July 28, 2014

Ground Ambulance Claims Review

El Paso Fire Department
416 North Stanton, Suite 200
El Paso, Texas 79901
915-485-5600

FITCH & ASSOCIATES, LLC
2901 Williamsburg Terrace #G ▪ Platte City ▪ Missouri ▪ 64079
816.431.2600 ▪ www.fitchassoc.com

CONSULTANT REPORT

Ambulance Claims Review

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INTRODUCTION

Fitch & Associates was engaged by El Paso Fire Department to conduct an ambulance claims review for El Paso Fire Department. We conducted the review as an Independent Review Organization (IRO).

This report contains the results of the Claims Review.

CLAIMS REVIEW METHODOLOGY

SAMPLING UNIT

For the purposes of this review, an Item is defined as a claim filed with Medicare or other federal healthcare program for a single ground ambulance transport. Each claim has two separate line item charges — ambulance base rate and mileage.

CLAIMS REVIEW POPULATION

The Claims Review Population consisted of all patient accounts paid by Medicare for a period ranging from 01 October 2013 through 30 December 2013. The review was based on a universe of 5868 claims representing ambulance transports.

CLAIMS REVIEW OBJECTIVE

An evaluation process was established to analyze each claim paid by Medicare and Medicaid identified in the Discovery Sample of randomly selected claims.

Establishing the review process, risk areas identified by the Office of the Inspector General (OIG) in their Compliance Program Guidance for Ambulance Services were reviewed and pertinent areas of risk were included in the process. Particular attention was paid to the following risk areas:

- Billing for items or services not actually documented
- Unbundling
- Upcoding
- Failure to properly use modifiers
- Mileage
- Assumption coding
- Obtaining appropriate signatures

The specific objective of the claims review engagement is to determine whether claims for reimbursement submitted to federal health programs are accurate and supported by proper documentation.

Each claim was examined and a compliance review worksheet was completed (see Attachment A). The reviewer then examined all submitted documentation for each ambulance transport. The review was designed to answer the following questions:

1. Is the mileage properly documented?
2. Is the reason for ambulance transport documented?
3. Are there appropriate HCPCS codes used for charges and are those charges supported by documentation?
4. Does the patient transport meet medical necessity criteria?
5. Are appropriate modifiers used to identify origins and destinations?
6. When required are Physician Certification Statements (PCS) provided, accurate, and complete?
7. Were appropriate ICD-9 codes used in documenting the patients' diagnoses and conditions and are they supported by documentation?
8. Were patient signatures appropriately documented?

SAMPLING FRAME

The Sampling Frame is identical to the Population for the defined period and represents all claims for ambulance transports filed with Medicare and Medicaid. In this case, the Sampling Frame represents 5868 ambulance transports. Fitch generated a random sample of 50 claims and 10 spares from the Population using the statistical software package RAT-STATS.

The process to identify the Frame included a request for El Paso Fire Department to provide a list of all calls for which claims were billed to and paid by Medicare and Medicaid for the timeframe for the sample to be drawn from.

El Paso Fire Department presented a total of 50 accounts for review and 10 spares.

SOURCE OF DATA

All available documentation was requested for each account identified for the Claims Review as follows:

- CMS-1500 Health Insurance Claim Form
- The electronic Patient Care Report completed by ambulance crew members
- The Preliminary Patient Care Report
- Dispatch Report
- Certificates of Medical Necessity (CMN) / Physician Certification Statements (PCS), if appropriate

- Explanation of Benefits (EOBs) / Remittance Advice (RAs)
- Physician order sheet, patient care flow sheets, and other medical records
- Patient Signature Forms

REVIEW PROTOCOL

A Discovery Sample of 50 claims and 10 spares was identified through the OIG's RAT-STATS statistical sampling software.

All documentation was requested from El Paso Fire Department for each of the claims for ambulance transport. Documentation was received for 50 claims in the Discovery Sample. Six spares were utilized to reach the 50 count review for the following reasons:

1) 17714422 was removed as it was a treat/no transport service
2) 18126502 was removed as the insurance was Farmers auto who paid 100% of the charges
3) 17714422 was removed as the patient was not transported
4) 17494562 was removed as reviewer did not receive EOB
5) 18163308 as reviewer did not receive EOB
6) 18081410 as reviewer did not receive EOB

These six were taken out of the 50 count and replaced with spares which had comprehensive information.

The claims' information was entered into a spreadsheet. The spreadsheet included the following columns of required information and additional data to facilitate the review. The spreadsheet captured the following information for each account:

- Sample number
- Patient Name
- Federal program billed
- Date of service
- Origin, destination
- Loaded miles
- IRO determination of mileage supported by documents
- IRO determination of reason for transport supported by documents
- Procedure codes submitted (HCPCS)
- Description of procedure codes
- IRO determination of appropriate HCPCS if different from claims
- IRO determination of whether charges supported by documentation

- IRO determination of whether documents support medical necessity for Medicare
- IRO determination of whether ambulance transport is covered by Medicaid
- Origin and destination modifiers
- IRO determination of whether modifiers are correct
- Notation of whether Physician's Certification Statement (PCS/CMN) is present when required
- Total charges on claims
- Amounts allowed for the charges by Medicare or Medicaid
- Medicare or Medicaid payments
- Notation on whether patient signatures were acquired
- ICD-9 codes used to identify the diagnoses filed with the claims
- IRO determination if the submitted ICD-9 codes were supported by the documentation
- Comments

A Fitch and Associates staff member entered the information including the procedure codes submitted to Medicare and Medicaid for reimbursement.

The reviewer examined the claims sequentially, based on the sequential order from the RAT-STATS program. Spares were utilized in order received. A total of 50 claims were reviewed.

The next step was for the reviewer to examine each of the claims to determine the correct procedure code based on documented information in the patient care reports and to determine the correct reimbursement amount based on the selected procedure codes. This was done for all 50 claims in the sample.

The purpose of the review was to determine if the claims for reimbursement were supported with the appropriate documentation and the correct codes for services and diagnosis were used.

STATISTICAL SAMPLING DOCUMENTATION

A total of 50 claims were evaluated in the Discovery Sample. A copy of the RAT-STATS printout for randomly selecting the Sample is included in Attachment B. The sample includes 50 randomly selected claims from the list of 5868 claims filed with Medicare and Medicaid. Six spares were utilized as complete documentation was not received on in three cases to support comprehensive review.

CLAIMS REVIEW FINDINGS

The reviewer examined the 50 claims submitted by El Paso Fire Department to Medicare and Medicaid.

FINDINGS

The 50 randomly selected claims were given item numbers for reference. These numbers are included in the spreadsheet in Attachment A and will be used in this report to identify specific claims. The following paragraphs summarize the findings regarding the key questions to be answered by the claims review.

Mileage

The loaded miles documented on the Patient Care Report (PCR) were compared with actual miles submitted on claims. Two bills submitted (below) to Medicaid by El Paso Fire Department reflect that fractional mileage was reported. Fractional mileage is only required for Medicare claims but is reported to Medicaid in whole units. Medicaid guidelines specifically state to round up to the nearest whole mile when billing Medicaid. Mileage is accurately documented on 46 of the 50 accounts reviewed. One claim submitted to Medicare (below) appears to be overbilled according to MapQuest.

Item #	Issue	Overpayment/Underpayment
6	Mileage to Medicaid should be billed in whole numbers. Mileage billed was 8.2, but should have been rounded to 9.	Not significant enough
26	Mileage to Medicaid should be billed in whole numbers. Mileage billed was.11.6, but should have been rounded to 12.0.	Not significant enough
28	Mileage billed to Medicare was 13.0, but MapQuest shows mileage at 3.21 (3.3). Overcharged Medicare 9.7 miles and Medicare overpaid $55.02. Refund Medicare $55.02.	Overpayment $55.02

The documentation does not indicate how mileage is verified. It is recommended that mileage be obtained and reporting in a consistent manner and this manner be documented in policy and procedure for the purpose of record and education of staff as needed. A variety of means

may be used to verify mileage and should be stated in the policy, and although not required, can also be indicated in the patient care report (IE, GPS, odometer reading, MapQuest, etc.)

On November 19, 2010, CMS issued Transmittal 2013, which provided Medicare contractors with further instructions on how to process claims submitted with fractional mileage. The additional instructions include:

- Truncating any mileage unit submitted with greater than one decimal place (e.g., 99.99 miles will become 99.9 miles;
- Truncating mileage units greater than 100 miles that are submitted with fractional mileage (e.g., 100.9 miles will become 100 miles);
- For Part A providers, rejecting the claim if the mileage units are missing;
- For Part B suppliers, defaulting to 0.1 miles if the mileage units are missing on a claim; and
- Automatically adding a leading "0" for any claim of less than 1 mile submitted without that leading "0" (e.g., .9 miles with become 0.9 miles)

In the final rule, CMS indicated that mileage can be documented in a number of ways, including:

- Odometer readings
- Trip odometer readings
- GPS systems
- Navigation computers
- Mapping programs (MapQuest, Google Maps, etc.).

Mileage Underpayments

No mileage underpayments were found.

Mileage Overpayments

Overpayment seems to be found in one trip in the amount of is **$55.02** as identified in the table above.

Documentation of Charges

There were 99 charges associated with the 50 transports. 49 of the charges were for mileage and 50 representing base rates. The following table reflects the charges by HCPCS codes and quantity of each code in the sample.

Table 1. HCPCS Codes

Description and HCPCS Code	Quantity
A0425-Mileage	50
A0426-ALS1 non-emergency	0
A0427-ALS1 emergency	36
A0428-BLS non-emergency	0
A0429-BLS emergency	13
A0433-ALS2	1
A0434-SCT	0
A0888 – Non-covered mileage	0
Total Quantity Reviewed	100

The Centers for Medicare and Medicaid Services (CMS) allows filing for ALS reimbursement for ALS assessment when no ALS treatment is given when certain criteria are met.

1. The call is an emergency originating from 9-1-1 or similar number with an immediate response by the ambulance;
2. There is a protocol followed in dispatch to identify calls that require an ALS assessment and,
3. An assessment is performed by an ALS provider (i.e. paramedic)

The result in most systems is that 70% to 80% of 9-1-1 or similarly dispatched medical responses are appropriately filed at the ALS level for either ALS treatment or need for ALS assessment.

The table below details the trips El Paso Fire Department billed with an incorrect HCPCS code:

Item #	HCPCS Billed	Correct HCPCS	Comment	Incorrect Allowed	Correct Allowed	Payor
49	A0427	A0429	HCPCS code billed was A0427 (ALS 1 Emergency), however correct code is A0429 (BLS Emergency). Mild pain to buttock as patient fell from a sitting position on the couch onto a carpeted floor. Nothing to support ALS Emergent transport.	$393.17	$325.79	Refund Medicare $309.92 Refund Tricare $78.63

Reason for Transport

All 50 claims for transport came in as 9-1-1 calls as identified on the "Ambulance Record" form. The above one item did not support ALS Emergent transport.

Overpayments total $309.92 to Medicare and $78.63 to Tricare and can be subsequently rebilled with correct level of service code.

Item # 49 (above) is a 92 year-old female who was in a sitting position on the couch and fell onto a carpeted floor. HCPCS code billed was A0427 (ALS 1 Emergency), however correct code is A0429 (BLS Emergency). Mild pain to buttock.

CMS instructs Medicare contractors to presume that a transport is medically necessary whenever the patient:

- Was transported in an emergency situation, e.g., as a result of an accident, injury or acute illness, or
- Needed to be restrained to prevent injury to the patient or others, or
- Was unconscious or in shock, or
- Required oxygen or other emergency treatment on the way to his destination, or
- Exhibited signs and symptoms of acute respiratory distress or cardiac distress e.g., shortness of breath, chest pain, or
- Had to remain immobile because of a fracture that had not been set or the possibility of a fracture, or
- Exhibited signs and symptoms of a possible acute stroke, or
- Was experiencing a severe hemorrhage, or
- Was bed confined before and after the ambulance trip, or
- Could be moved only by stretcher

Note: if the condition was one of the last two listed above, it is recommended that you also document the reasons why the patient was bed confined or could only be moved by stretcher.

Modifiers

The documentation provided for the review included the modifiers identifying the origin and destination of the ambulance transport. One trip was found to have an incorrect modifier. Item #5 was billed with modifier SH, but the address where the patient was picked up was the home of the patient. The correct modifier is RH.

Medical Necessity and Coverage

El Paso Fire Department provided documentation of medical necessity for all trips in the review.

Diagnosis and Condition Coding

The use of appropriate diagnosis and condition coding is demonstrated for 43 of 50 diagnoses associated with the claims. Seven Items (detailed below) are determined to be inaccurate, incomplete, or not specific to the need for ambulance transport. The Table below summarizes the diagnosis errors.

Table 2 Diagnoses Errors

Item #	ICD-9 Code	Comments
2	959.9	959.9 (injury unspecified) is not a covered Medicare diagnosis. 959.01 (other specific injuries of the head) is a covered diagnosis and more appropriate to the injury of the patient.
5	959.9	959.9 (injury unspecified) is not a covered Medicare diagnosis. This patient fell and injured hip. Correct diagnosis is 959.6 (injury of hip).
22	427.81	Bradycardia was billed but not mentioned in the PCR. No EKG done. Weakness is reported in the PCR (780.97) and that should have been the diagnosis billed.
24	959.9	959.9 (injury unspecified) was billed to Medicare incorrectly. Patient had a hip injury (959.6).
32	410.90	410.90 (acute MI) was billed to Medicare. This was called in as a respiratory difficulty but PCR note indicates chest pain and dark bruising. Crew is not able to definitely code for MI and no documentation to back it up. 786.50 (chest pain) would be correct.
37	786.09	Diagnosis billed was 786.09 (dyspnea), but PCR does not mention dyspnea. Altered mental status (780.97) is mentioned and should have been primary. Dyspnea should not have been coded.
38	785.0	Primary diagnosis billed was Tachycardia (785.0), but not mentioned in the PCR. Hypertension was the 2nd diagnosis and the patient did have BP 170/27. HTN (401.9) should have been primary and weakness (780.79) should have been second.

Fourteen (14%) percent of the condition codes reported were found to be not completely accurate. It is imperative for the billers/coders of ambulance transports to code the signs and symptoms displayed by the patient, as reported in the documentation, unless there is a physician rendered diagnosis as would be found in hospital to hospital transports. El Paso Fire

Department should evaluate their data files listing ICD-9 codes to ensure that the correct code is associated with the diagnosis or symptom. It is recommended that this be reviewed with the person(s) responsible for assigning ICD-9 codes to ambulance bills in order to ensure accuracy and compliance.

Certificates of Medical Necessity/Physician Certification Statements (CMN/PCS)

All transports for El Paso came in as 9-1-1 calls so CMN/PCS statements were not necessary for any claims reviewed.

Patient Signatures

All patient or authorized representative signatures are appropriate on all 50 claims.

Crew Signatures

The documentation provided by El Paso Fire Department shows crew member #2 signatures to be missing on 48 of 50 claims. The licensure of the crewmember is missing on all except for the electronic signatures which totaled two. All crew members must sign the PCR to include licensure.

Medicare regulations require that all services provided to a Medicare beneficiary be documented in the provider's medical records, and that all medical records be "authenticated" by the author. The requirement is met by having the ambulance crewmembers sign the trip report. It is also recommended that crewmembers list their licensure (e.g., EMT-B, EMT-P, etc.) on the trip report. **Note**: the Medicare requirement is in addition to any requirements imposed by your state regarding the authentication of trip reports. (AAA Medicare Reference Manual 2014 P. 29)

Best Practices includes the identification of the individual or care giver that completed the patient care documentation. Crewmembers 1 and 2 with licensure are noted at the top of each PCR, but that does not replace signature or meet Medicare signature requirements.

It is recommended that there be a "Signature log" of all crewmembers which contains printed name with credentials, signature with credentials, initials and start date/termination date to use if necessary for audit purposes. It may be helpful with a court case that may arise years after the crewmember terminates. Update with each new/terminated crewmember and/or annually as appropriate.

Payments

Payments from primary and secondary carriers have been noted. If the primary carrier is to be reimbursed, the secondary payment must also be reimbursed. Please see the worksheet for details of secondary payments made.

QUANTITATIVE RESULTS

HCPCS codes were chosen correctly 98% of the time. In addition, modifiers were chosen correctly 98% of the time. El Paso Fire Department did not have any trips that justified a CMN/PCS form.

The reviewer identified incorrect mileage on 3 of 50 accounts as detailed above. Similarly, diagnosis coding was found to be inaccurate 43 of 50 accounts in review of the primary diagnosis billed versus the actual reason presented by the patient, or the reason the patient needs transport by El Paso Fire Department. Crew #1 Signatures were found on the completed patient care report 100% of the time.

Error Rates:
Mileage error rate is 6.1%
HCPCS error rate is 2%
Modifier error rate is 2%
Diagnosis error rate is 14%
Signature Form error rate 0%
Total Overpayments $443.57
Total Underpayments $0

CONCLUSION

The claims review identified three main areas of concern and risk for El Paso Fire Department. These include mileage, HCPCS and ICD-9 diagnoses.

Three items are identified in mileage which consists of two issues. The first being Medicaid is to be billed in whole miles. Fractional miles are only required to be billed to Medicare. El Paso Fire Department will be well served to review the mileage documentation rules and regulations and their policies and procedures for recording, verification, and billing of such to all payers, with special attention to the need for fractional mileage vs. whole mileage. The second noted concern is the lack of clarification as to the means in which mileage is collected.. Include the means in the PCR, or have a documented policy regarding the collection of mileage data showing consistency with a focus on accuracy.

City of El Paso is appears to be very compliant in billing for appropriate levels of service. Only one claim indicated inaccurate reporting of the level of service, this equates to 2% of the total claims reviewed and thus provides little cause for concern at this time.

Medical necessity of ambulance transport, to include patient care report documentation is important to justify the transport. The reason for emergent transport must be documented in the patient care report. In the event that medical necessity cannot be justified based on the documentation provided the appropriate modifier should be utilized indicating the trip is being billed for denial.

El Paso Fire Department demonstrated compliance with the appropriate utilization of modifiers. One claim had an incorrect modifier, which does not indicate an area of concern. Continuing to monitor the appropriate utilization of modifiers will serve the department well.

Crewmember names and licensure are identified on each Patient Care Report. However, missing is Crew #2 signature on 48 of 50 claims. It is recommended that every crew member who participates in the care and transport of the patient sign the PCR document to include licensure.

It is recommended that El Paso Fire Department management review, assess, and make process improvements to the areas identified in order to prevent future errors that could result in additional overpayments, underpayments, or fines from CMS. These areas may require additional training of staff to improve and ensure compliance with Medicare guidelines.

CREDENTIALS

Richard A. Keller, Fitch & Associates Founding Partner, designed the original plan for the statistical sampling. The findings are reviewed by Anthony Minge, Fitch & Associates Partner.

Sincerely,

Regina Nicolay, CPC, CFPC
Internal Audit and Compliance Coordinator

Anthony W. Minge, MBA
Partner – Fitch & Associates

ATTACHMENT A

Compliance Review Worksheet

FITCH
& ASSOCIATES

Assigned #	Incident #	Program Billed	D.O.S.	Mileage	Mileage Correct per Docs?	Reason for Transport Doc'd?	Filed HCPCS Codes	IRO HCPCS If Differs	Charges supported by docs?	Meets Medicare Med Necessity?	Covered by Medicaid?	Modifiers	Modifiers Correct?	PCS	Total Charges	Allowed Amount	Correct Allowed Amount	Overpayment / (Underpayment)	primary Payments	Primary Payer	Secondary Payments	Secondary Payer	Account Balance	Signature	Diagnosis Supported by Docs?	ICD-9 Code	Diagnosis on Claims	DiagNosis Comments	Comments
1	17281194	CARE	10/1/2013	1.4	Y	Y	A0429		Y	Y	Y	SH	Y	NA	785.00	324.47	324.47	-	324.47	MEDICARE	0.00	MEDICAID	0.00	YES	Y	784.0	Headache		Drop off address is not on the CMS 1500 form. Reviewer was not given Medicaid EOB. Crew signatures are missing credentials. Crew # 2 did not sign PCR.
							A0425					SH			21.00	6.95	6.95	-	6.95		0.00		0.00				#N/A		
																											#N/A		
																											#N/A		
2	17322491	CARE	10/4/2013	0.3	Y	Y	A0429		Y	Y	NA	SH	Y	NA	785.00	331.09	331.09	-	259.57	MEDICARE	0.00		66.22	YES	Y	959.9	Injury unspecified	959.9 is not a covered Medicare (according to Medicare). 959.01 (other specific injuries of the head) is a covered diagnosis.	Always check the Medicare covered diagnosis list. Crew member # 2 did not sign PCR. Drop off address is not on the 1500 form.
							A0425					SH			4.50	2.13	2.13	-	1.67		0.00		0.43				#N/A		
																		-									#N/A		
																											#N/A		
3	17331429	CARE	10/6/2013	4.4	Y	Y	A0433		Y	Y	NA	RH	Y	NA	785.00	569.06	569.06		529.80	MEDICARE	0.00	SELF PAY	0.00	YES	Y	427.5	Cardiac arrest		Crew member # 2 did not sign PCR. Drop off address is not on the 1500 form.
							A0425					RH			66.00	28.36	28.36	-	26.40		0.00		0.00				#N/A		
																		-									#N/A		
4	17362426	CARE	10/9/2013	5.9	Y	Y	A0427		Y	Y	NA	NH	Y	NA	785.00	364.60	364.60	-	364.60	MEDICARE	0.00	NONE	0.00	YES	Y	785.0	Tachycardia		Drop off address is not on the 1500. Crew member #2 did not sign PCR.
							A0425					NH			88.50	39.77	39.77	-	39.77		0.00						#N/A		
																											#N/A		
																											#N/A		
5	17381386	CARE	10/11/2013	10.5	Y	Y	A0427		Y	Y	Y	SH	N	NA	785.00	393.17	393.17	-	308.25	MEDICARE	78.63	MEDICAID	0.00	YES	N	959.9	Injury unspecified	Patient complained of hip pain/injury after fall. 959.9 is for injury of face, scalp, and neck. Correct code is 959.6 (injury of hip).	Crew #2 did not sign PCR. Patient was picked up at her home so modifier SH is incorrect. Correct modifier is RH. Drop off address is not on the 1500 form.
							A0425					SH			157.50	74.45	74.45	-	58.37		14.89						#N/A		
																											#N/A		
6	17392153	CAID	10/11/2013	8.2	N	Y	A0429		Y	Y	NA	ETRH	Y	NA	785.00	240.23	240.23	-	240.23	SUPERIOR HEA	0.00	NONE	0.00	YES	Y	959.8	Contusion of face, scalp, and neck except eye(s)		Mileage to Medicaid must be in whole numbers. Should be 9 miles.
							A0425					ETRH			123.00	44.64	44.64	-	44.64		0.00						#N/A		Pick up address is not on the 1500 form.
																											#N/A		
																											#N/A		
7	17395598	CARE	10/12/2013	11.6	Y	Y	A0429		Y	Y	NA	EH	Y	NA	785.00	328.47	328.47	-	128.47	MEDICARE	0.00	NONE	200.00	YES	Y	780.09	Altered mental status		Crew #2 signature was missing from PCR. Drop off address is not on the 1500 form.
							A0425					EH			174.00	80.60	80.60	-	80.60		0.00						#N/A		
																											#N/A		
																											#N/A		
8	17396954	CAID	10/13/2013	13.0	Y	Y	A0427		Y	Y	Y	ETRH	Y	NA	785.00	271.02	271.02	-	271.02	MEDICAID	0.00	NONE	0.00	YES	Y	786.50	Chest Pain		Crew #2 missing signature on PCR. Drop off address is not on the 1500 form.
							A0425					ETRH			195.00	58.17	58.17	-	58.17		0.00						#N/A		
																											#N/A		
																											#N/A		

Assigned #	Incident #	Program Billed	D.O.S.	Mileage	Mileage Correct per Docs?	Reason for Transport Doc'd?	Filed HCPCS Codes	IRO HCPCS If Differs	Charges supported by docs?	Meets Medicare Med Necessity?	Covvered by Medicaid?	Modifiers	Modifiers Correct?	PCS	Total Charges	Allowed Amount	Correct Allowed Amount	Overpayment / (Underpayment)	primary Payments	Primary Payer	Secondary Payments	Secondary Payer	Account Balance	Signature	Diagnosis Supported by Docs?	ICD-9 Code	Diagnosis on Claims	DiagNosis Comments	Comments
9	17418389	CAID	10/15/2013	3.3	Y	Y	A0429		Y	Y	Y	ETSH	Y	NA	785.00	240.23	240.23	-	240.23	SUPERIOR HEA	0.00	NONE	0.00	YES	Y	650	Encounter for full-term uncomplicated delivery		Crew #2 missing signature on PCR. Pick up address is missing from the 1500 form.
							A0425					ETSH			49.50	19.84	19.84	-	19.84		0.00						#N/A		
																											#N/A		
10	17436662	CARE	10/17/2013	2.2	Y	Y	A0427		Y	Y	NA	RH	Y	NA	785.00	336.31	336.31	-	336.31	MEDICARE	0.00	SELF PAY	0.00	YES	Y	427.81	Bradycardia		Crew #2 did not sign PCR. Drop off address is missing from 1500 form.
							A0425					RH			33.00	13.90	13.90	-	13.90		0.00						#N/A		
																											#N/A		
																											#N/A		
11	18163321	CARE	12/30/2013	0.7	Y	Y	A0427		Y	Y	Y	JH	Y	NA	785.00	393.17	393.17	-	308.25	MEDICARE	78.63	TRICARE FOR LI	0.00	YES	Y	785	Tachycardia		Crew #2 did not sign PCR. Drop off address is missing from 1500 form. This was a spare as reviewer did not receive EOB on the claim in the original Discovery Sample.
							A0425					JH			10.50	4.96	4.96	-	3.89		0.99						#N/A		
																											#N/A		
																											#N/A		
12	17516079	CARE	10/25/2013	6.6	Y	Y	A0427		Y	Y	NA	SH	Y	NA	785.00	393.17	393.17	-	193.17	MEDICARE	0.00	SELF PAY	0.00	YES	Y	780.2	Syncope and collapse		Crew #2 did not sign PCR. Drop off address not on 1500 claim form.
							A0425					SH			99.00	46.79	46.79	-	46.79		0.00						#N/A		
																											#N/A		
																											#N/A		
13	17569302	CARE	10/30/2013	10.7	Y	Y	A0427		Y	Y	NA	RH	Y	NA	785.00	393.17	393.17	-	308.25	MEDICARE	78.63	TRICARE	0.00	YES	Y	780.09	Dyspnea		Crew #2 did not sign PCR. Destination address is missing from the 1500 form.
							A0425					RH			160.50	75.86	75.86	-	59.48		15.17						#N/A		
																											#N/A		
14	17605018	CARE	11/2/2013	0.2	Y	Y	A0427		Y	Y	NA	EH	Y	NA	785.00	389.31	389.31	-	389.31	MEDICARE	0.00	NONE	0.00	YES	Y	786.09	Renal failure, unspecified		
							A0425					EH			0.30	2.09	2.09	-	2.09		0.00						#N/A		
																											#N/A		
																											#N/A		
15	17596919	CARE	11/3/2013	5.0	Y	Y	A0427		Y	Y	NA	RH	Y	NA	785.00	393.17	393.17	-	308.25	MEDICARE	78.63	TRICARE WEST	85.72	YES	Y	959.01	Contusion of face, scalp, and neck except eye(s)		Crew #2 did not sign PCR. Destination address is missing from the 1500 form.
							A0425					RH			75.00	35.45	35.45	-	27.79		7.09						#N/A		
																											#N/A		
																											#N/A		
16	17610660	CARE	11/4/2013	0.6	Y	Y	A0427		Y	Y	Y	RH	Y	NA	785.00	393.17	393.17	-	308.25	MEDICARE	78.63	MEDICAID	0.00	YES	Y	787.01	Nausea with vomiting		Crew #2 did not sign PCR. Destination address is missing from the 1500 form.
							A0425					RH			9.00	4.25	4.25	-	3.33		0.85						#N/A		
																											#N/A		
																											#N/A		
17	17627814	CARE	11/5/2013	5.9	Y	Y	A0427		Y	Y	NA	RH	Y	NA	785.00	393.17	393.17	-	308.25	MEDICARE	78.63	AARP	0.00	YES	Y	796.2	Other nonspecific abnormal findings		Crew #2 did not sign PCR. Destination address is missing from the 1500 form.
							A0425					RH			88.50	41.83	41.83	-	32.79		8.37						#N/A		
																											#N/A		
																											#N/A		

Assigned #	Incident #	Program Billed	D.O.S.	Mileage	Mileage Correct per Docs?	Reason for Transport Doc'd?	Filed HCPCS Codes	IRO HCPCS If Differs	Charges supported by docs?	Meets Medicare Med Necessity?	Covered by Medicaid?	Modifiers	Modifiers Correct?	PCS	Total Charges	Allowed Amount	Correct Allowed Amount		Overpayment / (Underpayment)	primary Payments	Primary Payer	Secondary Payments	Secondary Payer	Account Balance	Signature	Diagnosis Supported by Docs?	ICD-9 Code	Diagnosis on Claims	DiagNosis Comments	Comments
18	17632659	CARE	11/6/2013	3.9	Y	Y	A0427		Y	Y	Y	EH	Y	NA	785.00	393.17		393.17	-	308.25	MEDICARE	78.63	MEDICAID	0.00	YES	Y	799.02	Hypoxemia		Crew #2 did not sign PCR. Destination address is missing from the 1500 form.
							A0425					EH			58.50	27.65	27.65		-	21.68		5.53						#N/A		
																												#N/A		
																												#N/A		
19	17656532	CAID	11/8/2013	4.3	Y	Y	A0427		Y	Y	Y	ETPH	Y	NA	785.00	271.02	271.02		-	271.02	MOLINA (MEDIC	0.00		0.00	YES	Y	786.09	Dyspnea		Crew #2 missing signature on PCR. Destination address is missing from the 1500 form.
							A0425					ETPH			64.50	19.24	19.24		-	19.24		0.00						#N/A		
																												#N/A		
																												#N/A		
20	17664723	CARE	11/9/2013	6.9	Y	Y	A0427		Y	Y	NA	RH	Y	NA	785.00	393.17	393.17		-	155.01	MEDICARE	0.00	NONE	235.00	YES	Y	789.09	Upper abdominal pain, unspecified		Crew #2 missing signature on PCR. Destination address is missing from the 1500 form.
							A0425					RH			103.50	48.92	48.92		-	47.94		0.00						#N/A		
																												#N/A		
																												#N/A		
21	17687159	CARE	11/12/2013	4.6	Y	Y	A0427		Y	Y	NA	RH	Y	NA	785.00	386.31		386.31	-	336.31	AMERIGROUP (	0.00	NONE	50.00	YES	Y	786.5	Chest pain		Crew #2 missing signature on PCR. Destination address is missing from the 1500 form.
							A0425					RH			69.00	34.74	34.74		-	34.74		0.00						#N/A		
																												#N/A		
																												#N/A		
22	17705216	CARE	11/13/2013	1.3	Y	Y	A0429		Y	Y	Y	SH	Y	NA	785.00	331.09	331.09		-	259.57	MEDICARE	66.22	MEDICAID	0.00	YES	Y	427.81	Bradycardia	No mention of bradycardia in the PCR. Weakness is mentioned and that should be the diagnosis (780.97).	Crew #2 missing signature on PCR. Destination address is missing from the 1500 form.
							A0425					SH			19.50	9.22	9.22		-	7.23		1.84						#N/A		
																												#N/A		
																												#N/A		
23	17286435	CARE	10/1/2013	1.8	Y	Y	A0429		Y	Y	NA	RH	Y	NA	785.00	324.47	324.47		-	324.47	Medicare	0.00	NONE	0.00	YES	Y	799.02	Other nonspecific abnormal findings		Crew #2 missing signature on PCR. Destination address is missing from the 1500 form.
							A0425					RH			27.00	13.90	13.90		-	13.90		0.00						#N/A		
																												#N/A		
																												#N/A		
24	17753266	CARE	11/19/2013	3.6	Y	Y	A0427		Y	Y	NA	RH	Y	NA	785.00	393.17	393.17		-	308.25	MEDICARE	0.00	NONE	83.73	YES	Y	959.9	Injury unspecified	959.9 (injury unspecified) is incorrect. Patient had a hip injury (959.6) which should have been the primary diagnosis.	Crew #2 missing signature on PCR. Destination address is missing from the 1500 form.
							A0425					RH			54.00	25.52	25.52		-	20.01								#N/A		
																												#N/A		
																												#N/A		
25	17785188	CARE	11/22/2013	1.9	Y	Y	A0427		Y	Y	Y	RHET	Y	NA	28.50	13.47	13.47		-	10.56	MEDICARE	2.69	MEDICAID	0.00	YES		959.8	Contusion of face, scalp, and neck except eye(s)		Crew #2 missing signature on PCR. Destination address is missing from the 1500 form.
							A0425					RHET			785.00	393.17	393.17		-	308.25		78.63						#N/A		
																												#N/A		
																												#N/A		

Assigned #	Incident #	Program Billed	D.O.S.	Mileage	Mileage Correct per Docs?	Reason for Transport Doc'd?	Filed HCPCS Codes	IRO HCPCS If Differs	Charges supported by docs?	Meets Medicare Med Necessity?	Covvered by Medicaid?	Modifiers	Modifiers Correct?	PCS	Total Charges	Allowed Amount	Correct Allowed Amount	Overpayment / (Underpayment)	primary Payments	Primary Payer	Secondary Payments	Secondary Payer	Account Balance	Signature	Diagnosis Supported by Docs?	ICD-9 Code	Diagnosis on Claims	DiagNosis Comments	Comments
26	17795379	CAID	11/23/2013	11.6	N	Y	A0429		Y	NA	Y	ETRH	Y	NA	785.00	240.23	240.23	-	240.23	SUPERIOR HEA	0.00	NONE	0.00	YES	Y	650	Encounter for full-term uncomplicated delivery		Crew #2 missing signature on PCR. Origin is missing from the 1500 claim form. Mileage must be in whole numbers when billing Medicaid. Miles billed are 11.6, but should have been 12.
							A0425					ETRH			174.00	56.52	56.52	-	56.52		0.00						#N/A		
																											#N/A		
																											#N/A		
27	17803580	CARE	11/24/2013	7.2	Y	Y	A0429		Y	Y	NA	RH	Y	NA	785.00	331.09	331.09	-	292.02	AETNA (MEDIC/	0.00	SELF PAY	0.00	YES	Y	796.2	Elevated blood pressure reading		Destination address is missing from the 1500 form.
							A0425					RH			108.00	51.05	51.05	-	45.02		0.00						#N/A		
																											#N/A		
																											#N/A		
28	17803747	CARE	11/24/2013	13.0	N	Y	A0427		Y	Y	NA	PH	Y	NA	785.00	393.17	393.17	-	308.25	MEDICARE	78.63	AARP	0.00	YES	Y	785.50	Chest pain		Mileage billed to Medicare was 13.0, but Mapquest show mileage at 3.21 (3.3). Overcharged Medicare 9.7 miles and Medicare overpaid $55.02. Refund Medicare $55.02. Crew #2 did not sign PCR. Destination address is missing from the 1500 form.
							A0425					PH			195.00	92.17	92.17	-	72.27		18.43						#N/A		
																											#N/A		
29	17811425	CARE	11/25/2013	4.6	Y	Y	A0427		Y	Y	Y	JH	Y	NA	785.00	393.17	393.17	-	308.25	MEDICARE	78.63	Medicaid	0.00	YES	Y	796.2	Elevated blood pressure reading		Crew #2 missing signature on PCR. Destination address is missing from the 1500 form.
							A0425					JH			69.00	32.61	32.61	-	25.57		6.52						#N/A		
																											#N/A		
																											#N/A		
30	17854790	CARE	11/30/2013	3.6	Y	Y	A0427		:Y	Y	NA	RH	Y	`	785.00	393.17	393.17	-	308.25	MEDICARE	78.63	CAID	0.00	YES	Y	786.09	Dyspnea		Crew #2 missing signature on PCR.
							A0425								54.00	25.52	25.52	-	20.01		5.10						#N/A		
																											#N/A		
																											#N/A		
31	17854821	CARE	11/29/2013	2.5	Y	Y	A0427		Y	Y	Y	SH	Y	NA	785.00	393.17	393.17	-	308.25	MEDICARE	78.63	AMERIGROUP	0.00	YES	Y	799.1	Respiratory arrest		Crew #2 missing signature on PCR. Destination address is missing on 1500 form.
							A0425					SH			37.50	17.73	17.73	-	13.90		3.55						#N/A		
																											#N/A		
																											#N/A		
32	17860904	CARE	12/1/2013	2.6	Y	Y	A0427		Y	Y	NA	RH	Y	NA	785.00	393.17	393.17	-	269.61	MEDICARE	68.78	MUTUAL OF OM/	49.28	YES	Y	410.90	Acute MI	Diangosis billed was acute MI. Called in as a respiratory difficulty, but PCR note ndicates chest pain and dark bruising/tightness both anterior shoulder region. Diagnosis was changed from "unspecified diagnosis" to Acute MI. Chest pain (786.50) would be correct.	Crew #2 missing signature on PCR. Destination address is missing on 1500 form.
							A0425					RH			39.00	18.43	18.43	-	14.45		3.69						#N/A		
																											#N/A		
																											#N/A		

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33	17864430	CAID	12/1/2013	11.2	Y	Y	A0427		Y	NA	Y	ETRH	Y	NA	785.00	271.02	271.02	-	271.02	MOLINA (MEDIC	0.00	NONE	0.00	YES	Y	786.09	Dyspnea		Crew #2 missing signature on PCR. Destination address is missing on 1500 form.
							A0425					ETRH			168.00	53.11	53.11	-	50.11		0.00						#N/A		
																											#N/A		
34	17879962	CAID	12/2/2013	1.3	Y	Y	A0427		Y	NA	Y	RHET	Y	NA	785.00	306.75	306.75	-	285.28	MEDICAID	0.00	NONE	0.00	YES	Y	780.39	Unspecified convulsions		Crew #2 missing signature on PCR. Destination address is missing on 1500 form.
							A0425					RHET			19.50	6.58	6.58	-	6.12		0.00						#N/A		
																											#N/A		
																											#N/A		
35	17932508	CARE	12/8/2013	11.8	Y	Y	A0427		Y	Y	Y	RH	Y	NA	785.00	386.88	386.88	-	308.25	MEDICARE	78.63	MOLINA	0.00	YES	Y	789.09	Upper abdominal pain		Crew #2 missing signature on PCR. Destination address is missing on 1500 form.
							A0425					RH			177.00	82.32	82.32	-	65.59		11.06						#N/A		
																											#N/A		
																											#N/A		
36	17962690	CARE	12/10/2013	12.6	Y	Y	A0427		Y	Y	N	SH	Y	NA	189.00	89.33	89.33	-	70.03	MEDICARE	17.87	TRICARE	0.00	YES	Y	719.49	Pain in unspecified joint		Destination address is missing from the 1500 form.
							A0425					SH			785.00	393.17	393.17	-	308.25		78.63						#N/A		
																											#N/A		
																											#N/A		
37	17977064	CAID	12/12/2013	2.9	Y	Y	A0429		Y	NA	Y	RH	Y	NA	785.00	228.22	228.22	-	228.22	MOLINA (MEDIC	0.00	NONE	0.00	YES	Y	786.09	Dyspnea	Diagnosis billed was 786.09 (dyspnea), but PCR does not mention dyspena. Altered mental status (780.97) is mentioned and should have been primary. Dyspnea should not have been coded.	Crew #2 missing signature on PCR. Destination address is missing on 1500 form.
							A0425					RH			43.50	12.98	12.98	-	12.98		0.00						#N/A		
																											#N/A		
																											#N/A		
38	17986274	CARE	12/12/2013	3.6	Y	Y	A0429		Y	Y	Y	RH	Y	NA	785.00	331.09	331.09	-	259.57	MEDICARE	0.00	AETNA	61.32	YES	Y	785.0	Tacycardia	Primary diagnosis billed was Tachycardia (785.0), but not mentioned in the PCR. Hypertension was the 2nd diagnosis and the patient did have BP 170/27. HTN (401.9) should have been primary and weakness (780.79) should have been second.	Signs and symptoms are to be billed in lieu of a definitive diagnosis that crew is unable to make.. Crew #2 did not sign the PCR. Destination was not documented on the 1500 claim form.
							A0425					RH			54.00	25.52	25.52	-	20.01		0.00					401.9	Hypertension		
																											#N/A		
																											#N/A		
39	18163308	CARE	12/30/2013	3.0	Y	Y	A0427		Y	Y	NA	SH	Y	NA	785.00	393.17	393.17	-	308.25	MEDICARE	0.00	NONE	833.00	YES	Y	780.2	Syncope		Crew #2 did not sign the PCR. Destination was not documented on the 1500 claim form. Spared was used for this one as EOB was not received.
							A0425					SH			48.00	21.27	21.27	-	16.68								#N/A		
																											#N/A		
																											#N/A		

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40	18000537	CAID	12/15/2013	6.9	Y	Y	A0427		Y	Y	Y	ETRH	Y	NA	785.00	271.02	271.02	-	271.02	MOLINA (MEDIC	0.00	NONE	0.00	YES	Y	786.50	Chest pain		Crew #2 did not sign the PCR. Destination was not documented on the 1500 claim form.
							A0425					ETRH			103.50	30.88	30.88	-	30.88								#N/A		
																											#N/A		
																											#N/A		
41	18014509	CARE	12/16/2013	1.9	Y	Y	A0427		Y	Y	NA	RH	Y	NA	785.00	393.17	393.17	-	308.25	MEDICARE	0.00	TRICARE	81.32	YES	Y	786.50	Chest pain		Crew #2 did not sign the PCR. Destination was not documented on the 1500 claim form.
							A0425					RH			28.50	13.47	13.47	-	10.56		0.00						#N/A		
																											#N/A		
																											#N/A		
42	18014748	CAID	12/16/2013	3.0	Y	Y	A0427		Y	Y	N	ETRH	Y	NA	785.00	271.02	271.02	-	271.02	AMERIGROUP (	0.00	NONE	0.00	YES	Y	786.50	Chest pain		Crew #2 did not sign the PCR. Destination was not documented on the 1500 claim form.
							A0425					ETRH			45.00	45.00	45.00	-	-		0.00						#N/A		
																											#N/A		
																											#N/A		
43	18021878	CARE	12/16/2013	2.2	Y	Y	A0427		Y	Y	NA	SH	Y	NA	785.00	389.31	389.31	-	189.31	UNITED HEALT	0.00	SELF PAY	0.00	YES	Y	959.01	Other specified injuries of head		Crew #2 did not sign the PCR. Destination was not documented on the 1500 claim form.
							A0425					SH			33.00	15.29	15.29	-	15.29								#N/A		
																											#N/A		
																											#N/A		
44	17527981	CAID	12/26/2013	3.0	Y	Y	A0429		Y	Y	NA	SHRT	Y	NA	60.00	228.22	228.22	-	228.22	Medicaid	0.00	NA	0.00	YES	Y	724.5	Dorsalgia		Crew #2 did not sign the PCR. Destination was not documented on the 1500 claim form.
							A0425					SHRT			785.00	13.42	13.42	-	13.42								#N/A		
																											#N/A		
																											#N/A		
45	18081213	CARE	12/22/2013	1.7	Y	Y	A0429		Y	Y	NA	RH	Y	NA	785.00	325.79	325.79	-	259.57	Medicare	66.22	MEDICAID	0.00	YES	Y	799.02	Hypoxemia		Crew #2 did not sign the PCR. Destination was not documented on the 1500 claim form. There is no EOB attached to this case.
							A0425					RH			25.50	11.86	11.86	-	9.45		0.00						#N/A		
																											#N/A		
																											#N/A		
46	17854853	CARE	11/27/2013	12.0	Y	Y	A0427		Y	Y	Y	SH	N	NA	785.00	393.17	393.17	-	308.25	MEDICARE	78.63	MEDICAID	0.00	YES	Y	799.02	Hypoxemia		Crew #2 did not sign the PCR. Destination was not documented on the 1500 claim form.
							A0425					SH			180.00	85.08	85.08	-	66.70		17.02						#N/A		
																											#N/A		
																											#N/A		
47	18094430	CAID	12/23/2013	4.0	Y	Y	A0427		Y	Y	Y	ETRH	Y	NA	785.00	271.02	271.02	-	271.02	AMERIGROUP	0.00	NONE	0.00	YES	Y	780.09	Somnolence		Crew #2 did not sign the PCR. Destination was not documented on the 1500 claim form.
							A0425					ETRH			60.00	17.90	17.90	-	17.90								#N/A		
																											#N/A		
48	1813566	CARE	12/26/2011	13.0	Y	Y	A0427		Y	Y	NA	RH	Y	NA	785.00	393.17	393.17		308.25	Medicare	78.63	Medicaid	0.00	YES	Y	789.09	Upper abdominal pain		Crew #2 did not sign the PCR. Destination was not documented on the 1500 claim form.
							A0425					SH			195.00	492.17	92.17	-	72.27		18.43					787.01	Nausea with vomiting		
																											#N/A		
																											#N/A		

Assigned #	Incident #	Program Billed	D.O.S.	Mileage	Mileage Correct per Docs?	Reason for Transport Doc'd?	Filed HCPCS Codes	IRO HCPCS If Differs	Charges supported by docs?	Meets Medicare Med Necessity?	Covvered by Medicaid?	Modifiers	Modifiers Correct?	PCS	Total Charges	Allowed Amount	Correct Allowed Amount	Overpayment / (Underpayment)	primary Payments	Primary Payer	Secondary Payments	Secondary Payer	Account Balance	Signature	Diagnosis Supported by Docs?	ICD-9 Code	Diagnosis on Claims	DiagNosis Comments	Comments
49	18135429	CARE	12/28/2013	0.3	Y	Y	A0427	A0429	Y	Y	Y	RH	Y	NA	785.00	393.17	393.17	-	308.25	MEDICARE	78.63	TRICARE	0.00	YES	Y	959.19	Injury to buttock		HCPCS code billed was A0427 (ALS 1 Emergency), however correct code is A0429 (BLS Emergency). Mild pain to buttock as patient fell from a sitting position on the couch onto a carpeted floor. Destination was not documented on the 1500 claim form.
							A0425					RH			4.50	2.13	2.13	-	1.67		0.43						#N/A		
																											#N/A		
																											#N/A		
50	18157671	CARE	12/30/2013	5.0	Y	Y	A0427		Y	Y	NA	RH	Y	NA	785.00	393.17	393.17	-	193.17	HUMANA	0.00	SELF PAY	0.00	YES	Y	786.09	Dyspnea		Crew #2 did not sign the PCR. Destination was not documented on the 1500 claim form.
							A0425					RH			75.00	35.45	35.45	-	35.45		0.00						#N/A		
																											#N/A		
																											#N/A		

ATTACHMENT B

RAT-STATS Supporting Documentation

FITCH
& ASSOCIATES

Windows RAT-STATS
Statistical Software
Random Number Generator

Date: 5/28/2014 **Time:** 8:54

Audit: City of El Paso 2013 Trip Review

Order	Value	Account Number	Seed Number	Frame Size
24	10	17281194	32069.82	5,868
7	247	17322491		
38	344	17331429		
9	544	17362426		
20	665	17381386		
30	710	17392153		
15	774	17395598		
23	812	17396954		
27	936	17418389		
40	1142	17436662		
17	1415	17494562		
36	1585	17516079		
13	1939	17569302		
50	2131	17605018		
21	2136	17596919		
29	2237	17610660		
18	2311	17627814		
39	2368	17632659		
46	2514	17656532		
49	2555	17664723		
8	2734	17687159		
31	2826	17705216		
26	2889	17714422		
22	3188	17753266		
12	3375	17785188		
6	3445	17795379		
43	3515	17803580		
5	3526	17803747		
42	3593	17811425		
11	3609	17819606		
3	3862	17854821		
47	3950	17860904		
1	3981	17864430		
16	4056	17879962		
10	4374	17932508		
35	4536	17962690		
48	4620	17977064		
45	4645	17986274		
37	4697	17990398		
34	4786	18000537		

33	4895	18014509
14	4896	18014748
41	4907	18021878
32	5040	18042222
19	5269	18081213
28	5273	18081410
25	5352	18094430
4	5574	18126502
44	5629	18135429
2	5801	18157671

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