



The Explanation of Review (EOR) allows the provider to view the audit detail for a specific claim. Pricing and clinical edits that were valid for the claim are described in the Adjustments/Notes section. These expected adjustments are compared to the actual payer adjustments displayed in the EOB Adjustments section and any contractual variances are assigned to the appropriate audit type.

THE EOR IS A 'SUPER EOB' COMPARING THE AUDIT RESULTS WITH PAYER'S EXPLANATION

VIEW ORIGINAL EOB OR CLAIM

ADD A NOTE TO DOCUMENT ANY RESEARCH

ICONS PROVIDE LINKS TO UNDERPAYMENTS, CODING ERRORS, FEE SCHEDULE CRITERIA, AND TAGS.

TAGS HELP TO SIMPLIFY FOLLOW UP DOCUMENTATION.

VIEW AUDITS FOR THE SAME PATIENT WITHIN 90 DAYS (GLOBAL BILLS) OR SAME DAY (BILLS).

DETAIL OF PAYMENT RULE

IDENTIFY CRITICAL CODING ERRORS: WHEN CORRECTED WILL LIKELY RESULT IN ADDITIONAL REIMBURSEMENT.

Adjustments/Notes:

| Line | Type | Amount | Source | Rule | Description |
|------|-------------------------|---------|--------|---------|--|
| 1 | Fee Schedule Adjustment | \$78.60 | Payer | | Billed charge adjusted according to your contract. Modifier S1 added by payer. |
| 2 | Fee Schedule Adjustment | \$66.18 | Payer | | Billed charge adjusted according to your contract. |
| 3 | Pricing Rule Adjustment | \$39.41 | CMS | CMS_035 | Multiple surgery reduction. |
| 3 | Alert | | | | Procedure/Service Conflict |
| 3 | Fee Schedule Adjustment | \$50.25 | Payer | | Billed charge adjusted according to your contracted amount. |
| 3 | Edit Adjustment | \$60.65 | Payer | L27262 | Procedure diagnosis conflict. |
| 3 | Edit Adjustment | \$0.00 | CCI | CCI002 | Is only allowed with 17110 with payment error. |

EOB Adjustments:

| Line | Type | Amount | Code | Description |
|------|-------------------------|----------|------|--|
| 1 | Contractual Obligations | \$78.60 | 45 | Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability). |
| 2 | Patient Responsibility | \$15.89 | 2 | Coinsurance Amount |
| 2 | Contractual Obligations | \$66.18 | 45 | Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability). |
| 3 | Contractual Obligations | \$39.41 | 59 | Processed based on multiple or concurrent procedure rules. (For example surgery or diagnostic imaging, concurrent anesthesia.) |
| 3 | Patient Responsibility | \$7.88 | 2 | Coinsurance amount. |
| 3 | Remark | | M80 | Not covered when performed during the same session/date as a previously service for the patient. |
| 3 | Contractual Obligations | \$111.00 | 815 | This service/procedure requires that a qualifying service/procedure be received. The qualifying other service/procedure has not been received/attempted. |

Maintenance of Contract Terms
NHXS builds and maintains payer-specific pricing and clinical edit rules with minimal input required from the user. NHXS models over 116 categories of contract parameters totaling more than 1 million rules per payer for ever contract loaded in our systems.

Partial list of payment rules noted in the EOR when present:

- Valid procedure code
- Modifier -51 exempt
- Service not allowed
- Valid diagnosis code
- Add-on codes
- Multiple / Bilateral procedures
- Valid procedure—modifier
- CCI edits (with alert if modifier is required)
- Mid level adjustment

- Procedure code—gender conflict
- LCD valid procedure code—diagnosis code
- Physician anesthesia
- Procedure code—place of service conflict
- Date of service conflicts
- Unusual / reduced services
- Procedure code—age conflict
- Diagnostic imaging family
- Global period
- Procedure code—units conflict
- Related endoscopy
- Assistant surgeon