HA200-001
RUN DATE: 27 MAR 03
RUN TIME: 08.34.09
CONTRACTOR:
FILING STATE/COUNTRY: ALASKA

TRICARE MANAGEMENT ACTIVITY
HCSR AUDIT DETAIL REPORT
CONTRACT NO:
AUDIT PERIOD: OCT 02 - DEC 02
PART I

COMBINED PAYMENT SAMPLE
INSTITUTIONAL
HCSR ID:

(A) CLAIM INFORMATION 21A REC-TYPE: 1

01A FIL DT: 2002011 06A SUBMISN : A 11A SP PROC CD : 16A DIAG EDTN : 9 25A CLM FORM TYP : F
02A FIL ST: 02 07A RSN ADJ : B 12A SP RATE CD : D 18A GROUP ED : 26A RSN PMT PEN :
03A SEQ NO: 05116 08A ADJ ID : 20021114 13A NAS EXCEP : 19A PRICER ID : 27A RDCTN DAY/SER: 000
04A SUFFIX: A 09A PTC DT : 20021114 14A NAS # : 23A MAJ DIAG CD :
05A PRG IND: I 10A PLAN CODE : 08 15A OVERRIDE : 24A NAS ISS RSN CD:

(B) PATIENT/SPONSOR INFORMATION 01B PT NAME: 02B PT SSN : 03B PT DOB: 20010528

04B DEERS ID: 04 06B PT ZIP: 99703 08B SP PAY: 23 10B SP STAT : A
05B PT SEX : M 07B SP SSN: 09B SP BOS: A 11B PT RELAT: C 12B ENRL STAT: Z

(C) PROVIDER INFORMATION

01C TAX ID: 02C SUB ID: 0004 03C AFFIL: 1 04C ST/CNTRY: 02 05C ZIP: 99701 06C INST: 91 08C PART ID: Y
09C CHAMPUS LOCALITY CODE: ZIP CODE NOT ON CROSSWALK FILE 10C MTF: 0005

(D) ADMISSION/DISCHARGE INFORMATION

01D ADM DATE: 20011214 03D ADM SOURCE: 7 05D BGN DOC: 20011214 07D FREQ : 1 09D BED DAYS : 006 11D BIRTHS: 0
02D ADM TYPE: 1 04D DISCH STAT: 01 06D END DOC: 20011220 08D CLASS: 1 10D AUTH DAYS: 006

(E) DIAGNOSIS/TREATMENT INFORMATION

01E ADM DX: 78609 05E SEC DX-3: V151 13E SEC DX-7: 09E SEC PROC-2 : 10E DRG NUMBER: 000
02E PRN DX: 5070 06E SEC DX-4: 14E SEC DX-8: 15E SEC PROC-3 :
03E SEC DX-1: 49302 11E SEC DX-5: 07E PRN OP PROC: 16E SEC PROC-4 :
04E SEC DX-2: 7580 12E SEC DX-6: 08E SEC PROC-1 : 17E SEC PROC-5 :

(G) FINANCIAL INFORMATION

01G AMT BILL	02G AMT ALLOW	03G AMT OHI	04G TPL	05G PT COINS	07G PT COPAY	08G AMT PAID
15,748.96	15,748.96	0.00	0.00	0.00	0.00	15,748.96

09G AMT PEN	10G ALWD OHI
0.00	0.00

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HA200-001 TRICARE MANAGEMENT ACTIVITY
RUN DATE: 27 MAR 03 HCSR AUDIT DETAIL REPORT
RUN TIME: 08.34.09 CONTRACT NO: COMBINED PAYMENT SAMPLE
CONTRACTOR: AUDIT PERIOD: OCT 02 - DEC 02 INSTITUTIONAL
FILING STATE/COUNTRY: ALASKA PART II HCSR ID:

*** ADDITIONAL AUDIT INFORMATION ***
PATIENT ZIP CODE, STATE, CITY - 99703, AK, FORT WAINWRIGHT
STATUS= Z MTF= FT WAINWRIGHT, AK @ 000 MILES
CURRENT PROV TIN: SUB ID: 0004 MEDICARE #: AFFIL CD: 1 I/N IND: I
NAME : FAIRBANKS MEMORIAL HOSPITAL TYPE INST: 91 TRAN CD: A EFF DATE: 02-15-2002
ADDRESS: FAIRBANKS 02 997015925 ACCEPT DATE: 07-01-1968
BILLING ADDRESS: TERM DATE: 00-00-0000
DRG EXEMPT IND: E DRG EFFECT DATE: 07-01-1968 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 #: AFFIL CD: 1 I/N IND: I
NAME : TYPE INST: 91 TRAN CD: A EFF DATE: 01-17-2002
ADDRESS: FAIRBANKS 02 997015925 ACCEPT DATE: 07-01-1968
BILLING ADDRESS: FARGO 38 581066202 TERM DATE: 00-00-0000
DRG EXEMPT IND: E DRG EFFECT DATE: 07-01-1968 RURAL/URBAN CODE:
WAGE-INDEX: 0.0000 WAGE EFFECT DATE: 00-00-0000 IDME-RATIO: 0.0000 IDME EFFECT DATE: 00-00-0000

*** MORE HISTORY EXISTS ***

ADM DX	78609	-	RESP ABNORMALITY NEC
PRIN DX	5070	-	FOOD/VOMIT PNEUMONITIS
SEC DX-1	49302	-	EXTR ASTH W ACUTE EXACER
SEC DX-2	7580	-	DOWN'S SYNDROME
SEC DX-3	V151	-	HX MAJ CARDIOVASCULAR PX

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(H) REVENUE DATA 20A OCCURRENCE COUNT: 11

05H LN	01H REVENUE CODE	02H UNITS OF SERVICE	03H TOTAL CHARGE	04H DENIAL CODE	05H LN	01H REVENUE CODE	02H UNITS OF SERVICE	03H TOTAL CHARGE	04H DENIAL CODE
01	001	000	15,748.96						
02	160	004	3,992.00						
03	175	002	3,420.00						
04	250	385	1,909.57						
05	253	000	0.00	8					
06	258	001	1,025.97						
07	271	001	771.84						
08	272	001	1,800.70						
09	300	001	853.82						
10	320	002	289.00						
11	410	046	1,686.06						

HA200-001 TRICARE MANAGEMENT ACTIVITY PAGE: 4
RUN DATE: 27 MAR 03 HCSR AUDIT DETAIL REPORT
RUN TIME: 08.34.09 CONTRACT NO: COMBINED PAYMENT SAMPLE
CONTRACTOR: AUDIT PERIOD: OCT 02 - DEC 02 INSTITUTIONAL
FILING STATE/COUNTRY: ALASKA PART IV HCSR ID:

CI SYSTEM EDIT MESSAGES

HCSR DOES NOT CONTAIN CI EDIT ERRORS

HA SYSTEM EDIT MESSAGES

HCSR DOES NOT CONTAIN HA EDIT ERRORS

(A) CLAIM INFORMATION 21A REC-TYPE: 2

01A FIL DT: 2002174	06A SUBMISN : C	11A SP PROC CD : FSW	16A DIAG EDTN : 9	26A RSN PMT PEN :
02A FIL ST: 02	07A RSN ADJ : D	12A SP RATE CD :	17A PROC TEXT : 4	27A RDCTN DAY/SER: 000
03A SEQ NO: X057W	08A ADJ ID : 20021102	13A NAS EXCEP :	23A MAJ DIAG CD :	
04A SUFFIX: A	09A PTC DT : 20021115	14A NAS # :	24A NAS ISS RSN CD :	
05A PRG IND: N	10A PLAN CODE : 08	15A OVERRIDE : A	25A CLM FORM TYP : H	

(B) PATIENT/SPONSOR INFORMATION 01B PT NAME: MCCULLOUGH,SARA,L 02B PT SSN : 03B PT DOB: 19320621

04B DEERS ID: 30	06B PT ZIP: 99504	08B SP PAY: 14	10B SP STAT : R	
05B PT SEX : F	07B SP SSN: 225463887	09B SP BOS: A	11B PT RELAT: S	12B ENRL STAT: FS

(C) PROVIDER INFORMATION

01C TAX ID: 231899916	02C SUB ID: 0000	03C AFFIL: 2	04C ST/CNTRY: 02	05C ZIP: 99508	07C MAJ SPEC: 70	08C PART ID: Y
09C CHAMPUS LOCALITY CODE:		ZIP CODE NOT ON CROSSWALK FILE		10C MTF:		

(F) DIAGNOSIS INFORMATION

01F PRIN DX: 72402	02F SEC DX-1: 73313	03F SEC DX-2: 7248	04F SEC DX-3: 7213	05F SEC DX-4:

(G) FINANCIAL INFORMATION

01G AMT BILL	02G AMT ALLOW	03G AMT OHI	04G TPL	06G APPL DED	05G PT COINS	07G PT COPAY	08G AMT PAID
6,387.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00

09G AMT PEN	10G ALWD OHI
0.00	2,313.08

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HA200-001 TRICARE MANAGEMENT ACTIVITY PAGE: 10
RUN DATE: 27 MAR 03 HCSR AUDIT DETAIL REPORT
RUN TIME: 08.34.09 CONTRACT NO: COMBINED PAYMENT SAMPLE
CONTRACTOR: AUDIT PERIOD: OCT 02 - DEC 02 NON-INSTITUTIONAL
FILING STATE/COUNTRY: ALASKA PART II HCSR ID:
*** ADDITIONAL AUDIT INFORMATION ***
PATIENT ZIP CODE, STATE, CITY - 99504, AK, ANCHORAGE
STATUS= Z MTF= ELMENDORF AFB, AK @ 004 MILES

PRIN DX	72402	-	SPINAL STENOSIS-LUMBAR
SEC DX-1	73313	-	PATH FX VERTEBRAE
SEC DX-2	7248	-	OTHER BACK SYMPTOMS
SEC DX-3	7213	-	LUMBOSACRAL SPONDYLOSIS

CURRENT PROV TIN: 231899916 SUB ID: B003 AFFIL CD: 2 I/N IND: N
NAME : COHEN,TIMOTHY,I,MD MAJ SPEC: 14 TRAN CD: A EFF DATE: 08-29-2002
ADDRESS: 3220 PROVIDENCE DR ANCHORAGE 02 995084615 ACCEPT DATE: 07-15-1996
BILLING ADDRESS: TERM DATE: 00-00-0000

*** MORE HISTORY EXISTS ***

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HA200-001 TRICARE MANAGEMENT ACTIVITY PAGE: 11
RUN DATE: 27 MAR 03 HCSR AUDIT DETAIL REPORT
RUN TIME: 08.34.09 CONTRACT NO: COMBINED PAYMENT SAMPLE
CONTRACTOR: AUDIT PERIOD: OCT 02 - DEC 02 NON-INSTITUTIONAL
FILING STATE/COUNTRY: ALASKA PART III HCSR ID:

(I) UTILIZATION DATA 20A OCCURRENCE COUNT: 6

11I LN	01I PROC CODE	02I NBR SERV	03I TOTAL CHRGS	04I AMOUNT ALLOWED	05I PRICE CODE	06I BGN DT CARE	07I END DT CARE	12I PRICE PROF	08I PLA SRV	09I TYPE SRV	10I DENIAL REASON	13I CPT-4 MOD
01	22612	001	1,350.00	0.00	0	20020502	20020502		21	I8	8	
02	63047	001	1,525.00	0.00	0	20020502	20020502		21	I8	8	
03	22842	001	1,000.00	0.00	0	20020502	20020502		21	I8	8	
04	22614	005	1,750.00	0.00	0	20020502	20020502		21	I2	8	
05	63048	002	650.00	0.00	0	20020502	20020502		21	I8	8	
06	20931	001	112.50	0.00	0	20020502	20020502		21	I8	8	

PROCEDURE CODE: 22612 - LUMBAR SPINE FUSION
**** NO PRICES ON DATABASE FOR: ST-CNTRY-CODE - 02 PROCED-CODE - 22612
**** NO NATIONAL PREVAILING PRICES ON DATA BASE FOR: CHAMPUS LOCALITY NUMBER - PROCED-CODE - 22612
PROCEDURE CODE: 63047 - REMOVAL OF SPINAL LAMINA
**** NO PRICES ON DATABASE FOR: ST-CNTRY-CODE - 02 PROCED-CODE - 63047
**** NO NATIONAL PREVAILING PRICES ON DATA BASE FOR: CHAMPUS LOCALITY NUMBER - PROCED-CODE - 63047
PROCEDURE CODE: 22842 - INSERT SPINE FIXATION DEVICE
**** NO PRICES ON DATABASE FOR: ST-CNTRY-CODE - 02 PROCED-CODE - 22842
**** NO NATIONAL PREVAILING PRICES ON DATA BASE FOR: CHAMPUS LOCALITY NUMBER - PROCED-CODE - 22842
PROCEDURE CODE: 22614 - SPINE FUSION, EXTRA SEGMENT
**** NO PRICES ON DATABASE FOR: ST-CNTRY-CODE - 02 PROCED-CODE - 22614
**** NO NATIONAL PREVAILING PRICES ON DATA BASE FOR: CHAMPUS LOCALITY NUMBER - PROCED-CODE - 22614
PROCEDURE CODE: 63048 - REMOVE SPINAL LAMINA ADD-ON
**** NO PRICES ON DATABASE FOR: ST-CNTRY-CODE - 02 PROCED-CODE - 63048
**** NO NATIONAL PREVAILING PRICES ON DATA BASE FOR: CHAMPUS LOCALITY NUMBER - PROCED-CODE - 63048
PROCEDURE CODE: 20931 - SPINAL BONE ALLOGRAFT
**** NO PRICES ON DATABASE FOR: ST-CNTRY-CODE - 02 PROCED-CODE - 20931
**** NO NATIONAL PREVAILING PRICES ON DATA BASE FOR: CHAMPUS LOCALITY NUMBER - PROCED-CODE - 20931

HA200-001 TRICARE MANAGEMENT ACTIVITY PAGE: 12

RUN DATE: 27 MAR 03 HCSR AUDIT DETAIL REPORT

RUN TIME: 08.34.09 CONTRACT NO: COMBINED PAYMENT SAMPLE

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

FILING STATE/COUNTRY: ALASKA PART IV HCSR ID:

CI SYSTEM EDIT MESSAGES

HCSR DOES NOT CONTAIN CI EDIT ERRORS

HA SYSTEM EDIT MESSAGES

HCSR DOES NOT CONTAIN HA EDIT ERRORS

HA200-001 TRICARE MANAGEMENT ACTIVITY PAGE: 1
RUN DATE: 26 MAR 03 HCSR 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 HCSR ID: 20022110221719A

(A) CLAIM INFORMATION 21A REC-TYPE: 2

01A FIL DT: xxxx 06A SUBMISN : C 11A SP PROC CD : 16A DIAG EDTN : 9 26A RSN PMT PEN :

02A FIL ST: xx 07A RSN ADJ : D 12A SP RATE CD : 17A PROC TEXT : 4 27A RDCTN DAY/SER: 000

03A SEQ NO: xxxxx 08A ADJ ID : 20021121 13A NAS EXCEP : 23A MAJ DIAG CD :

04A SUFFIX: A 09A PTC DT : 20021210 14A NAS # : 24A NAS ISS RSN CD :

05A PRG IND: N 10A PLAN CODE : 08 15A OVERRIDE : 12 25A CLM FORM TYP : C

(B) PATIENT/SPONSOR INFORMATION 01B PT NAME: 02B PT SSN : 03B PT DOB: 19431205

04B DEERS ID: 31 06B PT ZIP: 99701 08B SP PAY: 06 10B SP STAT : R

05B PT SEX : F 07B SP SSN: 09B SP BOS: N 11B PT RELAT: S 12B ENRL STAT: Z

(C) PROVIDER INFORMATION
01C TAX ID: 02C SUB ID: E007 03C AFFIL: 2 04C ST/CNTRY: 02 05C ZIP: 99701 07C MAJ SPEC: 30 08C PART ID: Y
09C CHAMPUS LOCALITY CODE: ZIP CODE NOT ON CROSSWALK FILE 10C MTF: 0005

(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	02G AMT ALLOW	03G AMT OHI	04G TPL	06G APPL DED	05G PT COINS	07G PT COPAY	08G AMT PAID
243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

09G AMT PEN	10G ALWD OHI
0.00	0.00

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HA200-001 TRICARE MANAGEMENT ACTIVITY PAGE: 2
RUN DATE: 26 MAR 03 HCSR 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 II HCSR 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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HA200-001
RUN DATE: 26 MAR 03
RUN TIME: 13.02.40
CONTRACTOR:
FILING STATE/COUNTRY: ALASKA

TRICARE MANAGEMENT ACTIVITY
HCSR AUDIT DETAIL REPORT
CONTRACT NO:
AUDIT PERIOD: OCT 02 - DEC 02
PART III

OCCURRENCE SAMPLE
NON-INSTITUTIONAL
HCSR ID:

(I) UTILIZATION DATA 20A OCCURRENCE COUNT: 1

11I LN	01I PROC CODE	02I NBR SERV	03I TOTAL CHRGS	04I AMOUNT ALLOWED	05I PRICE CODE	06I BGN DT CARE	07I END DT CARE	12I PRICE PROF	08I PLA SRV	09I TYPE SRV	10I DENIAL REASON	13I CPT-4 MOD
01	72141	001	243.00	0.00	0	20020516	20020516		22	O4	8	

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

HCSR DOES NOT CONTAIN CI EDIT ERRORS

HA SYSTEM EDIT MESSAGES

HCSR DOES NOT CONTAIN HA EDIT ERRORS

HA200-001 TRICARE MANAGEMENT ACTIVITY PAGE: 5
RUN DATE: 26 MAR 03 HCSR 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 HCSR ID:

(A) CLAIM INFORMATION 21A REC-TYPE: 1
01A FIL DT: 2002259 06A SUBMISN : I 11A SP PROC CD : MH 16A DIAG EDTN : 9 25A CLM FORM TYP : F
02A FIL ST: 02 07A RSN ADJ : 12A SP RATE CD : 18A GROUP ED : 26A RSN PMT PEN :
03A SEQ NO: 80454 08A ADJ ID : 00000000 13A NAS EXCEP : 19A PRICER ID : 27A RDCTN DAY/SER: 000
04A SUFFIX: A 09A PTC DT : 20021003 14A NAS # : 23A MAJ DIAG CD :
05A PRG IND: I 10A PLAN CODE : 08 15A OVERRIDE : 24A NAS ISS RSN CD:

(B) PATIENT/SPONSOR INFORMATION 01B PT NAME: (02B PT SSN : 03B PT DOB:
04B DEERS ID: 01 06B PT ZIP: 99501 08B SP PAY: 05 10B SP STAT : A
05B PT SEX : M 07B SP SSN: 09B SP BOS: F 11B PT RELAT: C 12B ENRL STAT: Z

(C) PROVIDER INFORMATION
01C TAX ID: 02C SUB ID: 0000 03C AFFIL: 1 04C ST/CNTRY: 02 05C ZIP: 99508 06C INST: 2 08C PART ID: Y
09C CHAMPUS LOCALITY CODE: ZIP CODE NOT ON CROSSWALK FILE 10C MTF: 0006

(D) ADMISSION/DISCHARGE INFORMATION
01D ADM DATE: 20020801 03D ADM SOURCE: 1 05D BGN DOC: 20020801 07D FREQ : 2 09D BED DAYS : 001 11D BIRTHS: 0
02D ADM TYPE: 3 04D DISCH STAT: 30 06D END DOC: 20020801 08D CLASS: 1 10D AUTH DAYS: 001

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

(G) FINANCIAL INFORMATION

01G AMT BILL	02G AMT ALLOW	03G AMT OHI	04G TPL	05G PT COINS	07G PT COPAY	08G AMT PAID
3,400.00	750.00	0.00	0.00	0.00	0.00	750.00

09G AMT PEN	10G ALWD OHI
0.00	0.00

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HA200-001                                   TRICARE MANAGEMENT ACTIVITY                                  PAGE:      6
RUN DATE: 26 MAR 03                          HCSR 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                                                HCSR 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 #:                 AFFIL CD: 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 #:                 AFFIL CD: 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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HA200-001
RUN DATE: 26 MAR 03
RUN TIME: 13.02.40
CONTRACTOR:
FILING STATE/COUNTRY: ALASKA

TRICARE MANAGEMENT ACTIVITY
HCSR AUDIT DETAIL REPORT
CONTRACT NO:
AUDIT PERIOD: OCT 02 - DEC 02
PART III

OCCURRENCE SAMPLE
INSTITUTIONAL
HCSR ID:

(H) REVENUE DATA 20A OCCURRENCE COUNT: 2

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

HA200-001 TRICARE MANAGEMENT ACTIVITY PAGE: 8
RUN DATE: 26 MAR 03 HCSR AUDIT DETAIL REPORT
RUN TIME: 13.02.40 CONTRACT NO: OCCURRENCE SAMPLE
CONTRACTOR: HNFS AUDIT PERIOD: OCT 02 - DEC 02 INSTITUTIONAL
FILING STATE/COUNTY: ALASKA PART IV HCSR ID:

CI SYSTEM EDIT MESSAGES

HCSR DOES NOT CONTAIN CI EDIT ERRORS

HA SYSTEM EDIT MESSAGES

HCSR DOES NOT CONTAIN HA EDIT ERRORS