

SEAM ID	Days of Service	Department	Payer Name	CPT	Charge	Reimb	CPT	Charge	Reimb	Notes
1	30	PT	AETNA MEDICARE MANAGED CARE	99453	\$ 140.00	\$ 134.42	99454	\$ 42.03		99457 & 99458 Non-Covered
	31									Denied
3	28	OT	MEDICARE	99453	\$ 140.00	\$ 134.42	99454	\$ 47.00	\$ -	99454 pmt included in allowance for 99453
	28			99457 x 3	\$ 139.00		99458	\$ 139.00		Non-Covered
	31			99454	\$ 47.00	\$ 42.03				99457 & 99458 Non-Covered
	28			99457	\$ 139.00					Non-Covered
4	30	OT	CIGNA	99453	\$ 140.00	\$ 134.68	99454	\$ 45.21		
	30			99457	\$ 139.00	\$ 133.72	99457	\$ 133.72		
7	28	PT	BLUE CROSS	99457	\$ 139.00					Contract for PT maxes at \$317 per day
	31			99457	\$ 139.00					Contract for PT maxes at \$317 per day
8	31	OT	BLUE SHIELD	99457	\$ 139.00					non-novered
	29			99458	\$ 90.00					Non-Covered
9	25	OT	UNITED HEALTHCARE MEDICARE MANAGED CARE	99457	\$ 139.00					non-covered
	26			99458	\$ 90.00	\$ 34.97	99457	\$ 139.00	\$ 34.97	
10	23	PT	BLUE CROSS	99453	\$ 140.00		99454	\$ 47.00		Contract for PT maxes at \$317 per day

