

Check Summary**Transaction Date:** October 16, 2023

Health Options, Inc. 4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE, FL 32246	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 704787063 Payment Amount: 482.70 Check/EFT Date: 10/16/2023 Production End Cycle Date: 10/16/2023	Payee Name: MONITORING ASSOCIATES, LLC Payee Address: STE 2-641 9811 W CHARLESTON BLVD LAS VEGAS, NV 891177528
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Patient Name: DSTTEFFANO, HORTENCID C **Claim Number:** M0001R1822455190**Claim Date:** 06/05/2023-06/05/2023 **Claim Status Code:** 1

Patient ID: XJGH1905316302 Patient Ctrl Nmbr: 0.3027947 Rendering Prvd: Burns, Jonathan Original Ref Nmbr: Q100001067340214	Group / Policy: 9125400101 Contract Hdr: Rendering Prv ID:	Facility Type: Claim Frequency: Claim Received Date: 06/27/2023	Claim Charge: \$22,684.00 Claim Payment: \$482.70 Patient Resp: \$0.00
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Line Details **Results:** 10

Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
7025756983Z1	06/05/2023 - 06/05/2023				HC:95941 / / 1	LBSBN PPSCH N16 N381 N830 N867 N871	\$177.78 (B6)	\$2,760.00	CO-45	\$2,582.22	\$177.78
7025756983Z2	06/05/2023 - 06/05/2023				HC:95939 / 26 / 1	LBSBN PVM26 N13 N16 N830 N867 N871	\$127.82 (B6)	\$3,814.00	CO-45	\$3,686.18	\$127.82

Payer: Health Options, Inc.	Check/EFT Trace Number: 704787063	Check/EFT Date: 10/16/2023	Total Paid: \$482.70
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7025756983Z3	06/05/2023 - 06/05/2023				HC:95822 / 26 / 1	LBSBN PVM26 N13 N16 N830 N867 N871	\$61.34 (B6)	\$1,755.00	CO-45	\$1,693.66	\$61.34
7025756983Z4	06/05/2023 - 06/05/2023				HC:95938 / 26 / 1	LBSBN PVM26 N13 N16 N830 N867 N871	\$48.94 (B6)	\$3,107.00	CO-45	\$3,058.06	\$48.94
7025756983Z5	06/05/2023 - 06/05/2023				HC:95861 / 26 / 0	LBSBN CDDUP PVM26 N13 N552 N830 N867 N871	\$87.82 (B6)	\$1,614.00	CO-45 OA-18	\$1,526.18 \$87.82	\$0.00

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7025756983Z6	06/05/2023 - 06/05/2023				HC:95861 / 26,XU / 0	XCB43 LBSBN PVM26 N13 N206 N830 N867 N871	\$87.82 (B6)	\$1,614.00	CO-151 CO-45	\$87.82 \$1,526.18	\$0.00
7025756983Z7	06/05/2023 - 06/05/2023				HC:95868 / 26 / 0	LBSBN CDDUP PVM26 N13 N552 N830 N867 N871	\$66.82 (B6)	\$1,310.00	CO-45 OA-18	\$1,243.18 \$66.82	\$0.00
7025756983Z8	06/05/2023 - 06/05/2023				HC:95868 / 26,XU / 1	LBSBN PVM26 N13 N16 N830 N867 N871	\$66.82 (B6)	\$1,310.00	CO-45	\$1,243.18	\$66.82

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Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
7025756983Z9	06/05/2023 - 06/05/2023				HC:95999 // 1	PCNTR N55 N381 N830 N867 N871		\$5,400.00	CO-45 OA-97	\$1,800.00 \$3,600.00	\$0.00
7025756983Z9	06/05/2023 - 06/05/2023				HC:95999 // 0	PCNTR N381	\$3,600.00 (B6)	\$0.00	CO-119 OA-94	\$3,600.00 \$-3,600.00	\$0.00

Patient Name: DSTTEFFANO, HORTENCID C		Claim Number: Q100001067340214		Claim Date: 06/05/2023-06/05/2023		Claim Status Code: 22	
Patient ID: XJGH1905316302		Group / Policy: 9125400101		Facility Type:		Claim Charge: \$-22,684.00	
Patient Ctrl Nmbr: 0.3027947		Contract Hdr:		Claim Frequency:		Claim Payment: \$0.00	
Rendering Prvd: Burns, Jonathan		Rendering Prv ID:		Claim Received Date: 06/27/2023		Patient Resp: \$0.00	
Original Ref Nmbr: Q100001067340214							

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Line Ctrl Nmbr	Dates of Service	Rend Prov ID	Rev	Sub Proc / Modifier / Units	Adjud Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
7025756983Z1	06/05/2023 - 06/05/2023				HC:95941 // 1	XCB01 PPSCH N381	\$177.78 (B6)	\$-2,760.00	CO-163	\$-2,760.00	\$0.00
7025756983Z2	06/05/2023 - 06/05/2023				HC:95939 / 26 / 1	XCB01 PVM26 N13	\$127.82 (B6)	\$-3,814.00	CO-163	\$-3,814.00	\$0.00
7025756983Z3	06/05/2023 - 06/05/2023				HC:95822 / 26 / 1	XCB01 PVM26 N13	\$61.34 (B6)	\$-1,755.00	CO-163	\$-1,755.00	\$0.00
7025756983Z4	06/05/2023 - 06/05/2023				HC:95938 / 26 / 1	XCB01 PVM26 N13	\$48.94 (B6)	\$-3,107.00	CO-163	\$-3,107.00	\$0.00

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7025756983Z5	06/05/2023 - 06/05/2023				HC:95861 / 26 / 1	XCB01 PVM26 N13	\$87.82 (B6)	\$-1,614.00	CO-163	\$-1,614.00	\$0.00
7025756983Z6	06/05/2023 - 06/05/2023				HC:95861 / 26,XU / 1	XCB01 PVM26 N13	\$87.82 (B6)	\$-1,614.00	CO-163	\$-1,614.00	\$0.00
7025756983Z7	06/05/2023 - 06/05/2023				HC:95868 / 26 / 1	XCB01 PVM26 N13	\$66.82 (B6)	\$-1,310.00	CO-163	\$-1,310.00	\$0.00
7025756983Z8	06/05/2023 - 06/05/2023				HC:95868 / 26,XU / 1	XCB01 PVM26 N13	\$66.82 (B6)	\$-1,310.00	CO-163	\$-1,310.00	\$0.00
7025756983Z9	06/05/2023 - 06/05/2023				HC:95999 // 1	PCNTR N155 N381 N706	\$1,800.00 (B6)	\$-5,400.00	CO-163 OA-97	\$-1,800.00 \$-3,600.00	\$0.00
7025756983Z9	06/05/2023 - 06/05/2023				HC:95999 // 2	PCNTR N381	\$3,600.00 (B6)	\$0.00	CO-119 OA-94	\$-3,600.00 \$3,600.00	\$0.00

Code Descriptions

REMARK CODE(S):

N13=Payment based on professional/technical component modifier(s).

N155=Alert: Our records do not indicate that other insurance is on file. Please submit other insurance information for our records.

N16=Family/member Out-of-Pocket maximum has been met. Payment based on a higher percentage.

N206=The supporting documentation does not match the information sent on the claim.

N381=Consult our contractual agreement for restrictions/billing/payment information related to these charges.

N55=Procedures for billing with group/referring/performing providers were not followed.

N552=Payment adjusted to reverse a previous withhold/bonus amount.

N706=Missing documentation.

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REMARK CODE(S):

N830=Alert: The charge[s] for this service was processed in accordance with Federal/ State, Balance Billing/ No Surprise Billing regulations. As such, any amount identified with OA, CO, or PI cannot be collected from the member and may be considered provider liability or be billable to a subsequent payer. Any amount the provider collected over the identified PR amount must be refunded to the patient within applicable Federal/State timeframes. Payment amounts are eligible for dispute pursuant to any Federal/State documented appeal/grievance process(es).

N867=Alert: Cost sharing was calculated based on a specified state law, in accordance with the No Surprises Act.

N871=Alert: This initial payment was calculated based on a specified state law, in accordance with the No Surprises Act.

PAYER CODE(S):

LBSBN=Allowed based on State Law in keeping with the Federal Law

PPSCH=Payment based on maximum allowable amount.

PVM26=Claim Amount adjusted based on Place of Service and Professional Service Allowance.

CDDUP=Daily Maximum Units of Service Exceeded

XCB43=Documentation provided does not support the services billed

PCNTR=Allowed amount based on agreement.

XCB01=Contest/Additional Information or documents required

AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

CO=Contractual Obligations

OA=Other Adjustments

CLAIM ADJUSTMENT REASON CODE(S):

45=Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)

18=Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)

151=Payment adjusted because the payer deems the information submitted does not support this many/frequency of services.

97=The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

119=Benefit maximum for this time period or occurrence has been reached.

94=Processed in Excess of charges.

163=Attachment/other documentation referenced on the claim was not received.

CLAIM STATUS CODE(S):

1=Processed as Primary

22=Reversal of Previous Payment

Do you disagree with this determination?

For providers not participating with Florida Blue Medicare Advantage that disagree with this determination, an appeal and waiver of liability must be filed within 60 calendar days after the date of this Remittance Advice.

[View Appeal Form](#)

[View Waiver of Liability](#)

Providers are prohibited from charging cost sharing to beneficiaries for Medicare Part A and B services when provided to certain individuals who are dually eligible for Medicare and Medicaid.

