\$6,946	\$11,912,486	14.7%
Advanced imaging - CAT: other	36	47	\$968	\$3,588	\$11,298,988	27.0%
Office visits - established	512	513	\$904	\$21,244	\$10,556,019	4.3%
Emergency room visit	47	47	\$650	\$3,227	\$7,583,093	20.1%
Anesthesia	31	31	\$637	\$3,402	\$7,432,258	18.7%
Specialist - pathology	29	38	\$552	\$2,788	\$6,443,773	19.8%
Ambulance	24	55	\$468	\$7,228	\$5,468,830	6.5%
Nursing home visit	49	62	\$460	\$2,162	\$5,374,383	21.3%
Minor procedures - other (Medicare fee schedule)	68	107	\$410	\$3,155	\$4,785,518	13.0%
Office visits - new	42	42	\$402	\$2,825	\$4,690,954	14.2%
Chiropractic	40	50	\$232	\$1,527	\$2,713,634	15.2%
Other tests - other	34	47	\$188	\$1,420	\$2,196,218	13.2%
Standard imaging - chest	116	128	\$175	\$1,369	\$2,037,327	12.7%
Standard imaging - musculoskeletal	79	108	\$166	\$2,054	\$1,934,825	8.1%
Specialist - ophthalmology	62	88	\$142	\$4,509	\$1,654,635	3.1%
Standard imaging - other	29	36	\$139	\$802	\$1,626,033	17.4%
Minor procedures - skin	42	49	\$132	\$2,244	\$1,535,438	5.9%
Unknown Code	42	42	\$125	\$1,861	\$1,458,970	6.7%
Ambulatory procedures - skin	46	73	\$115	\$5,245	\$1,342,224	2.2%
Ambulatory procedures - other	22	30	\$115	\$3,019	\$1,341,757	3.8%
Lab tests - blood counts	84	87	\$99	\$822	\$1,160,101	12.1%
Other tests - electrocardiograms	69	72	\$97	\$879	\$1,128,930	11.0%
Lab tests - other (non-Medicare fee schedule)	220	341	\$78	\$3,511	\$914,702	2.2%
Echography - heart	24	64	\$36	\$3,135	\$424,604	1.2%
Lab tests - routine venipuncture (non Medicare fee schedule)	197	197	\$36	\$543	\$420,284	6.6%
Standard imaging - nuclear medicine	21	35	\$34	\$2,852	\$397,869	1.2%
Lab tests - urinalysis	50	51	\$27	\$188	\$316,731	14.4%
Lab tests - automated general profiles	94	98	\$23	\$998	\$266,647	2.3%
Other - non-Medicare fee schedule	30	31	\$20	\$148	\$229,755	13.3%
Immunizations/Vaccinations	46	91	\$0	\$587	\$0	0.0%

AR BCBS – NM, OK, LA

Betos Code	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
All Codes (incl. those not in list)	1,989	3,498	\$24,455	\$193,249	\$291,221,542	12.7%
Hospital visit - subsequent	154	292	\$5,773	\$15,094	\$68,746,974	38.2%
Hospital visit - initial	42	42	\$2,045	\$4,588	\$24,349,638	44.6%
Consultations	67	67	\$1,729	\$7,616	\$20,588,105	22.7%
Office visits - established	547	551	\$1,588	\$23,897	\$18,905,674	6.6%
Other drugs	58	76	\$954	\$4,469	\$11,362,244	21.3%
Anesthesia	42	43	\$901	\$5,126	\$10,726,807	17.6%
Echography - heart	28	77	\$896	\$5,031	\$10,671,909	17.8%
Office visits - new	38	38	\$687	\$2,799	\$8,186,131	24.6%
Unknown Code	39	39	\$544	\$2,696	\$6,474,406	20.2%
Nursing home visit	45	60	\$444	\$2,317	\$5,281,652	19.1%
Minor procedures - other (Medicare fee schedule)	86	177	\$380	\$4,326	\$4,527,130	8.8%
Emergency room visit	65	65	\$367	\$4,906	\$4,373,272	7.5%
Lab tests - other (non-Medicare fee schedule)	178	297	\$362	\$3,175	\$4,316,112	11.4%
Ambulance	39	139	\$292	\$13,743	\$3,478,350	2.1%
Standard imaging - musculoskeletal	72	93	\$286	\$1,936	\$3,404,993	14.8%
Specialist - psychiatry	36	60	\$234	\$2,971	\$2,784,561	7.9%
Specialist - pathology	28	30	\$219	\$1,980	\$2,603,552	11.0%
Specialist - ophthalmology	53	67	\$195	\$3,848	\$2,321,797	5.1%
Standard imaging - chest	112	116	\$189	\$1,327	\$2,246,893	14.2%
Chiropractic	21	32	\$141	\$533	\$1,677,310	26.4%
Other tests - electrocardiograms	76	86	\$137	\$920	\$1,637,060	14.9%
Lab tests - automated general profiles	76	77	\$68	\$812	\$809,420	8.4%
Standard imaging - other	25	32	\$59	\$1,016	\$701,053	5.8%
Lab tests - blood counts	56	60	\$50	\$553	\$596,139	9.1%
Ambulatory procedures - skin	33	56	\$43	\$4,823	\$513,375	0.9%
Lab tests - routine venipuncture (non Medicare fee schedule)	112	113	\$27	\$315	\$321,529	8.6%
Lab tests - urinalysis	47	47	\$20	\$157	\$238,170	12.7%
Other tests - other	28	37	\$8	\$1,954	\$100,627	0.4%
Standard imaging - nuclear medicine	19	51	\$0	\$5,688	\$0	0.0%
Immunizations/Vaccinations	40	73	\$0	\$510	\$0	0.0%
Minor procedures - skin	28	33	\$0	\$2,774	\$0	0.0%

First Coast Service Options – FL

Betos Code	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
All Codes (incl. those not in list)	1,964	3,882	\$22,589	\$233,065	\$714,648,461	9.7%
Hospital visit - subsequent	111	269	\$4,719	\$16,107	\$149,291,277	29.3%
Consultations	83	83	\$2,487	\$10,831	\$78,682,055	23.0%
Minor procedures - other (Medicare fee schedule)	115	280	\$1,745	\$11,315	\$55,207,973	15.4%
Office visits - established	574	586	\$1,495	\$28,879	\$47,296,805	5.2%
Other drugs	63	97	\$1,306	\$12,731	\$41,304,109	10.3%
Specialist - pathology	49	67	\$1,075	\$5,053	\$34,014,292	21.3%
Emergency room visit	37	37	\$1,010	\$3,762	\$31,955,984	26.8%
Office visits - new	45	45	\$589	\$4,056	\$18,642,151	14.5%
Nursing home visit	34	37	\$443	\$1,988	\$14,023,769	22.3%
Specialist - ophthalmology	58	97	\$298	\$5,707	\$9,425,636	5.2%
Other tests - other	37	63	\$241	\$3,183	\$7,639,406	7.6%
Anesthesia	35	40	\$206	\$4,057	\$6,505,217	5.1%
Other tests - electrocardiograms	62	73	\$204	\$969	\$6,452,383	21.1%
Lab tests - other (non-Medicare fee schedule)	267	534	\$203	\$6,129	\$6,422,960	3.3%
Standard imaging - musculoskeletal	45	68	\$186	\$1,712	\$5,871,210	10.8%
Ambulance	17	34	\$185	\$4,757	\$5,843,685	3.9%
Chiropractic	33	55	\$177	\$1,407	\$5,611,469	12.6%
Minor procedures - skin	52	65	\$133	\$4,805	\$4,196,026	2.8%
Minor procedures - musculoskeletal	30	39	\$126	\$2,650	\$3,982,792	4.8%
Oncology - radiation therapy	10	31	\$106	\$2,826	\$3,366,186	3.8%
Standard imaging - chest	63	64	\$76	\$723	\$2,414,858	10.6%
Specialist - psychiatry	32	51	\$63	\$1,985	\$1,990,922	3.2%
Lab tests - blood counts	97	101	\$54	\$952	\$1,714,097	5.7%
Lab tests - automated general profiles	85	92	\$41	\$887	\$1,308,826	4.7%
Lab tests - urinalysis	53	53	\$35	\$247	\$1,091,796	14.0%
Lab tests - routine venipuncture (non Medicare fee schedule)	160	160	\$15	\$447	\$474,556	3.4%
Immunizations/Vaccinations	35	65	\$3	\$506	\$99,340	0.6%
Standard imaging - nuclear medicine	13	32	\$0	\$5,048	\$0	0.0%
Echography - heart	20	60	\$0	\$5,012	\$0	0.0%
Imaging/procedure - heart including cardiac catheter	7	30	\$0	\$825	\$0	0.0%
Ambulatory procedures - skin	54	83	-\$20	\$8,581	-\$634,007	-0.2%

First Coast Service Options – CT

Betos Code	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
All Codes (incl. those not in list)	1,982	3,673	\$14,989	\$196,470	\$84,062,290	7.6%
Consultations	94	100	\$2,740	\$11,390	\$15,367,339	24.1%
Office visits - established	520	534	\$1,535	\$27,092	\$8,607,843	5.7%
Hospital visit - subsequent	88	161	\$1,418	\$9,251	\$7,950,395	15.3%
Nursing home visit	70	74	\$998	\$4,316	\$5,595,572	23.1%
Minor procedures - other (Medicare fee schedule)	103	215	\$968	\$5,586	\$5,431,308	17.3%
Other drugs	41	61	\$898	\$10,784	\$5,034,417	8.3%
Ambulance	42	83	\$625	\$10,782	\$3,504,222	5.8%
Echography - heart	26	74	\$478	\$6,548	\$2,682,061	7.3%
Office visits - new	37	37	\$397	\$2,645	\$2,225,779	15.0%
Emergency room visit	41	41	\$304	\$2,716	\$1,704,497	11.2%
Lab tests - other (non-Medicare fee schedule)	242	507	\$295	\$5,155	\$1,655,762	5.7%
Specialist - ophthalmology	91	154	\$279	\$9,176	\$1,562,778	3.0%
Other tests - electrocardiograms	94	102	\$271	\$1,664	\$1,518,249	16.3%
Ambulatory procedures - skin	61	101	\$215	\$3,608	\$1,202,957	5.9%
Standard imaging - musculoskeletal	47	65	\$147	\$1,908	\$823,899	7.7%
Chiropractic	21	31	\$81	\$482	\$453,590	16.8%
Other tests - other	59	68	\$76	\$2,824	\$424,989	2.7%
Standard imaging - chest	82	84	\$75	\$1,074	\$420,110	7.0%
Lab tests - blood counts	72	72	\$65	\$732	\$365,430	8.9%
Specialist - psychiatry	58	97	\$55	\$3,743	\$307,553	1.5%
Specialist - pathology	44	49	\$39	\$6,645	\$218,663	0.6%
Lab tests - urinalysis	62	63	\$27	\$201	\$149,627	13.3%
Immunizations/Vaccinations	39	78	\$19	\$559	\$105,490	3.4%
Lab tests - routine venipuncture (non Medicare fee schedule)	177	177	\$18	\$490	\$100,947	3.7%
Advanced imaging - CAT: other	31	56	\$0	\$6,001	\$0	0.0%
Minor procedures - skin	23	30	\$0	\$1,685	\$0	0.0%
Lab tests - automated general profiles	69	75	\$0	\$660	\$0	0.0%

AdminaStar – IN, KY

Betos Code	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
All Codes (incl. those not in list)	1,995	3,405	\$18,145	\$180,873	\$270,833,138	10.0%
Hospital visit - subsequent	115	209	\$5,188	\$13,786	\$77,444,398	37.6%
Hospital visit - initial	39	39	\$1,628	\$4,076	\$24,303,695	39.9%
Consultations	79	79	\$1,277	\$8,670	\$19,055,406	14.7%
Office visits - established	577	582	\$1,174	\$26,561	\$17,529,624	4.4%
Other drugs	44	57	\$1,146	\$8,475	\$17,111,833	13.5%
Nursing home visit	66	69	\$992	\$3,527	\$14,802,263	28.1%
Minor procedures - other (Medicare fee schedule)	66	106	\$470	\$3,380	\$7,013,641	13.9%
Emergency room visit	62	62	\$461	\$5,021	\$6,879,303	9.2%
Other tests - electrocardiograms	66	74	\$251	\$806	\$3,744,300	31.1%
Standard imaging - nuclear medicine	23	49	\$193	\$4,373	\$2,885,432	4.4%
Other tests - other	41	59	\$174	\$2,958	\$2,599,591	5.9%
Specialist - psychiatry	40	51	\$167	\$1,853	\$2,496,300	9.0%
Standard imaging - musculoskeletal	80	108	\$153	\$2,258	\$2,288,076	6.8%
Lab tests - other (non-Medicare fee schedule)	197	371	\$132	\$3,643	\$1,966,709	3.6%
Chiropractic	51	67	\$120	\$1,694	\$1,788,935	7.1%
Specialist - pathology	34	41	\$85	\$2,529	\$1,265,166	3.4%
Minor procedures - skin	34	38	\$79	\$1,748	\$1,178,742	4.5%
Imaging/procedure - other	30	44	\$70	\$4,634	\$1,043,807	1.5%
Standard imaging - chest	115	121	\$59	\$1,295	\$887,527	4.6%
Ambulance	29	64	\$46	\$6,487	\$682,139	0.7%
Standard imaging - other	24	30	\$37	\$847	\$556,607	4.4%
Lab tests - blood counts	64	69	\$33	\$617	\$486,304	5.3%
Lab tests - urinalysis	46	46	\$18	\$182	\$263,601	9.7%
Specialist - ophthalmology	42	62	\$15	\$3,112	\$229,270	0.5%
Lab tests - routine venipuncture (non Medicare fee schedule)	157	157	\$12	\$435	\$179,117	2.8%
Advanced imaging - CAT: other	26	40	\$12	\$2,142	\$177,774	0.6%
Lab tests - automated general profiles	82	86	\$6	\$757	\$95,081	0.8%
Echography - heart	25	73	\$0	\$3,880	\$0	0.0%
Immunizations/Vaccinations	43	80	\$0	\$574	\$0	0.0%
Ambulatory procedures - skin	25	33	\$0	\$1,693	\$0	0.0%

BCBS KS – KS/NE/Kansas City

Betos Code	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
All Codes (incl. those not in list)	1,967	3,641	\$13,608	\$198,344	\$109,106,596	6.9%
Hospital visit - subsequent	121	233	\$2,649	\$11,716	\$21,242,141	22.6%
Consultations	70	70	\$1,383	\$7,466	\$11,085,879	18.5%
Anesthesia	31	31	\$988	\$4,372	\$7,922,265	22.6%
Office visits - established	522	541	\$878	\$23,959	\$7,041,078	3.7%
Other drugs	67	96	\$710	\$20,625	\$5,695,082	3.4%
Hospital visit - initial	31	32	\$499	\$3,471	\$3,999,178	14.4%
Minor procedures - other (Medicare fee schedule)	82	114	\$485	\$3,659	\$3,888,048	13.3%
Nursing home visit	50	54	\$386	\$2,360	\$3,094,017	16.4%
Emergency room visit	49	49	\$201	\$3,346	\$1,608,828	6.0%
Standard imaging - musculoskeletal	54	71	\$200	\$1,454	\$1,600,890	13.7%
Standard imaging - nuclear medicine	15	37	\$178	\$4,862	\$1,426,256	3.7%
Other tests - electrocardiograms	61	70	\$130	\$934	\$1,042,671	13.9%
Chiropractic	67	83	\$128	\$2,220	\$1,025,352	5.8%
Office visits - new	30	30	\$123	\$1,845	\$983,097	6.6%
Specialist - psychiatry	43	52	\$109	\$2,739	\$872,367	4.0%
Specialist - pathology	30	41	\$92	\$2,271	\$735,899	4.0%
Standard imaging - chest	105	127	\$91	\$1,675	\$728,362	5.4%
Ambulance	23	56	\$85	\$9,396	\$681,537	0.9%
Other tests - other	28	33	\$84	\$1,398	\$669,590	6.0%
Lab tests - other (non-Medicare fee schedule)	281	484	\$79	\$4,917	\$633,428	1.6%
Minor procedures - musculoskeletal	31	34	\$68	\$2,824	\$546,272	2.4%
Echography - heart	21	59	\$68	\$3,431	\$541,942	2.0%
Advanced imaging - CAT: other	22	36	\$56	\$2,736	\$452,701	2.1%
Ambulatory procedures - skin	36	54	\$45	\$3,569	\$362,497	1.3%
Lab tests - automated general profiles	115	115	\$26	\$1,210	\$209,994	2.2%
Lab tests - blood counts	106	117	\$26	\$976	\$208,470	2.7%
Minor procedures - skin	37	46	\$23	\$3,652	\$185,137	0.6%
Specialist - ophthalmology	54	83	\$22	\$4,537	\$176,719	0.5%
Standard imaging - other	22	30	\$21	\$987	\$165,333	2.1%
Immunizations/Vaccinations	46	88	\$16	\$722	\$127,407	2.2%
Lab tests - urinalysis	57	57	\$16	\$208	\$124,842	7.5%
Lab tests - routine venipuncture (non Medicare fee schedule)	186	187	\$12	\$525	\$96,217	2.3%

BCBS – MT

Betos Code	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
All Codes (incl. those not in list)	1,999	3,421	\$9,735	\$182,727	\$10,251,897	5.3%
Hospital visit - subsequent	75	156	\$1,755	\$7,814	\$1,847,817	22.5%
Minor procedures - other (Medicare fee schedule)	111	227	\$1,104	\$6,257	\$1,162,184	17.6%
Consultations	60	61	\$911	\$5,648	\$959,661	16.1%
Nursing home visit	43	46	\$502	\$2,156	\$528,173	23.3%
Office visits - established	633	646	\$400	\$26,192	\$421,220	1.5%
Chiropractic	76	110	\$341	\$2,678	\$359,487	12.7%
Emergency room visit	46	46	\$323	\$3,567	\$340,152	9.1%
Office visits - new	45	45	\$231	\$2,860	\$243,362	8.1%
Anesthesia	35	38	\$194	\$6,054	\$204,428	3.2%
Other drugs	67	103	\$152	\$12,070	\$160,493	1.3%
Specialist - ophthalmology	89	141	\$115	\$5,970	\$120,917	1.9%
Ambulatory procedures - skin	32	51	\$112	\$3,041	\$117,484	3.7%
Advanced imaging - CAT: other	25	36	\$90	\$2,802	\$94,411	3.2%
Standard imaging - musculoskeletal	78	104	\$88	\$2,001	\$92,262	4.4%
Lab tests - other (non-Medicare fee schedule)	143	203	\$49	\$1,823	\$51,455	2.7%
Specialist - pathology	27	38	\$37	\$1,417	\$39,407	2.6%
Other tests - electrocardiograms	57	64	\$33	\$680	\$34,289	4.8%
Lab tests - routine venipuncture (non Medicare fee schedule)	156	156	\$24	\$455	\$25,274	5.3%
Lab tests - automated general profiles	72	73	\$12	\$797	\$12,458	1.5%
Lab tests - urinalysis	50	50	\$7	\$196	\$7,035	3.4%
Standard imaging - chest	98	101	\$6	\$1,100	\$6,750	0.6%
Standard imaging - breast	29	30	\$0	\$1,113	\$0	0.0%
Echography - heart	19	52	\$0	\$2,396	\$0	0.0%
Specialist - psychiatry	19	30	\$0	\$1,121	\$0	0.0%
Ambulance	11	33	\$0	\$2,976	\$0	0.0%
Immunizations/Vaccinations	51	110	\$0	\$798	\$0	0.0%
Minor procedures - musculoskeletal	28	32	\$0	\$2,279	\$0	0.0%
Lab tests - blood counts	68	73	\$0	\$676	-\$11	0.0%
Other tests - other	33	46	-\$4	\$2,623	-\$4,065	-0.1%
Minor procedures - skin	43	55	-\$13	\$3,810	-\$13,996	-0.3%

HealthNow – NY

Betos Code	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
All Codes (incl. those not in list)	1,946	3,220	\$13,746	\$166,676	\$111,357,901	8.2%
Hospital visit - subsequent	110	199	\$1,741	\$8,921	\$14,102,421	19.5%
Minor procedures - other (Medicare fee schedule)	97	193	\$1,358	\$5,842	\$11,004,610	23.3%
Office visits - established	567	571	\$1,241	\$26,592	\$10,055,856	4.7%
Consultations	77	82	\$1,132	\$9,078	\$9,170,616	12.5%
Hospital visit - initial	31	34	\$1,081	\$3,611	\$8,754,310	29.9%
Nursing home visit	56	63	\$868	\$2,878	\$7,028,608	30.1%
Specialist - psychiatry	40	69	\$627	\$3,308	\$5,080,627	19.0%
Other drugs	33	47	\$552	\$10,541	\$4,471,727	5.2%
Ambulance	36	68	\$427	\$10,167	\$3,461,402	4.2%
Specialist - ophthalmology	69	99	\$204	\$5,810	\$1,653,738	3.5%
Other tests - electrocardiograms	94	110	\$162	\$1,271	\$1,309,185	12.7%
Office visits - new	42	42	\$158	\$2,289	\$1,282,208	6.9%
Chiropractic	35	48	\$157	\$1,252	\$1,273,458	12.6%
Ambulatory procedures - skin	21	31	\$96	\$2,060	\$779,354	4.7%
Lab tests - other (non-Medicare fee schedule)	160	282	\$92	\$2,535	\$746,381	3.6%
Standard imaging - musculoskeletal	65	79	\$52	\$1,837	\$420,300	2.8%
Standard imaging - chest	94	101	\$41	\$1,051	\$333,777	3.9%
Emergency room visit	54	55	\$34	\$4,038	\$273,422	0.8%
Lab tests - routine venipuncture (non Medicare fee schedule)	122	122	\$27	\$361	\$218,738	7.5%
Lab tests - urinalysis	47	47	\$19	\$149	\$155,223	12.9%
Lab tests - blood counts	54	57	\$11	\$482	\$87,414	2.2%
Other tests - other	36	53	\$9	\$3,010	\$72,507	0.3%
Standard imaging - other	24	31	\$0	\$1,018	\$0	0.0%
Advanced imaging - CAT: other	31	54	\$0	\$5,835	\$0	0.0%
Echography - heart	16	41	\$0	\$2,107	\$0	0.0%
Immunizations/Vaccinations	53	111	\$0	\$843	\$0	0.0%
Minor procedures - skin	31	34	\$0	\$2,313	\$0	0.0%
Lab tests - automated general profiles	45	45	\$0	\$361	\$0	0.0%

Empire – NY/NJ

Betos Code	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
All Codes (incl. those not in list)	1,864	3,611	\$22,972	\$212,621	\$784,955,565	10.8%
Minor procedures - other (Medicare fee schedule)	100	234	\$2,943	\$8,942	\$100,551,579	32.9%
Office visits - established	453	462	\$2,714	\$27,019	\$92,728,843	10.0%
Hospital visit - subsequent	95	195	\$2,326	\$14,179	\$79,483,086	16.4%
Consultations	85	101	\$2,313	\$10,489	\$79,044,009	22.1%
Nursing home visit	72	84	\$986	\$4,649	\$33,689,293	21.2%
Office visits - new	38	38	\$870	\$3,829	\$29,737,946	22.7%
Specialist - psychiatry	53	109	\$761	\$5,984	\$25,994,008	12.7%
Lab tests - other (non-Medicare fee schedule)	279	636	\$439	\$6,783	\$15,004,113	6.5%
Advanced imaging - CAT: other	23	32	\$270	\$4,312	\$9,221,289	6.3%
Other drugs	30	39	\$257	\$7,427	\$8,765,811	3.5%
Echography - heart	23	57	\$189	\$4,562	\$6,441,610	4.1%
Ambulance	27	58	\$188	\$5,732	\$6,413,249	3.3%
Standard imaging - chest	71	76	\$178	\$735	\$6,090,691	24.3%
Emergency room visit	38	38	\$178	\$3,415	\$6,079,415	5.2%
Other tests - electrocardiograms	105	115	\$172	\$1,792	\$5,878,499	9.6%
Ambulatory procedures - skin	26	35	\$171	\$1,521	\$5,840,571	11.2%
Specialist - ophthalmology	63	96	\$159	\$6,609	\$5,434,980	2.4%
Other tests - other	49	83	\$134	\$4,202	\$4,585,871	3.2%
Lab tests - blood counts	97	115	\$109	\$927	\$3,715,236	11.7%
Lab tests - automated general profiles	91	93	\$62	\$868	\$2,129,777	7.2%
Standard imaging - musculoskeletal	39	50	\$57	\$1,407	\$1,939,112	4.0%
Immunizations/Vaccinations	36	67	\$33	\$489	\$1,138,865	6.8%
Lab tests - routine venipuncture (non Medicare fee schedule)	138	141	\$33	\$432	\$1,127,589	7.6%
Lab tests - urinalysis	49	49	\$15	\$216	\$501,265	6.8%
Standard imaging - nuclear medicine	12	33	\$0	\$5,441	\$0	0.0%
Minor procedures - skin	61	66	\$0	\$3,071	\$0	0.0%

Noridian – CO/ND/SD/WY/IA

Betos Code	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
All Codes (incl. those not in list)	1,996	3,427	\$17,050	\$180,324	\$177,259,816	9.5%
Hospital visit - subsequent	115	197	\$2,754	\$10,992	\$28,631,556	25.1%
Office visits - established	533	540	\$1,291	\$24,056	\$13,422,806	5.4%
Other drugs	45	64	\$1,260	\$11,934	\$13,096,506	10.6%
Consultations	76	85	\$1,186	\$8,192	\$12,328,190	14.5%
Hospital visit - initial	36	36	\$822	\$3,844	\$8,541,299	21.4%
Echography - heart	21	58	\$648	\$3,165	\$6,741,216	20.5%
Nursing home visit	36	47	\$563	\$1,892	\$5,857,705	29.8%
Anesthesia	32	38	\$401	\$3,912	\$4,171,881	10.3%
Minor procedures - other (Medicare fee schedule)	90	157	\$337	\$5,058	\$3,500,982	6.7%
Ambulance	16	45	\$268	\$3,703	\$2,788,081	7.2%
Specialist - pathology	44	54	\$266	\$3,205	\$2,763,649	8.3%
Chiropractic	105	137	\$258	\$3,620	\$2,680,163	7.1%
Lab tests - other (non-Medicare fee schedule)	186	324	\$252	\$2,930	\$2,619,031	8.6%
Standard imaging - musculoskeletal	62	85	\$182	\$1,615	\$1,893,862	11.3%
Standard imaging - other	29	34	\$156	\$836	\$1,626,251	18.7%
Minor procedures - skin	45	47	\$125	\$1,933	\$1,301,250	6.5%
Advanced imaging - CAT: other	25	37	\$112	\$3,488	\$1,161,415	3.2%
Office visits - new	32	32	\$112	\$1,945	\$1,161,415	5.7%
Other tests - cardiovascular stress tests	21	33	\$109	\$1,403	\$1,138,022	7.8%
Specialist - psychiatry	47	59	\$100	\$2,478	\$1,042,476	4.0%
Standard imaging - chest	89	98	\$90	\$949	\$932,064	9.4%
Other tests - other	34	44	\$79	\$2,190	\$824,666	3.6%
Lab tests - automated general profiles	78	80	\$77	\$831	\$805,328	9.3%
Standard imaging - breast	40	40	\$77	\$1,417	\$800,961	5.4%
Other tests - electrocardiograms	58	68	\$57	\$757	\$593,755	7.5%
Specialist - ophthalmology	79	117	\$57	\$6,361	\$592,819	0.9%
Lab tests - routine venipuncture (non Medicare fee schedule)	181	181	\$27	\$627	\$280,711	4.3%
Lab tests - blood counts	67	77	\$25	\$678	\$260,229	3.7%
Lab tests - urinalysis	48	48	\$4	\$180	\$46,057	2.5%
Standard imaging - nuclear medicine	15	32	\$0	\$3,228	\$0	0.0%
Immunizations/Vaccinations	43	79	\$0	\$453	\$0	0.0%
Ambulatory procedures - skin	28	38	\$0	\$2,873	\$0	0.0%
Emergency room visit	38	38	-\$30	\$2,272	-\$312,005	-1.3%

Noridian – AZ/HI/NV/AK/OR/WA

Betos Code	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
All Codes (incl. those not in list)	1,945	3,427	\$21,320	\$199,225	\$532,975,956	10.7%
Hospital visit - subsequent	84	159	\$4,084	\$8,960	\$102,100,468	45.6%
Office visits - established	558	574	\$2,575	\$29,009	\$64,361,790	8.9%
Consultations	78	80	\$1,349	\$8,821	\$33,714,926	15.3%
Office visits - new	52	53	\$1,063	\$3,995	\$26,577,365	26.6%
Other drugs	54	82	\$1,021	\$9,084	\$25,534,179	11.2%
Minor procedures - other (Medicare fee schedule)	92	165	\$681	\$5,012	\$17,029,202	13.6%
Lab tests - other (non-Medicare fee schedule)	226	422	\$506	\$3,930	\$12,657,721	12.9%
Emergency room visit	48	49	\$405	\$3,945	\$10,113,128	10.3%
Chiropractic	60	99	\$348	\$2,889	\$8,707,464	12.1%
Specialist - pathology	34	43	\$262	\$4,070	\$6,555,847	6.4%
Advanced imaging - CAT: other	18	32	\$248	\$3,546	\$6,204,368	7.0%
Minor procedures - skin	41	52	\$172	\$2,595	\$4,288,236	6.6%
Specialist - ophthalmology	48	72	\$155	\$3,715	\$3,878,261	4.2%
Standard imaging - musculoskeletal	63	76	\$152	\$2,260	\$3,806,766	6.7%
Other tests - electrocardiograms	57	63	\$139	\$883	\$3,474,786	15.7%
Standard imaging - chest	72	80	\$104	\$946	\$2,604,590	11.0%
Lab tests - blood counts	83	93	\$76	\$709	\$1,901,883	10.7%
Echography - heart	13	34	\$68	\$2,556	\$1,692,396	2.6%
Lab tests - routine venipuncture (non Medicare fee schedule)	170	170	\$54	\$447	\$1,349,917	12.1%
Lab tests - automated general profiles	99	100	\$46	\$932	\$1,147,429	4.9%
Lab tests - urinalysis	45	45	\$23	\$130	\$565,465	17.4%
Immunizations/Vaccinations	35	66	\$19	\$437	\$463,221	4.2%
Ambulatory procedures - skin	34	48	\$15	\$2,614	\$374,977	0.6%
Standard imaging - nuclear medicine	15	35	\$0	\$3,677	\$0	0.0%
Specialist - psychiatry	29	36	\$0	\$1,816	\$0	0.0%
Ambulance	35	95	\$0	\$9,045	\$0	0.0%

HGSA – PA

Betos Code	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
All Codes (incl. those not in list)	1,942	3,406	\$18,501	\$190,821	\$349,812,850	9.7%
Hospital visit - subsequent	137	270	\$6,060	\$16,409	\$114,586,892	36.9%
Consultations	89	95	\$2,462	\$10,957	\$46,543,267	22.5%
Office visits - established	489	497	\$1,083	\$24,710	\$20,475,559	4.4%
Hospital visit - initial	37	37	\$805	\$4,117	\$15,226,395	19.6%
Ambulance	27	64	\$624	\$11,761	\$11,797,100	5.3%
Nursing home visit	77	99	\$611	\$4,622	\$11,556,972	13.2%
Other drugs	45	64	\$529	\$10,277	\$9,993,113	5.1%
Emergency room visit	39	39	\$458	\$3,299	\$8,651,799	13.9%
Minor procedures - other (Medicare fee schedule)	84	155	\$402	\$5,187	\$7,604,311	7.8%
Office visits - new	35	35	\$367	\$2,195	\$6,931,385	16.7%
Other tests - other	36	40	\$291	\$1,966	\$5,511,036	14.8%
Lab tests - other (non-Medicare fee schedule)	178	343	\$274	\$3,852	\$5,174,478	7.1%
Minor procedures - skin	84	93	\$258	\$5,442	\$4,880,841	4.7%
Anesthesia	33	40	\$224	\$3,251	\$4,243,840	6.9%
Other tests - electrocardiograms	88	101	\$205	\$1,187	\$3,876,463	17.3%
Standard imaging - musculoskeletal	63	83	\$166	\$1,379	\$3,129,796	12.0%
Echography - heart	13	37	\$139	\$1,281	\$2,636,872	10.9%
Chiropractic	30	62	\$139	\$1,065	\$2,624,393	13.0%
Specialist - psychiatry	38	42	\$136	\$1,958	\$2,578,636	7.0%
Specialist - ophthalmology	68	85	\$109	\$5,442	\$2,051,678	2.0%
Standard imaging - chest	80	88	\$61	\$836	\$1,160,178	7.3%
Advanced imaging - CAT: other	22	32	\$54	\$1,762	\$1,015,723	3.0%
Specialist - pathology	43	52	\$39	\$3,260	\$746,288	1.2%
Standard imaging - other	23	33	\$27	\$1,882	\$504,458	1.4%
Lab tests - routine venipuncture (non Medicare fee schedule)	133	136	\$18	\$372	\$340,339	4.8%
Ambulatory procedures - skin	40	54	\$15	\$2,844	\$279,267	0.5%
Lab tests - automated general profiles	76	79	\$11	\$773	\$211,577	1.4%
Lab tests - urinalysis	44	44	\$11	\$173	\$210,632	6.4%
Lab tests - blood counts	66	75	\$11	\$657	\$205,338	1.7%
Standard imaging - nuclear medicine	14	39	\$0	\$4,333	\$0	0.0%
Immunizations/Vaccinations	28	61	\$0	\$467	\$0	0.0%
Minor procedures - musculoskeletal	21	31	\$0	\$3,026	\$0	0.0%

BCBS – RI

Betos Code	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
All Codes (incl. those not in list)	1,971	3,494	\$24,884	\$184,521	\$31,381,956	13.5%
Hospital visit - subsequent	103	181	\$3,991	\$9,830	\$5,032,482	40.6%
Office visits - established	576	596	\$2,219	\$31,650	\$2,798,684	7.0%
Consultations	74	76	\$2,082	\$8,807	\$2,626,077	23.6%
Minor procedures - other (Medicare fee schedule)	75	147	\$1,876	\$5,318	\$2,366,037	35.3%
Ambulance	47	106	\$1,535	\$10,685	\$1,935,167	14.4%
Other drugs	38	50	\$1,518	\$10,313	\$1,913,930	14.7%
Emergency room visit	55	55	\$1,163	\$4,175	\$1,466,376	27.8%
Other tests - other	44	67	\$877	\$3,464	\$1,105,435	25.3%
Nursing home visit	68	78	\$847	\$4,262	\$1,068,308	19.9%
Other tests - electrocardiograms	122	136	\$380	\$1,918	\$479,624	19.8%
Specialist - psychiatry	48	64	\$321	\$2,907	\$404,865	11.0%
Lab tests - other (non-Medicare fee schedule)	203	327	\$318	\$3,095	\$401,461	10.3%
Ambulatory procedures - skin	77	120	\$272	\$2,996	\$342,479	9.1%
Echography - heart	22	63	\$259	\$4,531	\$326,765	5.7%
Specialist - ophthalmology	60	81	\$208	\$5,494	\$261,843	3.8%
Chiropractic	27	41	\$111	\$1,460	\$139,642	7.6%
Standard imaging - musculoskeletal	73	93	\$75	\$2,682	\$95,125	2.8%
Lab tests - blood counts	60	68	\$56	\$566	\$70,773	9.9%
Lab tests - routine venipuncture (non Medicare fee schedule)	171	179	\$48	\$546	\$60,533	8.8%
Standard imaging - chest	103	109	\$42	\$1,680	\$53,509	2.5%
Lab tests - automated general profiles	47	52	\$30	\$454	\$37,493	6.5%
Immunizations/Vaccinations	40	71	\$26	\$616	\$33,318	4.3%
Other - non-Medicare fee schedule	69	73	\$18	\$180	\$22,813	10.1%
Lab tests - urinalysis	41	41	\$9	\$147	\$11,173	6.0%
Standard imaging - other	40	44	\$0	\$629	\$0	0.0%
Advanced imaging - CAT: other	25	39	\$0	\$4,008	\$0	0.0%

Palmetto GBA – SC

Betos Code	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
All Codes (incl. those not in list)	1,958	3,389	\$26,980	\$205,586	\$155,793,095	13.1%
Hospital visit - subsequent	105	173	\$4,865	\$9,972	\$28,090,081	48.8%
Other drugs	71	102	\$4,749	\$18,300	\$27,423,488	26.0%
Oncology - radiation therapy	10	33	\$2,103	\$4,894	\$12,145,127	43.0%
Consultations	67	77	\$2,002	\$8,011	\$11,561,684	25.0%
Office visits - established	609	618	\$1,282	\$27,235	\$7,402,633	4.7%
Other tests - other	55	73	\$969	\$3,625	\$5,596,582	26.7%
Advanced imaging - CAT: other	20	35	\$914	\$2,795	\$5,275,700	32.7%
Minor procedures - other (Medicare fee schedule)	92	162	\$836	\$5,194	\$4,826,742	16.1%
Nursing home visit	39	44	\$566	\$1,944	\$3,265,582	29.1%
Office visits - new	40	40	\$559	\$2,825	\$3,227,645	19.8%
Anesthesia	43	45	\$423	\$3,353	\$2,440,309	12.6%
Specialist - pathology	37	48	\$372	\$2,307	\$2,150,781	16.1%
Specialist - ophthalmology	75	108	\$356	\$5,561	\$2,057,929	6.4%
Chiropractic	34	44	\$223	\$1,138	\$1,290,226	19.6%
Standard imaging - musculoskeletal	75	91	\$207	\$1,742	\$1,195,122	11.9%
Ambulance	42	91	\$203	\$7,732	\$1,174,104	2.6%
Lab tests - other (non-Medicare fee schedule)	149	252	\$200	\$2,352	\$1,157,127	8.5%
Other tests - electrocardiograms	88	95	\$145	\$1,085	\$837,284	13.4%
Standard imaging - other	29	35	\$106	\$1,006	\$611,218	10.5%
Standard imaging - chest	86	94	\$84	\$1,053	\$482,507	7.9%
Emergency room visit	55	55	\$68	\$4,273	\$390,925	1.6%
Echography - heart	17	43	\$64	\$2,002	\$369,271	3.2%
Lab tests - automated general profiles	45	52	\$48	\$429	\$274,976	11.1%
Lab tests - blood counts	60	61	\$41	\$508	\$239,290	8.2%
Standard imaging - nuclear medicine	30	80	\$41	\$9,349	\$237,904	0.4%
Lab tests - routine venipuncture (non Medicare fee schedule)	145	145	\$39	\$390	\$225,201	10.0%
Lab tests - urinalysis	67	68	\$26	\$229	\$152,790	11.5%
Ambulatory procedures - skin	30	46	\$18	\$3,805	\$103,650	0.5%
Minor procedures - skin	33	37	\$16	\$2,889	\$92,332	0.6%
Immunizations/Vaccinations	36	67	\$0	\$397	\$0	0.0%

Palmetto GBA – OH/WV

Betos Code	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
All Codes (incl. those not in list)	1,996	3,495	\$20,792	\$195,280	\$448,059,825	10.6%
Hospital visit - subsequent	119	235	\$4,363	\$12,187	\$94,012,926	35.8%
Consultations	83	84	\$2,846	\$10,419	\$61,328,743	27.3%
Hospital visit - initial	46	46	\$2,065	\$5,346	\$44,497,914	38.6%
Office visits - established	577	588	\$1,359	\$28,153	\$29,293,623	4.8%
Anesthesia	36	37	\$918	\$4,687	\$19,784,154	19.6%
Emergency room visit	50	50	\$781	\$5,131	\$16,820,485	15.2%
Other tests - other	36	47	\$768	\$2,804	\$16,554,567	27.4%
Minor procedures - other (Medicare fee schedule)	72	118	\$656	\$4,004	\$14,127,044	16.4%
Nursing home visit	70	80	\$549	\$3,781	\$11,823,213	14.5%
Other drugs	52	73	\$522	\$7,908	\$11,238,366	6.6%
Other tests - electrocardiograms	97	115	\$320	\$1,342	\$6,895,330	23.8%
Echography - heart	28	81	\$262	\$3,410	\$5,642,241	7.7%
Specialist - pathology	32	42	\$256	\$2,470	\$5,525,444	10.4%
Ambulance	35	73	\$201	\$8,289	\$4,324,720	2.4%
Office visits - new	30	30	\$121	\$2,099	\$2,613,493	5.8%
Specialist - ophthalmology	47	65	\$116	\$4,087	\$2,504,023	2.8%
Specialist - psychiatry	37	55	\$94	\$2,343	\$2,025,845	4.0%
Minor procedures - skin	67	71	\$81	\$4,664	\$1,753,678	1.7%
Standard imaging - chest	90	95	\$73	\$959	\$1,579,129	7.6%
Standard imaging - nuclear medicine	23	63	\$68	\$7,283	\$1,456,299	0.9%
Lab tests - other (non-Medicare fee schedule)	159	282	\$55	\$2,995	\$1,184,993	1.8%
Standard imaging - musculoskeletal	68	85	\$45	\$1,477	\$958,942	3.0%
Lab tests - automated general profiles	75	76	\$34	\$814	\$737,200	4.2%
Lab tests - routine venipuncture (non Medicare fee schedule)	143	144	\$33	\$422	\$711,125	7.8%
Lab tests - blood counts	64	74	\$33	\$674	\$702,075	4.8%
Chiropractic	40	47	\$29	\$1,092	\$628,592	2.7%
Lab tests - urinalysis	43	44	\$19	\$163	\$400,601	11.4%
Other - non-Medicare fee schedule	33	34	\$15	\$129	\$319,791	11.5%
Immunizations/Vaccinations	47	87	\$0	\$550	\$0	0.0%
Ambulatory procedures - skin	29	39	\$0	\$2,690	\$0	0.0%
Oncology - radiation therapy	11	32	\$0	\$2,598	\$0	0.0%

Trailblazer – TX

Betos Code	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
All Codes (incl. those not in list)	1,989	3,771	\$30,630	\$216,910	\$728,838,389	14.1%
Hospital visit - subsequent	125	252	\$4,587	\$12,259	\$109,151,949	37.4%
Office visits - established	550	558	\$2,657	\$25,920	\$63,218,043	10.2%
Consultations	57	60	\$2,048	\$5,614	\$48,738,372	36.5%
Hospital visit - initial	35	35	\$1,890	\$3,635	\$44,967,119	52.0%
Other drugs	70	103	\$1,255	\$18,892	\$29,861,405	6.6%
Standard imaging - nuclear medicine	18	47	\$991	\$5,013	\$23,577,411	19.8%
Nursing home visit	55	74	\$847	\$4,056	\$20,164,509	20.9%
Ambulance	53	154	\$640	\$11,304	\$15,228,972	5.7%
Minor procedures - other (Medicare fee schedule)	70	122	\$638	\$3,609	\$15,182,096	17.7%
Emergency room visit	55	55	\$596	\$4,513	\$14,177,475	13.2%
Office visits - new	51	51	\$474	\$3,567	\$11,281,398	13.3%
Specialist - ophthalmology	59	88	\$460	\$5,623	\$10,936,134	8.2%
Anesthesia	32	33	\$449	\$3,969	\$10,679,625	11.3%
Specialist - pathology	29	34	\$353	\$2,080	\$8,396,743	17.0%
Standard imaging - musculoskeletal	68	95	\$320	\$2,249	\$7,623,409	14.2%
Standard imaging - chest	106	127	\$297	\$1,392	\$7,062,325	21.3%
Echography - heart	21	59	\$283	\$2,442	\$6,742,522	11.6%
Lab tests - other (non-Medicare fee schedule)	243	445	\$253	\$5,132	\$6,008,687	4.9%
Advanced imaging - CAT: other	23	38	\$244	\$3,740	\$5,795,961	6.5%
Other tests - electrocardiograms	80	86	\$213	\$1,184	\$5,064,268	18.0%
Chiropractic	27	36	\$204	\$768	\$4,853,207	26.6%
Minor procedures - skin	33	37	\$122	\$2,375	\$2,906,071	5.1%
Lab tests - blood counts	80	90	\$79	\$780	\$1,874,324	10.1%
Immunizations/Vaccinations	47	100	\$54	\$698	\$1,289,683	7.8%
Lab tests - automated general profiles	108	115	\$44	\$1,185	\$1,050,545	3.7%
Specialist - psychiatry	36	51	\$44	\$2,207	\$1,041,979	2.0%
Lab tests - routine venipuncture (non Medicare fee schedule)	156	156	\$36	\$429	\$856,616	8.4%
Lab tests - urinalysis	58	59	\$36	\$220	\$853,047	16.3%
Standard imaging - other	29	38	\$22	\$1,099	\$512,304	2.0%
Ambulatory procedures - skin	31	49	\$0	\$2,663	\$0	0.0%

Trailblazer – MD/DC/DE/VA

Betos Code	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
All Codes (incl. those not in list)	1,987	3,527	\$19,065	\$207,832	\$382,544,443	9.2%
Hospital visit - subsequent	128	201	\$4,057	\$12,193	\$81,401,170	33.3%
Consultations	85	88	\$1,695	\$8,187	\$34,006,546	20.7%
Hospital visit - initial	33	33	\$1,468	\$3,768	\$29,462,521	39.0%
Office visits - established	585	598	\$1,260	\$28,829	\$25,286,095	4.4%
Minor procedures - other (Medicare fee schedule)	82	162	\$735	\$4,812	\$14,754,536	15.3%
Chiropractic	30	48	\$514	\$1,498	\$10,308,832	34.3%
Office visits - new	43	43	\$449	\$2,875	\$9,003,574	15.6%
Nursing home visit	44	53	\$438	\$2,576	\$8,792,285	17.0%
Standard imaging - other	24	32	\$421	\$1,286	\$8,442,945	32.7%
Emergency room visit	48	48	\$347	\$3,776	\$6,963,518	9.2%
Other tests - electrocardiograms	98	105	\$198	\$1,366	\$3,967,945	14.5%
Lab tests - other (non-Medicare fee schedule)	189	330	\$178	\$3,693	\$3,576,468	4.8%
Other tests - other	34	41	\$166	\$1,844	\$3,329,864	9.0%
Specialist - ophthalmology	73	106	\$163	\$6,705	\$3,280,302	2.4%
Echography - heart	23	66	\$151	\$3,728	\$3,028,480	4.0%
Standard imaging - nuclear medicine	17	38	\$134	\$4,325	\$2,686,766	3.1%
Standard imaging - musculoskeletal	65	79	\$121	\$1,825	\$2,432,335	6.6%
Advanced imaging - CAT: other	26	41	\$114	\$2,766	\$2,296,894	4.1%
Ambulatory procedures - skin	22	32	\$107	\$2,009	\$2,145,199	5.3%
Standard imaging - chest	105	117	\$103	\$1,436	\$2,062,930	7.2%
Minor procedures - skin	33	36	\$78	\$1,707	\$1,562,096	4.6%
Other drugs	56	77	\$48	\$8,557	\$954,514	0.6%
Lab tests - blood counts	81	87	\$43	\$769	\$871,644	5.6%
Lab tests - automated general profiles	79	83	\$22	\$783	\$449,466	2.9%
Lab tests - routine venipuncture (non Medicare fee schedule)	165	165	\$21	\$447	\$421,375	4.7%
Lab tests - urinalysis	43	43	\$17	\$154	\$346,932	11.2%
Immunizations/Vaccinations	53	99	\$7	\$718	\$142,063	1.0%
Specialist - pathology	26	33	\$0	\$1,720	\$0	0.0%
Specialist - psychiatry	51	61	\$0	\$2,948	\$0	0.0%
Ambulance	33	70	\$0	\$7,304	\$0	0.0%

BCBS – UT

Betos Code	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
All Codes (incl. those not in list)	1,678	2,966	\$16,005	\$157,583	\$29,346,734	10.2%
Hospital visit - subsequent	61	113	\$2,578	\$5,476	\$4,727,236	47.1%
Office visits - established	490	507	\$1,456	\$24,154	\$2,669,305	6.0%
Minor procedures - other (Medicare fee schedule)	98	183	\$969	\$5,004	\$1,776,878	19.4%
Ambulatory procedures - other	34	42	\$874	\$2,952	\$1,602,504	29.6%
Other drugs	56	70	\$817	\$4,196	\$1,497,640	19.5%
Minor procedures - skin	40	43	\$655	\$3,281	\$1,201,534	20.0%
Other tests - other	38	43	\$616	\$2,934	\$1,129,547	21.0%
Office visits - new	44	44	\$547	\$3,281	\$1,003,066	16.7%
Chiropractic	37	48	\$445	\$1,158	\$815,636	38.4%
Anesthesia	28	35	\$444	\$4,582	\$813,729	9.7%
Consultations	43	44	\$323	\$4,467	\$591,406	7.2%
Emergency room visit	56	56	\$297	\$4,539	\$544,320	6.5%
Lab tests - other (non-Medicare fee schedule)	166	231	\$250	\$2,219	\$458,636	11.3%
Echography - heart	16	46	\$157	\$2,449	\$286,975	6.4%
Other tests - electrocardiograms	56	73	\$150	\$777	\$275,900	19.4%
Specialist - ophthalmology	48	78	\$116	\$3,742	\$212,201	3.1%
Standard imaging - chest	69	72	\$101	\$794	\$185,486	12.7%
Standard imaging - musculoskeletal	64	79	\$98	\$1,394	\$179,454	7.0%
Ambulatory procedures - skin	43	74	\$57	\$4,411	\$104,716	1.3%
Lab tests - automated general profiles	78	80	\$53	\$917	\$97,309	5.8%
Lab tests - blood counts	67	68	\$39	\$445	\$72,133	8.8%
Lab tests - urinalysis	46	46	\$28	\$180	\$51,634	15.6%
Lab tests - routine venipuncture (non Medicare fee schedule)	140	140	\$21	\$390	\$38,505	5.4%
Immunizations/Vaccinations	56	112	\$16	\$739	\$28,457	2.1%
Standard imaging - nuclear medicine	11	38	\$0	\$5,587	\$0	0.0%
Advanced imaging - CAT: other	26	40	\$0	\$1,692	\$0	0.0%
Specialist - pathology	36	40	\$0	\$1,756	\$0	0.0%
Specialist - psychiatry	36	54	\$0	\$2,360	\$0	0.0%
Ambulance	22	44	\$0	\$7,542	\$0	0.0%

WPS – WI/IL/MI/MN

Betos Code	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
All Codes (incl. those not in list)	1,985	3,476	\$20,122	\$181,255	\$902,013,249	11.1%
Hospital visit - subsequent	99	195	\$2,553	\$10,775	\$114,453,224	23.7%
Office visits - established	505	512	\$2,369	\$25,521	\$106,190,034	9.3%
Consultations	86	89	\$2,283	\$9,278	\$102,336,599	24.6%
Oncology - radiation therapy	7	30	\$1,686	\$2,934	\$75,592,967	57.5%
Hospital visit - initial	33	33	\$1,140	\$3,821	\$51,104,643	29.8%
Other tests - other	36	58	\$736	\$3,136	\$33,009,275	23.5%
Minor procedures - other (Medicare fee schedule)	67	117	\$518	\$4,406	\$23,235,822	11.8%
Specialist - pathology	28	44	\$514	\$2,149	\$23,021,543	23.9%
Emergency room visit	53	53	\$384	\$4,282	\$17,213,148	9.0%
Standard imaging - musculoskeletal	78	111	\$377	\$2,442	\$16,890,385	15.4%
Other drugs	54	76	\$364	\$7,171	\$16,317,032	5.1%
Nursing home visit	56	60	\$280	\$2,875	\$12,548,321	9.7%
Specialist - ophthalmology	70	101	\$262	\$5,534	\$11,740,965	4.7%
Minor procedures - skin	49	56	\$216	\$4,528	\$9,676,176	4.8%
Standard imaging - breast	30	31	\$198	\$1,321	\$8,873,750	15.0%
Other tests - electrocardiograms	81	97	\$195	\$1,052	\$8,729,403	18.5%
Chiropractic	82	113	\$175	\$3,009	\$7,843,597	5.8%
Lab tests - other (non-Medicare fee schedule)	194	419	\$140	\$3,614	\$6,286,264	3.9%
Standard imaging - chest	90	98	\$139	\$1,253	\$6,245,022	11.1%
Echography - heart	23	61	\$82	\$2,747	\$3,697,433	3.0%
Ambulatory procedures - skin	41	61	\$57	\$3,782	\$2,560,589	1.5%
Lab tests - routine venipuncture (non Medicare fee schedule)	151	153	\$39	\$423	\$1,748,301	9.2%
Lab tests - automated general profiles	61	63	\$27	\$628	\$1,192,431	4.2%
Lab tests - urinalysis	50	50	\$22	\$179	\$992,049	12.4%
Lab tests - blood counts	71	80	\$20	\$635	\$891,634	3.1%
Immunizations/Vaccinations	57	105	\$9	\$746	\$404,799	1.2%
Standard imaging - nuclear medicine	17	41	\$0	\$5,594	\$0	0.0%
Ambulance	29	72	\$0	\$7,772	\$0	0.0%
Advanced imaging - CAT: other	21	32	-\$84	\$2,417	-\$3,781,710	-3.5%

Triple S, Inc – PR/VI

Betos Code	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
All Codes (incl. those not in list)	1,976	3,790	\$28,415	\$158,642	\$123,371,220	17.9%
Office visits - established	832	842	\$5,688	\$34,906	\$24,697,455	16.3%
Hospital visit - subsequent	76	163	\$4,251	\$11,348	\$18,454,741	37.5%
Consultations	85	97	\$3,189	\$8,488	\$13,845,007	37.6%
Office visits - new	84	85	\$1,895	\$6,148	\$8,227,420	30.8%
Ambulance	26	77	\$1,779	\$6,432	\$7,724,253	27.7%
Hospital visit - initial	32	32	\$1,759	\$3,166	\$7,635,594	55.5%
Minor procedures - other (Medicare fee schedule)	70	201	\$1,054	\$4,623	\$4,577,562	22.8%
Emergency room visit	62	62	\$771	\$3,263	\$3,345,327	23.6%
Lab tests - other (non-Medicare fee schedule)	234	496	\$643	\$5,762	\$2,792,447	11.2%
Home visit	30	32	\$362	\$2,346	\$1,572,716	15.4%
Specialist - psychiatry	43	47	\$268	\$1,896	\$1,164,677	14.1%
Other tests - electrocardiograms	93	97	\$225	\$1,313	\$976,853	17.1%
Standard imaging - musculoskeletal	42	58	\$168	\$1,388	\$730,935	12.1%
Lab tests - blood counts	135	152	\$166	\$1,343	\$721,861	12.4%
Other tests - other	34	64	\$150	\$5,233	\$651,438	2.9%
Standard imaging - chest	57	66	\$125	\$612	\$544,153	20.5%
Lab tests - automated general profiles	128	131	\$122	\$1,282	\$531,432	9.5%
Minor procedures - skin	25	34	\$112	\$1,247	\$484,150	8.9%
Lab tests - routine venipuncture (non Medicare fee schedule)	251	252	\$69	\$684	\$299,581	10.1%
Specialist - ophthalmology	45	55	\$61	\$2,790	\$265,629	2.2%
Lab tests - urinalysis	113	113	\$53	\$430	\$228,984	12.3%
Minor procedures - musculoskeletal	27	35	\$49	\$1,410	\$211,574	3.5%
Other drugs	38	52	\$12	\$1,148	\$52,535	1.1%
Lab tests - glucose	47	49	\$10	\$212	\$44,112	4.8%
Echography - heart	17	44	\$0	\$2,640	\$0	0.0%

CIGNA – ID/TN/NC

Betos Code	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
All Codes (incl. those not in list)	1,968	3,571	\$21,185	\$193,549	\$526,484,660	10.9%
Hospital visit - subsequent	102	185	\$4,381	\$9,954	\$108,866,818	44.0%
Consultations	74	81	\$1,334	\$8,823	\$33,160,695	15.1%
Office visits - established	578	592	\$911	\$25,544	\$22,633,999	3.6%
Hospital visit - initial	36	36	\$773	\$3,890	\$19,208,853	19.9%
Other drugs	69	113	\$551	\$14,422	\$13,694,621	3.8%
Nursing home visit	60	62	\$534	\$2,599	\$13,269,398	20.5%
Specialist - psychiatry	46	55	\$504	\$2,482	\$12,521,592	20.3%
Lab tests - other (non-Medicare fee schedule)	232	431	\$468	\$4,365	\$11,625,417	10.7%
Emergency room visit	52	52	\$276	\$4,025	\$6,869,926	6.9%
Minor procedures - other (Medicare fee schedule)	72	102	\$273	\$3,684	\$6,782,446	7.4%
Anesthesia	36	37	\$261	\$3,466	\$6,479,496	7.5%
Standard imaging - musculoskeletal	69	86	\$246	\$2,119	\$6,110,439	11.6%
Ambulance	33	95	\$225	\$6,570	\$5,597,487	3.4%
Chiropractic	34	40	\$224	\$1,123	\$5,566,173	19.9%
Specialist - pathology	35	47	\$185	\$2,733	\$4,587,738	6.8%
Office visits - new	41	41	\$141	\$2,820	\$3,507,159	5.0%
Specialist - ophthalmology	63	97	\$116	\$5,203	\$2,890,324	2.2%
Standard imaging - chest	83	88	\$109	\$1,069	\$2,712,879	10.2%
Ambulatory procedures - skin	22	37	\$109	\$3,235	\$2,708,903	3.4%
Other tests - electrocardiograms	70	86	\$106	\$874	\$2,631,612	12.1%
Lab tests - automated general profiles	93	99	\$78	\$881	\$1,943,948	8.9%
Lab tests - blood counts	94	99	\$50	\$919	\$1,234,912	5.4%
Other tests - other	30	57	\$34	\$2,340	\$843,736	1.5%
Lab tests - routine venipuncture (non Medicare fee schedule)	164	168	\$33	\$459	\$820,126	7.2%
Lab tests - urinalysis	67	67	\$28	\$280	\$706,551	10.2%
Immunizations/Vaccinations	46	89	\$27	\$637	\$662,066	4.2%
Standard imaging - nuclear medicine	17	41	\$0	\$6,365	\$0	0.0%
Echography - heart	19	53	\$0	\$3,836	\$0	0.0%
Minor procedures - skin	31	41	\$0	\$2,484	\$0	0.0%

GHI – NY

Betos Code	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
All Codes (incl. those not in list)	1,975	3,558	\$28,302	\$197,698	\$53,250,906	14.3%
Consultations	96	117	\$4,356	\$12,264	\$8,195,395	35.5%
Minor procedures - other (Medicare fee schedule)	173	546	\$4,339	\$13,006	\$8,164,538	33.4%
Hospital visit - subsequent	96	231	\$2,752	\$14,623	\$5,178,584	18.8%
Office visits - established	498	518	\$2,657	\$27,209	\$4,998,899	9.8%
Office visits - new	43	43	\$1,032	\$4,217	\$1,942,407	24.5%
Specialist - psychiatry	93	137	\$1,032	\$5,984	\$1,941,184	17.2%
Emergency room visit	44	44	\$956	\$3,024	\$1,799,355	31.6%
Other drugs	28	46	\$928	\$5,104	\$1,745,543	18.2%
Ambulatory procedures - skin	40	59	\$713	\$3,075	\$1,341,261	23.2%
Nursing home visit	111	126	\$666	\$6,156	\$1,252,716	10.8%
Specialist - ophthalmology	85	126	\$525	\$8,802	\$987,648	6.0%
Advanced imaging - CAT: other	28	31	\$287	\$2,940	\$540,674	9.8%
Other tests - other	120	134	\$281	\$6,543	\$529,234	4.3%
Ambulatory procedures - other	28	38	\$223	\$1,703	\$419,654	13.1%
Minor procedures - skin	71	77	\$196	\$3,243	\$367,950	6.0%
Chiropractic	19	40	\$193	\$1,663	\$362,644	11.6%
Echography - heart	22	65	\$162	\$5,297	\$305,446	3.1%
Standard imaging - chest	91	98	\$152	\$1,141	\$285,784	13.3%
Lab tests - other (non-Medicare fee schedule)	65	118	\$149	\$1,152	\$281,099	13.0%
Other tests - electrocardiograms	89	101	\$129	\$1,435	\$243,318	9.0%
Standard imaging - musculoskeletal	51	64	\$89	\$2,517	\$166,797	3.5%
Home visit	27	30	\$84	\$2,795	\$157,257	3.0%
Lab tests - blood counts	33	35	\$54	\$262	\$101,038	20.5%
Lab tests - routine venipuncture (non Medicare fee schedule)	115	118	\$27	\$309	\$50,801	8.7%
Unknown Code	29	36	\$0	\$1,340	\$0	0.0%
Immunizations/Vaccinations	38	72	\$0	\$402	\$0	0.0%
Standard imaging - other	25	36	-\$35	\$889	-\$65,496	-3.9%

NHIC – CA

Betos Code	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
All Codes (incl. those not in list)	1,994	4,166	\$24,301	\$224,231	\$738,445,918	10.8%
Office visits - established	595	610	\$3,734	\$34,121	\$113,460,505	10.9%
Hospital visit - subsequent	107	268	\$3,066	\$14,283	\$93,157,072	21.5%
Consultations	77	90	\$2,253	\$9,822	\$68,456,020	22.9%
Minor procedures - other (Medicare fee schedule)	140	361	\$2,103	\$11,108	\$63,913,151	18.9%
Lab tests - other (non-Medicare fee schedule)	308	703	\$1,134	\$8,324	\$34,468,068	13.6%
Ambulance	30	88	\$979	\$8,944	\$29,743,788	10.9%
Hospital visit - initial	30	31	\$924	\$3,387	\$28,081,311	27.3%
Advanced imaging - CAT: other	17	36	\$905	\$5,338	\$27,488,763	16.9%
Office visits - new	48	48	\$891	\$4,292	\$27,066,686	20.8%
Emergency room visit	47	47	\$487	\$3,826	\$14,801,852	12.7%
Nursing home visit	42	60	\$470	\$2,931	\$14,275,548	16.0%
Specialist - pathology	52	71	\$442	\$3,873	\$13,429,875	11.4%
Other drugs	59	81	\$367	\$15,662	\$11,151,756	2.3%
Other tests - other	39	80	\$360	\$3,612	\$10,934,488	10.0%
Standard imaging - musculoskeletal	52	62	\$170	\$2,057	\$5,156,384	8.2%
Other tests - electrocardiograms	85	92	\$136	\$1,187	\$4,136,290	11.5%
Minor procedures - skin	53	74	\$124	\$3,722	\$3,761,313	3.3%
Specialist - psychiatry	34	57	\$121	\$2,973	\$3,674,102	4.1%
Chiropractic	18	38	\$82	\$1,229	\$2,501,465	6.7%
Lab tests - blood counts	95	105	\$70	\$873	\$2,112,206	8.0%
Specialist - ophthalmology	53	76	\$62	\$4,674	\$1,885,215	1.3%
Lab tests - automated general profiles	92	99	\$46	\$943	\$1,397,198	4.9%
Standard imaging - chest	78	89	\$39	\$944	\$1,198,467	4.2%
Lab tests - routine venipuncture (non Medicare fee schedule)	146	150	\$36	\$384	\$1,093,935	9.4%
Standard imaging - other	22	30	\$14	\$842	\$416,303	1.6%
Lab tests - urinalysis	40	41	\$13	\$145	\$396,551	9.0%
Immunizations/Vaccinations	25	43	\$12	\$292	\$365,557	4.1%
Echography - heart	25	62	\$0	\$3,562	\$0	0.0%
Ambulatory procedures - skin	43	68	-\$11	\$6,635	-\$332,131	-0.2%

NHIC – MA/ME/NH/VT

Betos Code	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
All Codes (incl. those not in list)	1,997	3,400	\$18,460	\$192,755	\$319,026,915	9.6%
Hospital visit - subsequent	133	233	\$3,471	\$13,115	\$59,990,716	26.5%
Office visits - established	523	526	\$2,047	\$26,523	\$35,368,877	7.7%
Consultations	71	74	\$2,001	\$8,848	\$34,580,110	22.6%
Hospital visit - initial	34	34	\$1,378	\$4,392	\$23,809,913	31.4%
Minor procedures - other (Medicare fee schedule)	77	158	\$977	\$4,463	\$16,891,264	21.9%
Emergency room visit	62	62	\$860	\$4,889	\$14,858,686	17.6%
Nursing home visit	64	67	\$557	\$3,077	\$9,618,154	18.1%
Office visits - new	30	30	\$364	\$2,231	\$6,290,781	16.3%
Chiropractic	28	51	\$335	\$1,519	\$5,781,469	22.0%
Standard imaging - nuclear medicine	14	30	\$296	\$1,124	\$5,115,407	26.3%
Specialist - pathology	29	38	\$278	\$2,474	\$4,801,905	11.2%
Minor procedures - skin	34	44	\$262	\$3,547	\$4,528,325	7.4%
Other tests - electrocardiograms	96	103	\$232	\$1,339	\$4,009,681	17.3%
Lab tests - other (non-Medicare fee schedule)	170	331	\$226	\$4,355	\$3,897,692	5.2%
Ambulatory procedures - skin	42	69	\$162	\$3,987	\$2,807,002	4.1%
Other tests - other	36	56	\$139	\$1,874	\$2,409,334	7.4%
Standard imaging - musculoskeletal	55	71	\$122	\$1,690	\$2,106,720	7.2%
Advanced imaging - CAT: other	20	33	\$112	\$2,345	\$1,935,798	4.8%
Echography - heart	20	54	\$89	\$2,543	\$1,535,192	3.5%
Specialist - ophthalmology	73	103	\$75	\$5,820	\$1,298,770	1.3%
Specialist - psychiatry	95	104	\$67	\$4,703	\$1,162,066	1.4%
Ambulance	56	154	\$41	\$20,919	\$714,453	0.2%
Standard imaging - chest	96	101	\$30	\$1,166	\$510,521	2.5%
Lab tests - blood counts	66	71	\$25	\$579	\$426,874	4.3%
Lab tests - routine venipuncture (non Medicare fee schedule)	150	152	\$24	\$449	\$414,777	5.3%
Lab tests - urinalysis	36	36	\$20	\$139	\$349,795	14.5%
Standard imaging - other	25	30	\$13	\$640	\$220,177	2.0%
Lab tests - automated general profiles	65	68	\$12	\$691	\$204,450	1.7%
Other drugs	22	35	\$3	\$2,256	\$45,280	0.1%
Immunizations/Vaccinations	37	60	\$0	\$343	\$0	0.0%

DMERC Data

AdminaStar – Region B

DMERC Policy Group	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
All Codes	1,978	3,423	\$21,362	\$323,796	\$147,915,927	6.6%
Glucose Monitor	419	699	\$5,787	\$41,340	\$40,068,407	14.0%
Nebulizers & Related Drugs	327	619	\$4,616	\$37,660	\$31,961,940	12.3%
Oxygen Supplies/Equipment	418	697	\$3,034	\$84,849	\$21,010,423	3.6%
Lower Limb Orthoses	31	47	\$1,261	\$8,160	\$8,734,638	15.5%
Ostomy Supplies	67	141	\$1,242	\$6,330	\$8,599,476	19.6%
Enteral Nutrition	46	94	\$977	\$17,032	\$6,765,441	5.7%
CPAP	72	110	\$539	\$6,608	\$3,731,981	8.2%
Hospital Beds/Accessories	97	108	\$294	\$10,470	\$2,034,909	2.8%
Wheelchairs	184	263	\$199	\$29,586	\$1,379,802	0.7%
Walkers	42	43	\$196	\$3,133	\$1,354,044	6.2%
Lenses	44	130	\$170	\$4,028	\$1,180,452	4.2%
Surgical Dressings	20	35	\$78	\$2,159	\$537,878	3.6%
Urological Supplies	29	49	\$35	\$3,705	\$242,281	0.9%
Routinely Denied Items	27	35	\$0	\$0	\$0	
Lower Limb Prostheses	5	32	\$0	\$17,582	\$0	0.0%

Palmetto GBA – Region C

DMERC Policy Group	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
All Codes	1,849	3,411	\$54,449	\$389,867	\$688,462,362	14.0%
Nebulizers & Related Drugs	421	889	\$4,404	\$48,508	\$55,691,081	9.1%
Glucose Monitor	323	601	\$5,819	\$31,823	\$73,571,352	18.3%
Oxygen Supplies/Equipment	343	570	\$3,434	\$67,470	\$43,417,788	5.1%
Wheelchairs	210	354	\$6,732	\$70,588	\$85,127,461	9.5%
Enteral Nutrition	52	122	\$2,267	\$21,425	\$28,660,401	10.6%
CPAP	80	114	\$447	\$5,882	\$5,652,497	7.6%
Hospital Beds/Accessories	98	107	\$378	\$10,898	\$4,779,789	3.5%
Lenses	27	86	\$83	\$2,751	\$1,048,969	3.0%
Ostomy Supplies	29	57	\$1,407	\$3,068	\$17,794,922	45.9%
Urological Supplies	20	51	\$1,209	\$4,171	\$15,291,355	29.0%
Diabetic Shoes	24	45	\$330	\$5,601	\$4,172,611	5.9%
Support Surfaces	23	36	\$1,134	\$13,915	\$14,343,793	8.2%
Lower Limb Orthoses	25	33	\$4,235	\$9,903	\$53,547,370	42.8%
Walkers	31	32	\$115	\$2,422	\$1,451,942	4.7%
Surgical Dressings	16	31	\$1,376	\$3,406	\$17,403,581	40.4%
Commodes/Bed Pans/Urinals	30	30	\$101	\$1,803	\$1,276,693	5.6%

CIGNA – Region D

DMERC Policy Group	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
All Codes	1,884	3,293	\$37,467	\$324,217	\$208,815,642	11.6%
Wheelchairs	194	287	\$6,234	\$34,510	\$34,744,820	18.1%
Glucose Monitor	275	449	\$5,854	\$25,706	\$32,623,980	22.8%
Immunosuppressive Drugs	27	48	\$5,179	\$14,859	\$28,866,961	34.9%
Oxygen Supplies/Equipment	430	682	\$3,515	\$83,289	\$19,592,736	4.2%
Nebulizers & Related Drugs	324	645	\$2,923	\$33,179	\$16,289,167	8.8%
Enteral Nutrition	65	149	\$2,329	\$20,625	\$12,982,087	11.3%
Support Surfaces	28	34	\$1,908	\$6,413	\$10,631,289	29.7%
Lower Limb Orthoses	31	50	\$1,336	\$7,906	\$7,445,820	16.9%
No DME Code	43	43	\$948	\$6,064	\$5,281,842	15.6%
CPAP	72	105	\$905	\$6,836	\$5,044,193	13.2%
Hospital Beds/Accessories	108	122	\$755	\$11,072	\$4,207,126	6.8%
Ostomy Supplies	56	106	\$713	\$4,246	\$3,975,384	16.8%
Lenses	43	133	\$504	\$3,668	\$2,811,104	13.7%
Urological Supplies	41	71	\$0	\$1,238	\$0	0.0%
Walkers	42	46	\$0	\$3,383	\$0	0.0%
Lower Limb Prostheses	7	31	\$0	\$12,812	\$0	0.0%

TriCenturion – Region A

DMERC Policy Group	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
All Codes	1,936	3,207	\$21,719	\$295,820	\$99,637,653	7.3%
Glucose Monitor	373	584	\$6,591	\$32,893	\$30,236,250	20.0%
Oxygen Supplies/Equipment	348	591	\$2,767	\$69,517	\$12,693,932	4.0%
Nebulizers & Related Drugs	270	475	\$2,624	\$25,452	\$12,037,036	10.3%
Enteral Nutrition	79	154	\$2,226	\$24,307	\$10,212,967	9.2%
Wheelchairs	221	333	\$1,332	\$39,419	\$6,109,880	3.4%
Ostomy Supplies	69	129	\$1,259	\$6,927	\$5,774,711	18.2%
Diabetic Shoes	22	44	\$842	\$5,471	\$3,863,478	15.4%
Lower Limb Orthoses	28	47	\$527	\$13,180	\$2,417,381	4.0%
Hospital Beds/Accessories	95	100	\$447	\$10,876	\$2,048,355	4.1%
Lenses	45	127	\$357	\$4,691	\$1,637,996	7.6%
Urological Supplies	48	88	\$310	\$1,829	\$1,422,793	17.0%
CPAP	52	71	\$280	\$4,321	\$1,286,496	6.5%
Walkers	43	44	\$212	\$3,570	\$971,008	5.9%
Surgical Dressings	29	46	\$168	\$863	\$772,090	19.5%
Commodes/Bed Pans/Urinals	32	35	\$157	\$2,867	\$722,361	5.5%
Support Surfaces	26	31	\$16	\$5,654	\$74,778	0.3%

FI Data

Cahaba GBA – AL

Type of Bill Category	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
Overall	1,957	1,957	\$95,018	\$613,758	\$109,279,442	15.5%
OPPS, Laboratory (Billing an FI), Ambulatory (Bill)	1,675	1,675	\$51,753	\$378,989	\$59,521,002	13.7%
SNF	55	55	\$27,052	\$121,331	\$31,111,798	22.3%
Other FI Service Types	178	178	\$15,881	\$64,430	\$18,264,111	24.6%
ESRD	4	4	\$292	\$7,370	\$335,952	4.0%
RHCs	32	32	\$41	\$1,856	\$46,579	2.2%
Free Standing Ambulatory Surgery	1	1	\$0	\$2,048	\$0	0.0%
Non-PPS Hospital In-patient	12	12	\$0	\$37,734	\$0	0.0%

Cahaba GBA – IA/SD

Type of Bill Category	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
Overall	1,965	1,965	\$103,381	\$1,846,098	\$239,317,062	5.6%
HHA	546	546	\$47,617	\$1,023,479	\$110,228,971	4.7%
SNF	84	84	\$30,989	\$101,815	\$71,736,024	30.4%
Hospice	162	162	\$13,934	\$351,572	\$32,254,846	4.0%
OPPS, Laboratory (Billing an FI), Ambulatory (Bill)	832	832	\$7,873	\$223,370	\$18,224,422	3.5%
ESRD	10	10	\$2,676	\$21,381	\$6,194,789	12.5%
Other FI Service Types	224	224	\$137	\$61,285	\$317,303	0.2%
RHCs	58	58	\$133	\$4,579	\$306,724	2.9%
Non-PPS Hospital In-patient	49	49	\$23	\$58,616	\$53,983	0.0%

BCBS – AR

Type of Bill Category	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
Overall	1,979	1,979	\$189,942	\$728,796	\$125,656,436	26.1%
OPPS, Laboratory (Billing an FI), Ambulatory (Bill)	1,561	1,561	\$112,176	\$418,907	\$74,210,087	26.8%
SNF	65	65	\$43,837	\$113,846	\$29,000,664	38.5%
Non-PPS Hospital In-patient	54	54	\$24,694	\$146,463	\$16,336,458	16.9%
Other FI Service Types	164	164	\$8,575	\$40,748	\$5,672,663	21.0%
RHCs	135	135	\$660	\$8,832	\$436,564	7.5%

BCBS – AZ

Type of Bill Category	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
Overall	1,980	1,980	\$52,084	\$712,288	\$23,730,180	7.3%
OPPS, Laboratory (Billing an FI), Ambulatory (Bill)	1,768	1,768	\$28,228	\$425,640	\$12,860,959	6.6%
SNF	50	50	\$18,585	\$134,870	\$8,467,566	13.8%
ESRD	48	48	\$3,509	\$83,493	\$1,598,836	4.2%
Other FI Service Types	79	79	\$1,517	\$20,741	\$691,084	7.3%
Non-PPS Hospital In-patient	16	16	\$245	\$46,842	\$111,735	0.5%
RHCs	19	19	\$0	\$702	\$0	0.0%

First Coast Service Options – FL

Type of Bill Category	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
Overall	1,938	1,938	\$189,114	\$821,970	\$568,679,054	23.0%
SNF	101	101	\$88,586	\$298,597	\$266,385,734	29.7%
OPPS, Laboratory (Billing an FI), Ambulatory (Bill)	1,589	1,589	\$83,400	\$362,932	\$250,788,419	23.0%
Other FI Service Types	211	211	\$11,356	\$81,981	\$34,148,478	13.9%
ESRD	15	15	\$5,652	\$28,461	\$16,995,484	19.9%
RHCs	12	12	\$94	\$859	\$281,342	10.9%
Non-PPS Hospital In-patient	10	10	\$26	\$49,138	\$79,597	0.1%

BCBS – GA

Type of Bill Category	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
Overall	1,968	1,968	85,462	1,229,876	145,283,562	6.90%
OPPS, Laboratory (Billing an FI), Ambulatory (Bill)	1,356	1,356	53,543	325,772	91,022,512	16.40%
ESRD	423	423	22,348	790,385	37,991,364	2.80%
SNF	14	14	6,003	28,108	10,205,003	21.40%
Other FI Service Types	104	104	3,427	46,310	5,826,345	7.40%
RHCs	43	43	137	3,344	233,237	4.10%
Non-PPS Hospital In-patient	28	28	3	35,957	5,100	0.00%

AdminaStar – IN/IL/KY/OH

Type of Bill Category	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
Overall	1,982	1,982	\$116,662	\$954,425	\$1,172,489,739	12.2%
OPPS, Laboratory (Billing an FI), Ambulatory (Bill)	1,666	1,666	\$53,432	\$484,094	\$537,013,591	11.0%
SNF	112	112	\$40,622	\$297,018	\$408,262,258	13.7%
Non-PPS Hospital In-patient	32	32	\$14,174	\$74,281	\$142,453,469	19.1%
ESRD	36	36	\$7,118	\$73,728	\$71,543,022	9.7%
Other FI Service Types	110	110	\$1,315	\$23,295	\$13,217,399	5.6%
RHCs	26	26	\$0	\$2,010	\$0	0.0%

BCBS – KS

Type of Bill Category	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
Overall	1,977	1,977	\$67,861	\$681,529	\$51,258,470	10.0%
OPPS, Laboratory (Billing an FI), Ambulatory (Bill)	1,262	1,262	\$43,973	\$303,498	\$33,214,537	14.5%
SNF	63	63	\$13,152	\$129,256	\$9,934,194	10.2%
Non-PPS Hospital In-patient	88	88	\$4,463	\$146,216	\$3,371,339	3.1%
ESRD	17	17	\$3,657	\$28,545	\$2,762,407	12.8%
Other FI Service Types	333	333	\$2,338	\$56,534	\$1,766,197	4.1%
RHCs	214	214	\$278	\$17,480	\$209,796	1.6%

Anthem – MA/ME

Type of Bill Category	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
Overall	1,996	1,996	\$65,961	\$635,890	\$296,640,588	10.4%
OPPS, Laboratory (Billing an FI), Ambulatory (Bill)	1,674	1,674	\$28,278	\$274,211	\$127,172,259	10.3%
SNF	47	47	\$25,736	\$93,461	\$115,742,067	27.5%
Non-PPS Hospital In-patient	60	60	\$3,795	\$98,358	\$17,069,239	3.9%
ESRD	33	33	\$3,450	\$78,312	\$15,515,577	4.4%
Hospice	27	27	\$3,212	\$66,489	\$14,445,593	4.8%
Other FI Service Types	39	39	\$1,190	\$21,825	\$5,353,247	5.5%
RHCs	33	33	\$198	\$2,410	\$892,163	8.2%
HHA	82	82	\$100	\$749	\$450,444	13.4%
FOHC	1	1	\$0	\$75	\$0	0.0%

CareFirst – MD/DC

Type of Bill Category	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
Overall	1,795	1,795	\$427,688	\$1,689,069	\$546,367,039	25.3%
SNF	301	301	\$238,304	\$763,684	\$304,431,545	31.2%
Non-PPS Hospital In-patient	1,102	1,102	\$150,133	\$661,318	\$191,792,863	22.7%
OPPS, Laboratory (Billing an FI), Ambulatory (Bill)	221	221	\$18,802	\$75,930	\$24,019,705	24.8%
ESRD	26	26	\$12,550	\$74,572	\$16,033,001	16.8%
Other FI Service Types	72	72	\$4,864	\$31,138	\$6,213,419	15.6%
Free Standing Ambulatory Surgery	73	73	\$3,034	\$82,428	\$3,876,506	3.7%

Trispan – MS/LA/MO

Type of Bill Category	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
Overall	1,954	1,954	\$131,392	\$833,949	\$264,693,236	15.8%
SNF	144	144	\$66,368	\$260,753	\$133,699,060	25.5%
OPPS, Laboratory (Billing an FI), Ambulatory (Bill)	1,449	1,449	\$48,496	\$294,787	\$97,697,032	16.5%
Non-PPS Hospital In-patient	31	31	\$7,869	\$151,651	\$15,852,220	5.2%
Other FI Service Types	171	171	\$7,731	\$85,895	\$15,573,813	9.0%
RHCs	134	134	\$869	\$10,291	\$1,751,247	8.4%
ESRD	25	25	\$59	\$30,572	\$119,864	0.2%

BCBS – MT

Type of Bill Category	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
Overall	1,990	1,990	\$39,160	\$576,666	\$15,619,297	6.8%
ESRD	22	22	\$17,416	\$50,795	\$6,946,672	34.3%
OPPS, Laboratory (Billing an FI), Ambulatory (Bill	1,392	1,392	\$8,684	\$226,652	\$3,463,668	3.8%
Non-PPS Hospital In-patient	49	49	\$6,503	\$130,703	\$2,593,729	5.0%
SNF	69	69	\$4,592	\$102,873	\$1,831,630	4.5%
Other FI Service Types	308	308	\$1,165	\$51,114	\$464,716	2.3%
RHCs	150	150	\$799	\$14,528	\$318,882	5.5%

BCBS – NE

Type of Bill Category	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
Overall	1,946	1,946	\$97,304	\$763,156	\$38,282,494	12.8%
Other FI Service Types	708	708	\$33,218	\$208,345	\$13,068,879	15.9%
OPPS, Laboratory (Billing an FI), Ambulatory (Bill	881	881	\$30,648	\$264,188	\$12,057,681	11.6%
Non-PPS Hospital In-patient	114	114	\$15,776	\$211,696	\$6,206,618	7.5%
SNF	20	20	\$10,073	\$40,271	\$3,962,922	25.0%
ESRD	13	13	\$7,420	\$23,784	\$2,919,274	31.2%
RHCs	210	210	\$171	\$14,872	\$67,119	1.1%

Anthem – NH/VT

Type of Bill Category	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
Overall	1,993	1,993	\$48,917	\$542,523	\$57,763,000	9.0%
OPPS, Laboratory (Billing an FI), Ambulatory (Bill	1,613	1,613	\$23,862	\$289,836	\$28,176,788	8.2%
Other FI Service Types	169	169	\$13,601	\$48,994	\$16,060,879	27.8%
SNF	37	37	\$5,427	\$76,324	\$6,408,542	7.1%
ESRD	7	7	\$4,256	\$13,407	\$5,025,321	31.7%
Non-PPS Hospital In-patient	39	39	\$1,591	\$103,643	\$1,879,252	1.5%
RHCs	128	128	\$180	\$10,320	\$212,218	1.7%

Empire – NY/CT/DE

Type of Bill Category	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
Overall	1,965	1,965	\$151,727	\$881,920	\$999,541,314	17.2%
SNF	145	145	\$87,471	\$406,196	\$576,236,713	21.5%
OPPS, Laboratory (Billing an FI), Ambulatory (Bill	1,748	1,748	\$54,086	\$330,169	\$356,307,506	16.4%
ESRD	35	35	\$10,175	\$79,899	\$67,030,364	12.7%
Other FI Service Types	25	25	\$758	\$5,421	\$4,990,282	14.0%
Non-PPS Hospital In-patient	12	12	-\$763	\$60,234	-\$5,023,550	-1.3%

Noridian – MN/ND

Type of Bill Category	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
Overall	1,977	1,977	\$130,604	\$806,158	\$212,211,798	16.2%
OPPS, Laboratory (Billing an FI), Ambulatory (Bill	1,483	1,483	\$49,096	\$322,429	\$79,773,748	15.2%
SNF	96	96	\$47,307	\$190,969	\$76,865,956	24.8%
Non-PPS Hospital In-patient	73	73	\$19,927	\$213,380	\$32,378,657	9.3%
ESRD	10	10	\$8,000	\$22,383	\$12,998,895	35.7%
Other FI Service Types	208	208	\$5,995	\$47,734	\$9,740,787	12.6%
RHCs	107	107	\$279	\$9,263	\$453,754	3.0%

Medicare Northwest – ID/OR/UT

Type of Bill Category	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
Overall	1,953	1,953	\$83,519	\$571,307	\$103,824,467	14.6%
OPPS, Laboratory (Billing an FI), Ambulatory (Bill	1,634	1,634	\$43,252	\$327,420	\$53,767,398	13.2%
SNF	43	43	\$28,209	\$108,432	\$35,067,273	26.0%
ESRD	16	16	\$7,607	\$25,671	\$9,456,331	29.6%
Other FI Service Types	185	185	\$2,937	\$45,421	\$3,651,132	6.5%
Non-PPS Hospital In-patient	27	27	\$1,289	\$59,602	\$1,602,531	2.2%
RHCs	48	48	\$225	\$4,761	\$279,802	4.7%

Veritus – PA

Type of Bill Category	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
Overall	1,985	1,985	\$104,014	\$708,427	\$305,632,405	14.7%
SNF	153	153	\$62,800	\$324,996	\$184,530,530	19.3%
OPPS, Laboratory (Billing an FI), Ambulatory (Bill)	1,641	1,641	\$37,000	\$285,871	\$108,718,513	12.9%
Other FI Service Types	59	59	\$3,359	\$21,697	\$9,868,767	15.5%
ESRD	11	11	\$669	\$27,284	\$1,966,296	2.5%
RHCs	109	109	\$187	\$6,923	\$548,299	2.7%
Non-PPS Hospital In-patient	12	12	\$0	\$41,655	\$0	0.0%

BCBS – RI

Type of Bill Category	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
Overall	1,994	1,994	\$125,191	\$648,069	\$150,888,605	19.3%
SNF	130	130	\$80,858	\$208,845	\$97,455,681	38.7%
OPPS, Laboratory (Billing an FI), Ambulatory (Bill)	1,832	1,832	\$39,923	\$341,578	\$48,117,794	11.7%
ESRD	9	9	\$4,212	\$15,759	\$5,076,921	26.7%
Non-PPS Hospital In-patient	22	22	\$198	\$81,887	\$238,209	0.2%
Other FI Service Types	1	1	\$0	\$0	\$0	

Palmetto GBA – SC

Type of Bill Category	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
Overall	1,618	1,618	\$257,599	\$2,490,531	\$638,080,566	10.3%
HHA	758	758	\$122,147	\$1,379,880	\$302,561,381	8.9%
Hospice	420	420	\$97,572	\$974,585	\$241,687,751	10.0%
Non-PPS Hospital In-patient	2	2	\$14,437	\$18,481	\$35,761,208	78.1%
SNF	15	15	\$12,115	\$28,688	\$30,008,351	42.2%
OPPS, Laboratory (Billing an FI), Ambulatory (Bill)	387	387	\$10,917	\$64,568	\$27,041,089	16.9%
Other FI Service Types	15	15	\$412	\$3,936	\$1,020,785	10.5%
ESRD	10	10	\$0	\$19,706	\$0	0.0%
RHCs	11	11	\$0	\$687	\$0	0.0%

Palmetto GBA – NC

Type of Bill Category	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
Overall	1,987	1,987	\$147,022	\$880,569	\$532,741,242	16.7%
ESRD	51	51	\$5,594	\$114,096	\$20,269,533	4.9%
Non-PPS Hospital In-patient	54	54	\$13,276	\$86,335	\$48,106,345	15.4%
OPPS, Laboratory (Billing an FI), Ambulatory (Bill	1,699	1,699	\$48,640	\$452,703	\$176,248,288	10.7%
Other FI Service Types	71	71	\$562	\$45,560	\$2,035,748	1.2%
RHCs	33	33	\$305	\$1,905	\$1,105,872	16.0%
SNF	79	79	\$78,645	\$179,970	\$284,975,457	43.7%

Riverbend – TN/NJ

Type of Bill Category	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
Overall	1,983	1,983	\$72,718	\$747,349	\$351,337,074	9.7%
SNF	115	115	\$46,331	\$307,753	\$223,846,741	15.1%
OPPS, Laboratory (Billing an FI), Ambulatory (Bill	1,029	1,029	\$18,101	\$293,402	\$87,456,592	6.2%
ESRD	29	29	\$4,105	\$53,719	\$19,833,733	7.6%
Other FI Service Types	56	56	\$2,746	\$12,814	\$13,265,392	21.4%
RHCs	747	747	\$1,435	\$46,365	\$6,934,615	3.1%
Non-PPS Hospital In-patient	7	7	\$0	\$33,296	\$0	0.0%

TrailBlazer– TX/CO/NM

Type of Bill Category	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
Overall	1,957	1,957	\$130,408	\$927,168	\$642,506,469	14.1%
SNF	47	47	\$46,236	\$123,246	\$227,800,516	37.5%
OPPS, Laboratory (Billing an FI), Ambulatory (Bill	1,346	1,346	\$44,089	\$299,540	\$217,219,301	14.7%
ESRD	184	184	\$36,060	\$390,009	\$177,661,034	9.2%
Other FI Service Types	87	87	\$2,790	\$24,440	\$13,746,242	11.4%
RHCs	255	255	\$913	\$16,445	\$4,500,262	5.6%
Non-PPS Hospital In-patient	28	28	\$321	\$71,757	\$1,579,114	0.4%
FQHC	7	7	\$0	\$699	\$0	0.0%
Free Standing Ambulatory Surgery	3	3	\$0	\$1,032	\$0	0.0%

Premera – WA/AK

Type of Bill Category	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
Overall	1,924	1,924	\$45,929	\$631,855	\$73,362,688	7.3%
SNF	33	33	\$15,107	\$48,012	\$24,130,961	31.5%
OPPS, Laboratory (Billing an FI), Ambulatory (Bill	1,489	1,489	\$12,386	\$360,937	\$19,784,695	3.4%
ESRD	31	31	\$8,178	\$50,338	\$13,062,023	16.2%
Non-PPS Hospital In-patient	53	53	\$7,134	\$104,690	\$11,395,635	6.8%
Other FI Service Types	157	157	\$2,461	\$53,358	\$3,930,504	4.6%
RHCs	161	161	\$663	\$14,520	\$1,058,869	4.6%

UGS – MI/WI

Type of Bill Category	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
Overall	1,831	1,831	84,246	622,436	668,592,686	13.50%
SNF	51	51	28,876	97,089	229,163,732	29.70%
OPPS, Laboratory (Billing an FI), Ambulatory (Bill	1,065	1,065	26,207	217,080	207,983,876	12.10%
HHA	76	76	9,989	114,086	79,277,487	8.80%
Hospice	38	38	7,876	95,176	62,508,579	8.30%
FQHC	482	482	3,403	37,240	27,003,612	9.10%
ESRD	14	14	3,291	25,981	26,116,184	12.70%
Other FI Service Types	71	71	2,688	25,212	21,332,075	10.70%
Non-PPS Hospital In-patient	9	9	1,916	8,230	15,207,140	23.30%
RHCs	25	25	0	2,342	0	0.00%

UGS – VA/WV

Type of Bill Category	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
Overall	1,996	1,996	\$108,414	\$652,391	\$240,673,512	16.6%
OPPS, Laboratory (Billing an FI), Ambulatory (Bill	1,772	1,772	\$53,474	\$370,492	\$118,710,236	14.4%
SNF	81	81	\$47,393	\$178,467	\$105,209,822	26.6%
ESRD	10	10	\$5,796	\$20,384	\$12,866,997	28.4%
Other FI Service Types	84	84	\$1,559	\$28,896	\$3,461,249	5.4%
RHCs	29	29	\$192	\$2,446	\$425,208	7.8%
Non-PPS Hospital In-patient	20	20	\$0	\$51,705	\$0	0.0%

UGS – CA/HI/AS/GU/NMI

Type of Bill Category	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
Overall	1,975	1,975	\$294,480	\$1,443,335	\$1,224,634,538	20.4%
ESRD	90	90	\$58,657	\$205,050	\$243,933,674	28.6%
FOHC	1	1	\$0	\$90	\$0	0.0%
HHA	128	128	\$62,612	\$238,666	\$260,382,304	26.2%
Hospice	96	96	\$20,548	\$221,944	\$85,453,578	9.3%
Non-PPS Hospital In-patient	9	9	\$7,243	\$23,349	\$30,121,242	31.0%
OPPS, Laboratory (Billing an FI), Ambulatory (Bill	1,465	1,465	\$63,242	\$417,357	\$262,999,171	15.2%
Other FI Service Types	31	31	\$1,727	\$14,655	\$7,183,179	11.8%
RHCs	31	31	\$774	\$3,661	\$3,218,746	21.1%
SNF	124	124	\$79,676	\$318,562	\$331,342,644	25.0%

BCBS – WY

Type of Bill Category	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
Overall	1,911	1,911	\$116,624	\$793,063	\$12,201,445	14.7%
OPPS, Laboratory (Billing an FI), Ambulatory (Bill	1,291	1,291	\$43,990	\$368,820	\$4,602,321	11.9%
SNF	41	41	\$41,913	\$123,228	\$4,385,045	34.0%
Other FI Service Types	375	375	\$21,588	\$101,468	\$2,258,591	21.3%
Non-PPS Hospital In-patient	85	85	\$7,631	\$160,390	\$798,370	4.8%
ESRD	14	14	\$1,320	\$33,532	\$138,144	3.9%
RHCs	105	105	\$181	\$5,625	\$18,973	3.2%

Mutual of Omaha

Type of Bill Category	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
Overall	1,985	1,985	\$241,372	\$901,386	\$3,161,718,603	26.8%
SNF	225	225	\$131,527	\$418,252	\$1,722,864,315	31.4%
OPPS, Laboratory (Billing an FI), Ambulatory (Bill	1,452	1,452	\$79,475	\$346,908	\$1,041,041,095	22.9%
Non-PPS Hospital In-patient	242	242	\$28,882	\$124,371	\$378,318,592	23.2%
Other FI Service Types	25	25	\$1,117	\$4,684	\$14,635,294	23.9%
RHCs	39	39	\$371	\$2,518	\$4,859,307	14.7%
ESRD	2	2	\$0	\$4,654	\$0	0.0%

COSVI – PR/VI

Type of Bill Category	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
Overall	1,972	1,972	\$54,870	\$460,231	\$18,899,869	11.9%
OPPS, Laboratory (Billing an FI), Ambulatory (Bill)	1,860	1,860	\$41,950	\$265,116	\$14,449,796	15.8%
Non-PPS Hospital In-patient	59	59	\$4,426	\$124,101	\$1,524,482	3.6%
ESRD	32	32	\$3,493	\$54,785	\$1,203,319	6.4%
SNF	5	5	\$3,486	\$10,503	\$1,200,756	33.2%
Free Standing Ambulatory Surgery	2	2	\$1,437	\$4,173	\$494,825	34.4%
Other FI Service Types	2	2	\$77	\$837	\$26,692	9.3%
FOHC	12	12	\$0	\$715	\$0	0.0%

Chisholm – OK

Type of Bill Category	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Dollars Incorrectly Paid	Paid Claims Error Rate
Overall	1,858	1,858	\$49,563	\$576,131	\$95,396,035	8.6%
OPPS, Laboratory (Billing an FI), Ambulatory (Bill)	1,620	1,620	\$24,292	\$408,266	\$46,755,601	5.9%
Non-PPS Hospital In-patient	21	21	\$12,073	\$83,632	\$23,236,716	14.4%
SNF	15	15	\$8,019	\$29,871	\$15,434,710	26.8%
Other FI Service Types	153	153	\$5,031	\$51,281	\$9,682,605	9.8%
RHCs	49	49	\$149	\$3,080	\$286,403	4.8%