



**FINAL OVERPAYMENT FINDINGS FY 2018**

ProviderNPI 000000000	Provider Name XXXXXXXXXXXXXXXXXXXX	Case Review Type TDT
Case Name XXXXXXXXXX	Case ID 000000000000	Case Date of Service 0/00/0000 - 0/00/0000
Medicaid ID 0000000000	Date Of Birth 00/00/0000	SSN 000000000

ICN	Proc	From	Thru	Units Billed	Amt. Paid	Reason
0000000000	H0035	12/22/2017	12/22/2017	3.00	\$109.00	
	Reason	12/22/2017	12/22/2017	3.00	\$109.00	The information in the medical record does not corroborate what the Provider submitted for service authorization. The medical record did not contain a Service Authorization or SAR for the period of 12/20/2017 thru 06/20/2018. **Re-review 01/29/2020 Additional information submitted. Provider submitted a narrative stating the service authorization for this date of service is included; however, no supporting documentation was submitted. Retraction is unchanged.** 12VAC30-50-130; CMHRS-IV; CMHRS-VI; CMHRS App. C (See Addendum)
	Claim Total:			3.00	\$109.00	
1000000000	H0035	1/10/2018	1/10/2018	3.00	\$109.00	
	Reason	1/10/2018	1/10/2018	3.00	\$109.00	The information in the medical record does not corroborate what the Provider submitted for service authorization. The medical record did not contain a Service Authorization or SAR for the period of 12/20/2017 thru 06/20/2018. **Re-review 01/29/2020 Additional information submitted. Provider submitted a narrative stating the service authorization for this date of service is included; however, no supporting documentation was submitted. Retraction is unchanged.** 12VAC30-50-130; CMHRS-IV; CMHRS-VI; CMHRS App. C (See Addendum)
	Claim Total:			3.00	\$109.00	