

## Check Summary

Transaction Date: October 19, 2023

DEVOTED HEALTH PLAN OF TEXAS, INC. PO BOX 211524 EAGAN, MN 55121	<b>Payee Tax ID:</b> 271622508 <b>Payee ID:</b> 1174916522 <b>Check/EFT Trace Number:</b> 720669 <b>Payment Amount:</b> 377.26 <b>Check/EFT Date:</b> 10/19/2023 <b>Production End Cycle Date:</b> 01/01/0001	<b>Payee Name:</b> MONITORING ASSOCIATES <b>Payee Address:</b> DEPT 880256 PO BOX 29650 PHOENIX, AZ 850389650
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Patient Name: COOPER, PAULA

Claim Number: AJX9G424GC

Claim Date: 01/19/2023-01/19/2023 Claim Status Code: 1

Patient ID: DH9R77	Group / Policy:	Facility Type: 22	Claim Charge:	\$24,728.00
Patient Ctrl Nmbr: 0.2865420	Contract Hdr:	Claim Frequency: 1	Claim Payment:	\$377.26
Rendering Prvd: ,	Rendering Prv ID:	Claim Received Date:	Patient Resp:	\$0.00
Original Ref Nmbr:				

## 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
7403353011Z1	01/19/2023 - 01/19/2023				HC:95939 / 26 /		\$119.78 (B6)	\$3,814.00	OA-253 CO-45	\$2.40 \$3,694.22	\$117.38
7403353011Z2	01/19/2023 - 01/19/2023				HC:95938 / 26 /		\$45.84 (B6)	\$3,107.00	CO-45 OA-253	\$3,061.16 \$0.92	\$44.92
7403353011Z3	01/19/2023 - 01/19/2023				HC:95955 / 26 /		\$53.79 (B6)	\$1,755.00	CO-45 OA-253	\$1,701.21 \$1.08	\$52.71
7403353011Z4	01/19/2023 - 01/19/2023				HC:95861 / 26 /		\$82.29 (B6)	\$1,614.00	CO-45 OA-253	\$1,531.71 \$1.65	\$80.64
7403353011Z5	01/19/2023 - 01/19/2023				HC:95861 / 26,XU /	N362		\$1,614.00	PI-151	\$1,614.00	\$0.00
7403353011Z6	01/19/2023 - 01/19/2023				HC:95865 / 26 /		\$83.28 (B6)	\$1,502.00	OA-253 CO-45	\$1.67 \$1,418.72	\$81.61
7403353011Z7	01/19/2023 - 01/19/2023				HC:95865 / 26,XU /	N362		\$1,502.00	PI-151	\$1,502.00	\$0.00
7403353011Z8	01/19/2023 - 01/19/2023				HC:95868 / 26,XU /	N706		\$1,310.00	OA-252	\$1,310.00	\$0.00

<b>Payer:</b> DEVOTED HEALTH PLAN OF TEXAS, INC.	<b>Check/EFT Trace Number:</b> 720669	<b>Check/EFT Date:</b> 10/19/2023	<b>Total Paid:</b> \$377.26
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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
7403353011Z9	01/19/2023 - 01/19/2023				HC:95868 / 26,XU /	N362		\$1,310.00	PI-151	\$1,310.00	\$0.00
7403353011Z10	01/19/2023 - 01/19/2023				HC:95999 //	N706		\$7,200.00	OA-16	\$7,200.00	\$0.00

#### Code Descriptions

##### REMARK CODE(S):

N362=The number of Days or Units of Service exceeds our acceptable maximum.  
N706=Missing documentation.

##### AMT CODE(S):

B6=Allowed - Actual

##### GROUP CODE(S):

OA=Other Adjustments  
CO=Contractual Obligations  
PI=Payor Initiated Reductions

##### CLAIM ADJUSTMENT REASON CODE(S):

253=Sequestration - reduction in federal payment  
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)  
151=Payment adjusted because the payer deems the information submitted does not support this many/frequency of services.  
252=An attachment/other documentation is required to adjudicate this claim/service. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT).  
16=Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

##### CLAIM STATUS CODE(S):

1=Processed as Primary