

MedSystem | Sample Billing Co (synthetic data) | generated 2026-09-24 | data window ~9 days

At stake, pending review: \$223.00

Recoverable by payer

Payer	Recoverable	Findings
CIGNA	\$2,153.50	4
AETNA	\$1,260.00	9
UNITED HEALTHCARE	\$789.42	9
MEDICARE PART B	\$15.23	1

Paid below the contracted or allowed amount - appeal for the shortfall.

Claim	Payer	CPT	Billed	Paid	Expected	Recoverable	Code
CIG-01	CIGNA	27130	\$6,000.00	\$900.00	\$1,681.34	\$781.34	CO-45
Paid 900.00 against a 125% of 2026 Medicare (NY Manhattan, facility) of 1681.34 - a 781.34 shortfall the payer still owes. Next step: Verify the contracted rate and submit a reconsideration/underpayment appeal for the shortfall.							
CIG-02	CIGNA	27447	\$9,000.00	\$1,800.00	\$2,515.39	\$715.39	CO-45
Paid 1800.00 against a 125% of 2026 Medicare (NY Manhattan, facility); bilateral 150% of 2515.39 - a 715.39 shortfall the payer still owes. Next step: Verify the contracted rate and submit a reconsideration/underpayment appeal for the shortfall.							
CIG-01	CIGNA	27447	\$6,000.00	\$300.00	\$838.46	\$538.46	CO-45
Paid 300.00 against a 125% of 2026 Medicare (NY Manhattan, facility); multiple-surgery 50% of 838.46 - a 538.46 shortfall the payer still owes. Next step: Verify the contracted rate and submit a reconsideration/underpayment appeal for the shortfall.							
CIG-03	CIGNA	27447	\$1,200.00	\$150.00	\$268.31	\$118.31	CO-45
Paid 150.00 against a 125% of 2026 Medicare (NY Manhattan, facility); assistant at surgery 16.0% of 268.31 - a 118.31 shortfall the payer still owes. Next step: Verify the contracted rate and submit a reconsideration/underpayment appeal for the shortfall.							
UHC-02	UNITED HEALTHCARE	99214	\$260.00	\$150.00	\$199.68	\$49.68	CO-45
Paid 150.00 against a 120% of 2026 Medicare (CA San Francisco-Oakland-Berkeley, non-facility) of 199.68 - a 49.68 shortfall the payer still owes. Next step: Verify the contracted rate and submit a reconsideration/underpayment appeal for the shortfall.							
UHC-04	UNITED HEALTHCARE	99214	\$260.00	\$150.00	\$191.36	\$41.36	CO-45
Paid 150.00 against a 115% of 2026 Medicare (CA San Francisco-Oakland-Berkeley, non-facility) of 191.36 - a 41.36 shortfall the payer still owes. Next step: Verify the contracted rate and submit a reconsideration/underpayment appeal for the shortfall.							
UHC-07	UNITED HEALTHCARE	99213	\$220.00	\$90.00	\$141.10	\$31.10	CO-45
Paid 90.00 against a 120% of 2026 Medicare (CA San Francisco-Oakland-Berkeley, non-facility) of 141.10 (patient responsibility 20.00) - a 31.10 shortfall the payer still owes. Next step: Verify the contracted rate and submit a reconsideration/underpayment appeal for the shortfall.							
UHC-03	UNITED HEALTHCARE	99215	\$320.00	\$230.00	\$260.00	\$30.00	CO-45
Paid 230.00 against a contracted rate of 260.00 - a 30.00 shortfall the payer still owes. Next step: Verify the contracted rate and submit a reconsideration/underpayment appeal for the shortfall.							
UHC-05	UNITED HEALTHCARE	99214	\$260.00	\$140.00	\$167.59	\$27.59	CO-45
Paid 140.00 against a 110% of 2025 Medicare (CA San Francisco-Oakland-Berkeley, non-facility) of 167.59 - a 27.59 shortfall the payer still owes. Next step: Verify the contracted rate and submit a reconsideration/underpayment appeal for the shortfall.							
AET-02	AETNA	99214	\$260.00	\$140.00	\$160.00	\$20.00	CO-45
Paid 140.00 against a contracted rate of 160.00 - a 20.00 shortfall the payer still owes. Next step: Verify the contracted rate and submit a reconsideration/underpayment appeal for the shortfall.							
AET-03	AETNA	20610	\$250.00	\$120.00	\$140.00	\$20.00	CO-45
Paid 120.00 against a contracted rate of 140.00 - a 20.00 shortfall the payer still owes. Next step: Verify the contracted rate and submit a reconsideration/underpayment appeal for the shortfall.							

Claim	Payer	CPT	Billed	Paid	Expected	Recoverable	Code
AET-06	AETNA	99214	\$260.00	\$0.00	\$160.00	\$0.00	OA-22
COB denial OA-22 - Care may be covered by another payer per coordination of benefits. Payment routed to another payer; not owed by AETNA. Next step: Route the claim to the correct primary payer; update COB and resubmit.							

Methodology

Findings are produced by MedSystum's deterministic reconciliation engine from the organization's 835/ERA remittance and 837 claim files: same data in, same findings out, with no AI in the detection path. Valuation is conservative - contracted rate first, then the payer's stated allowed amount, then billed charge (flagged when used). Unclassified adjustment codes, coordination-of-benefits routing, and managed-care withholds are surfaced at \$0 recoverable until reviewed, so the headline never includes unverified dollars. Raw source files are archived verbatim, and every finding can be traced to its source segments on request.