| **Review Tool Number** | **Payer** (QI use only) | **Service(s)****Provided** | **Provider** | **Billed****Code** **(BC)** | **Reviewed Code****(RC)** | **Revenue Calculation**(BC minus RC) | **Reviewer Findings/ Recommendations** |
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Quality Improvement (QI) Performance Plan Needed No       Yes

Explanation:

Email from LHD that billing has been corrected No       Yes       Date