TA200-001 TRICARE MANAGEMENT ACTIVITY PAGE: 1
RUN DATE: 26 MAR 03 TED AUDIT DETAIL REPORT
RUN TIME: 13.02.40 CONTRACT NO: OCCURRENCE SAMPLE

CONTRACTOR: AUDIT PERIOD: OCT 02 - DEC 02 NON-INSTITUTIONAL

FILING STATE/COUNTRY: ALASKA PART I TED ID: 1

(A) CLAIM INFORMATION 14A REC-TYPE: 2

01A FIL DT: xxxx
02A FIL ST: xx
03A SEQ NO: xxxxx
04A SUBMISN : C
05A ADJ ID :
06A PTC DT : 20021210
07A OVERRIDE : 12
08A CLM FORM TYP : C
09A SP PROC CD:
10A PLAN CODE : 08
11A CA/NAS EXCEP:
12A CA/NAS # :
13A CA/NAS RSN ISS CD :

(B) PATIENT/SPONSOR INFORMATION

01B PT NAME: NEW PATIENT
02B PERS ID :
03B PERS DOB: 19431205
04B PERS SEX : F
05B PT ZIP: 99701
07B PAY GD: 06
09B HHC MBR : R
06B SP ID: 123546889
08B SP BOS: N
10B HHC RELAT: S
11B ENRL PLAN: Z

(C) PROVIDER INFORMATION

01C TAX ID:
02C SUB ID:
03C NTWK IND:
04C ST/CNTRY:
05C ZIP:
07C PROV SPEC:
08C PART ID:

(F) DIAGNOSIS INFORMATION

01F PRIN DX: 7231 02F SEC DX-1: 75610 03F SEC DX-2: 04F SEC DX-3: 05F SEC DX-4:

(G) FINANCIAL INFORMATION

01G AMT BILL TOT	02G AMT ALLOW TOT	03G AMT PD OHI	04G PNT COST SHARE	05G AMT PAID TOT
243.00	0.00	0.00	0.00	0.00

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THIS INFORMATION PROTECTED BY THE PRIVACY ACT OF 1974

FILING STATE/COUNTRY: ALASKA PART II TED ID:

*** ADDITIONAL AUDIT INFORMATION ***

PATIENT ZIP CODE, STATE, CITY - 99701, AK, FAIRBANKS
STATUS= Z MTF= FT WAINWRIGHT, AK @ 023 MILES

PRIN DX 7231 - CERVICALGIA
SEC DX-1 75610 - ANOMALY OF SPINE NOS

CURRENT PROV TIN: SUB ID: AFFIL CD: 2 I/N IND: N
NAME : MAJ SPEC: 30 TRAN CD: A EFF DATE: 04-15-1997
ADDRESS: FAIRBANKS 02 997015925 ACCEPT DATE: 01-01-1982

BILLING ADDRESS: FAIRBANKS 02 997014054 TERM DATE: 00-00-0000

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TA200-001 TRICARE MANAGEMENT ACTIVITY PAGE: 3
RUN DATE: 26 MAR 03 TED AUDIT DETAIL REPORT
RUN TIME: 13.02.40 CONTRACT NO: OCCURRENCE SAMPLE
CONTRACTOR: AUDIT PERIOD: OCT 02 - DEC 02 NON-INSTITUTIONAL
FILING STATE/COUNTRY: ALASKA PART III TED ID:

(I) CLAIMS INFORMATION BY PROCEDURE

13I LN	01I SP PROC CD	02I CA/NAS EXCEP	03I CA/NAS #	04I CA/NAS RSN ISS CD
	V			
	V			

(I) PROVIDER INFORMATION BY PROCEDURE

13I LN	06I TAX ID	07I SUB ID	08I NTWK IND	09I ST/CNTY	10I ZIP	11I PROV SPEC	12I PART ID
	123456789	A006					
	345682986	B006					

(I) UTILIZATION DATA BY PROCEDURE 28A OCCURRENCE COUNT: 1

13I LN	14I PROC CODE	15I NBR SERV	16I AMNT BILLD	17I AMOUNT ALLOWED	18I PTN CST SHR	19L APPL DED PROC	20I AMNT PD	21I PRICE RATE CD	22I BGN DT CARE	23I END DT CARE	24I PLA SRV	25I TYP SRV	26I AD/DL RSN	27I CPT-4 MOD
01	72141	001	243.00	0.00	0.00	0.00	0.00	00	20000203	20000203	21	05		26

PROCEDURE CODE: 72141 - MRI NECK SPINE W/O DYE
**** NO PRICES ON DATABASE FOR: ST-CNTRY-CODE - 02 PROCED-CODE - 72141
**** NO NATIONAL PREVAILING PRICES ON DATA BASE FOR: CHAMPUS LOCALITY NUMBER - PROCED-CODE - 72141

CI SYSTEM EDIT MESSAGES

TED DOES NOT CONTAIN CI EDIT ERRORS

TA SYSTEM EDIT MESSAGES

TED DOES NOT CONTAIN TA EDIT ERRORS

TA200-001 TRICARE MANAGEMENT ACTIVITY PAGE: 5
RUN DATE: 26 MAR 03 TED AUDIT DETAIL REPORT
RUN TIME: 13.02.40 CONTRACT NO: OCCURRENCE SAMPLE
CONTRACTOR: AUDIT PERIOD: OCT 02 - DEC 02 INSTITUTIONAL
FILING STATE/COUNTRY: ALASKA PART I TED ID:

(A) CLAIM INFORMATION 14A REC-TYPE: 2

01A FIL DT: xxxx 06A PTC DT : 20021210 11A CA/NAS EXCEP:

02A FIL ST: xx 07A OVERRIDE : 12 12A CA/NAS # :

03A SEQ NO: xxxxx 08A CLM FORM TYP : C 13A CA/NAS RSN ISS CD :

04A SUBMISN : C 09A SP PROC CD:

05A ADJ ID : 10A PLAN CODE : 08

(B) PATIENT/SPONSOR INFORMATION 01B PT NAME: 02B PERS ID : 03B PERS DO)5

04B PERS SEX : F 05B PT ZIP: 99701 07B PAY GD: 06 09B HHC MBR : R

06B SP ID: 123546889 08B SP BOS: N 10B HHC RELAT: S 11B ENRL PLAN: Z

((C) PROVIDER INFORMATION
01C TAX II 02C SUB ID: E007 03C NTWK IND: 2
04C ST/CNTRY: 02 05C ZIP: 99701 07C PROV SPEC: 30 08C PART ID: Y

(D) ADMISSION/DISCHARGE INFORMATION
01D ADM DATE: 20020801 03D ADM SOURCE: 1 05D BGN DOC: 20020801 07D FREQ : 2
02D ADM TYPE: 3 04D PTNT STAT: 30 06D END DOC: 20020801 08D COVD DAYS: 1

(E) DIAGNOSIS/TREATMENT INFORMATION
01E ADM DX: 31389 05E SEC DX-3: 09E SEC DX-7: 13E SEC PROC-2 : 17E DRG NUMBER: 000
02E PRN DX: 31389 06E SEC DX-4: 10E SEC DX-8: 14E SEC PROC-3 :
03E SEC DX-1: 07E SEC DX-5: 11E PRN OP PROC: 15E SEC PROC-4 :
04E SEC DX-2: 08E SEC DX-6: 12E SEC PROC-1 : 16E SEC PROC-5 :

(G) FINANCIAL INFORMATION

01G AMT BILL TOT	02G AMT ALLOW TOT	03G AMT PD OHI	04G PNT CST SHARE	08G AMT PAID TOTAL
3,400.00	750.00	0.00	0.00	750.00

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TA200-001 TRICARE MANAGEMENT ACTIVITY PAGE: 6
RUN DATE: 26 MAR 03 TED AUDIT DETAIL REPORT
RUN TIME: 13.02.40 CONTRACT NO: OCCURRENCE SAMPLE
CONTRACTOR: AUDIT PERIOD: OCT 02 - DEC 02 INSTITUTIONAL
FILING STATE/COUNTRY: ALASKA PART II TED ID:

*** ADDITIONAL AUDIT INFORMATION ***
PATIENT ZIP CODE, STATE, CITY - 99501, AK, ANCHORAGE
STATUS= Z MTF= ELMENDORF AFB, AK @ 002 MILES

CURRENT PROV TIN: SUB ID: 0000 MEDICARE #: NTWK IND: 1 I/N IND: I
NAME : 1 TYPE INST: 22 TRAN CD: A EFF DATE: 10-19-2002
ADDRESS: 2 ANCHORAGE 02 995082948 ACCEPT DATE: 08-01-2001
BILLING ADDRESS: TERM DATE: 00-00-0000
DRG EXEMPT IND: E DRG EFFECT DATE: 08-01-2001 RURAL/URBAN CODE:
WAGE-INDEX: 0.0000 WAGE EFFECT DATE: 00-00-0000 IDME-RATIO: 0.0000 IDME EFFECT DATE: 00-00-0000

HISTORY MEDICARE #: NTWK IND: 1 I/N IND: I
NAME : 1 TYPE INST: TRAN CD: A EFF DATE: 10-15-2001
ADDRESS: 2 ANCHORAGE 02 995082948 ACCEPT DATE: 08-01-2001
BILLING ADDRESS: TERM DATE: 00-00-0000
DRG EXEMPT IND: E DRG EFFECT DATE: 08-01-2001 RURAL/URBAN CODE:
WAGE-INDEX: 0.0000 WAGE EFFECT DATE: 00-00-0000 IDME-RATIO: 0.0000 IDME EFFECT DATE: 00-00-0000
ADM DX 31389 - EMOTIONAL PBX CHILD NEC
PRIN DX 31389 - EMOTIONAL PBX CHILD NEC

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THIS INFORMATION PROTECTED BY THE PRIVACY ACT OF 1974

(H) REVENUE DATA 28A OCCURRENCE COUNT: 2

05H OCC LN	01H REVENUE CODE	02H UNITS OF SERVICE	03H TOTAL CHARGE	04H ADJ/DNL CODE	05H OCC LN	01H REVENUE CODE	02H UNITS OF SERVICE	03H TOTAL CHARGE	04H ADJ/DNL CODE
01	001	000	3,400.00						
02	204	001	3,400.00						

TA200-001 TRICARE MANAGEMENT ACTIVITY PAGE: 8
RUN DATE: 26 MAR 03 TED AUDIT DETAIL REPORT
RUN TIME: 13.02.40 CONTRACT NO: OCCURRENCE SAMPLE
CONTRACTOR: AUDIT PERIOD: OCT 02 - DEC 02 INSTITUTIONAL
FILING STATE/COUNTRY: ALASKA PART IV TED ID:

CI SYSTEM EDIT MESSAGES

TED DOES NOT CONTAIN CI EDIT ERRORS

TA SYSTEM EDIT MESSAGES

TED DOES NOT CONTAIN TA EDIT ERRORS

TA200-001 TRICARE MANAGEMENT ACTIVITY PAGE: 1
RUN DATE: 26 MAR 03 TED AUDIT DETAIL REPORT
RUN TIME: 13.02.40 CONTRACT NO: PAYMENT SAMPLE

CONTRACTOR: AUDIT PERIOD: OCT 02 - DEC 02 NON-INSTITUTIONAL

FILING STATE/COUNTRY: ALASKA PART I TED ID: 1

(A) CLAIM INFORMATION 14A REC-TYPE: 2

01A FIL DT: xxxx
02A FIL ST: xx
03A SEQ NO: xxxxx
04A SUBMISN : C
05A ADJ ID :
06A PTC DT : 20021210
07A OVERRIDE : 12
08A CLM FORM TYP : C
09A SP PROC CD:
10A PLAN CODE : 08
11A CA/NAS EXCEP:
12A CA/NAS # :
13A CA/NAS RSN ISS CD :

(B) PATIENT/SPONSOR INFORMATION

01B PT NAME: NEW PATIENT
02B PERS ID :
03B PERS DOB: 19431205
04B PERS SEX : F
05B PT ZIP: 99701
07B PAY GD: 06
09B HHC MBR : R
06B SP ID: 123546889
08B SP BOS: N
10B HHC RELAT: S
11B ENRL PLAN: Z

(C) PROVIDER INFORMATION

01C TAX ID:
02C SUB ID:
03C NTWK IND:
04C ST/CNTRY:
05C ZIP:
07C PROV SPEC:
08C PART ID:

(F) DIAGNOSIS INFORMATION

01F PRIN DX: 7231 02F SEC DX-1: 75610 03F SEC DX-2: 04F SEC DX-3: 05F SEC DX-4:

(G) FINANCIAL INFORMATION

01G AMT BILL TOT	02G AMT ALLOW TOT	03G AMT PD OHI	04G PNT COST SHARE	05G AMT PAID TOT
243.00	0.00	0.00	0.00	0.00

FOR OFFICIAL USE ONLY
THIS INFORMATION PROTECTED BY THE PRIVACY ACT OF 1974

FILING STATE/COUNTRY: ALASKA PART II TED ID:

*** ADDITIONAL AUDIT INFORMATION ***

PATIENT ZIP CODE, STATE, CITY - 99701, AK, FAIRBANKS
STATUS= Z MTF= FT WAINWRIGHT, AK @ 023 MILES

PRIN DX 7231 - CERVICALGIA
SEC DX-1 75610 - ANOMALY OF SPINE NOS

CURRENT PROV TIN: SUB ID: AFFIL CD: 2 I/N IND: N
NAME : MAJ SPEC: 30 TRAN CD: A EFF DATE: 04-15-1997
ADDRESS: FAIRBANKS 02 997015925 ACCEPT DATE: 01-01-1982

BILLING ADDRESS: FAIRBANKS 02 997014054 TERM DATE: 00-00-0000

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TA200-001 TRICARE MANAGEMENT ACTIVITY PAGE: 3
RUN DATE: 26 MAR 03 TED AUDIT DETAIL REPORT
RUN TIME: 13.02.40 CONTRACT NO: PAYMENT SAMPLE
CONTRACTOR: AUDIT PERIOD: OCT 02 - DEC 02 NON-INSTITUTIONAL
FILING STATE/COUNTRY: ALASKA PART III TED ID:

(I) CLAIMS INFORMATION BY PROCEDURE

13I ln	01I SP PROC CD	02I CA/NAS EXCEP	03I CA/NAS #	04I CA/NAS RSN ISS CD
	V			
	V			

(I) PROVIDER INFORMATION BY PROCEDURE

13I ln	06I TAX ID	07I SUB ID	08I NTWK IND	09I ST/CNTY	10I ZIP	11I PROV SPEC	12I PART ID
	123456789	A006					
	345682986	B006					

(I) UTILIZATION DATA BY PROCEDURE 28A OCCURRENCE COUNT: 1

13I LN	14I PROC CODE	15I NBR SERV	16I AMNT BILLD	17I AMOUNT ALLOWED	18I PTN CST SHR	19L APPL DED PROC	20I AMNT PD	21I PRICE RATE CD	22I BGN DT CARE	23I END DT CARE	24I PLA SRV	25I TYP SRV	26I AD/DL RSN	27I CPT-4 MOD
01	72141	001	243.00	0.00	0.00	0.00	0.00	00	20000203	20000203	21	05		26

PROCEDURE CODE: 72141 - MRI NECK SPINE W/O DYE
**** NO PRICES ON DATABASE FOR: ST-CNTRY-CODE - 02 PROCED-CODE - 72141
**** NO NATIONAL PREVAILING PRICES ON DATA BASE FOR: CHAMPUS LOCALITY NUMBER - PROCED-CODE - 72141

CI SYSTEM EDIT MESSAGES

TED DOES NOT CONTAIN CI EDIT ERRORS

TA SYSTEM EDIT MESSAGES

TED DOES NOT CONTAIN TA EDIT ERRORS

TA200-001 TRICARE MANAGEMENT ACTIVITY PAGE: 5
RUN DATE: 26 MAR 03 TED AUDIT DETAIL REPORT
RUN TIME: 13.02.40 CONTRACT NO: PAYMENT SAMPLE
CONTRACTOR: AUDIT PERIOD: OCT 02 - DEC 02 INSTITUTIONAL
FILING STATE/COUNTRY: ALASKA PART I TED ID:

(A) CLAIM INFORMATION 14A REC-TYPE: 2

01A FIL DT: xxxx 06A PTC DT : 20021210 11A CA/NAS EXCEP:

02A FIL ST: xx 07A OVERRIDE : 12 12A CA/NAS # :

03A SEQ NO: xxxxx 08A CLM FORM TYP : C 13A CA/NAS RSN ISS CD :

04A SUBMISN : C 09A SP PROC CD:

05A ADJ ID : 10A PLAN CODE : 08

(B) PATIENT/SPONSOR INFORMATION 01B PT NAME: 02B PERS ID : 03B PERS DO)5

04B PERS SEX : F 05B PT ZIP: 99701 07B PAY GD: 06 09B HHC MBR : R

06B SP ID: 123546889 08B SP BOS: N 10B HHC RELAT: S 11B ENRL PLAN: Z

((C) PROVIDER INFORMATION
01C TAX II 02C SUB ID: E007 03C NTWK IND: 2
04C ST/CNTRY: 02 05C ZIP: 99701 07C PROV SPEC: 30 08C PART ID: Y

(D) ADMISSION/DISCHARGE INFORMATION
01D ADM DATE: 20020801 03D ADM SOURCE: 1 05D BGN DOC: 20020801 07D FREQ : 2
02D ADM TYPE: 3 04D PTNT STAT: 30 06D END DOC: 20020801 08D COVD DAYS: 1

(E) DIAGNOSIS/TREATMENT INFORMATION
01E ADM DX: 31389 05E SEC DX-3: 09E SEC DX-7: 13E SEC PROC-2 : 17E DRG NUMBER: 000
02E PRN DX: 31389 06E SEC DX-4: 10E SEC DX-8: 14E SEC PROC-3 :
03E SEC DX-1: 07E SEC DX-5: 11E PRN OP PROC: 15E SEC PROC-4 :
04E SEC DX-2: 08E SEC DX-6: 12E SEC PROC-1 : 16E SEC PROC-5 :

(G) FINANCIAL INFORMATION

01G AMT BILL TOT	02G AMT ALLOW TOT	03G AMT PD OHI	04G PNT CST SHARE	08G AMT PAID TOTAL
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*** ADDITIONAL AUDIT INFORMATION ***
PATIENT ZIP CODE, STATE, CITY - 99501, AK, ANCHORAGE
STATUS= Z MTF= ELMENDORF AFB, AK @ 002 MILES

CURRENT PROV TIN: SUB ID: 0000 MEDICARE #: NTWK IND: 1 I/N IND: I
NAME : 1 TYPE INST: 22 TRAN CD: A EFF DATE: 10-19-2002
ADDRESS: 1 ANCHORAGE 02 995082948 ACCEPT DATE: 08-01-2001
BILLING ADDRESS: TERM DATE: 00-00-0000
DRG EXEMPT IND: E DRG EFFECT DATE: 08-01-2001 RURAL/URBAN CODE:
WAGE-INDEX: 0.0000 WAGE EFFECT DATE: 00-00-0000 IDME-RATIO: 0.0000 IDME EFFECT DATE: 00-00-0000

HISTORY MEDICARE #: NTWK IND: 1 I/N IND: I
NAME : 1 TYPE INST: TRAN CD: A EFF DATE: 10-15-2001
ADDRESS: 1 ANCHORAGE 02 995082948 ACCEPT DATE: 08-01-2001
BILLING ADDRESS: TERM DATE: 00-00-0000
DRG EXEMPT IND: E DRG EFFECT DATE: 08-01-2001 RURAL/URBAN CODE:
WAGE-INDEX: 0.0000 WAGE EFFECT DATE: 00-00-0000 IDME-RATIO: 0.0000 IDME EFFECT DATE: 00-00-0000
ADM DX 31389 - EMOTIONAL PBX CHILD NEC
PRIN DX 31389 - EMOTIONAL PBX CHILD NEC

(H) REVENUE DATA 28A OCCURRENCE COUNT: 2

05H OCC LN	01H REVENUE CODE	02H UNITS OF SERVICE	03H TOTAL CHARGE	04H ADJ/DNL CODE	05H OCC LN	01H REVENUE CODE	02H UNITS OF SERVICE	03H TOTAL CHARGE	04H ADJ/DNL CODE
01	001	000	3,400.00						
02	204	001	3,400.00						

TA200-001 TRICARE MANAGEMENT ACTIVITY PAGE: 8
RUN DATE: 26 MAR 03 TED AUDIT DETAIL REPORT
RUN TIME: 13.02.40 CONTRACT NO: PAYMENT SAMPLE
CONTRACTOR: AUDIT PERIOD: OCT 02 - DEC 02 INSTITUTIONAL
FILING STATE/COUNTRY: ALASKA PART IV TED ID:

CI SYSTEM EDIT MESSAGES

TED DOES NOT CONTAIN CI EDIT ERRORS

TA SYSTEM EDIT MESSAGES

TED DOES NOT CONTAIN TA EDIT ERRORS