

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

Florida Blue 4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE, FL 32246	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 210951617 Payment Amount: 343.44 Check/EFT Date: 10/16/2023 Production End Cycle Date: 10/16/2023	Payee Name: MONITORING ASSOCIATES, LLC Payee Address: PO BOX 29650 Phoenix, AZ 850389650
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Patient Name: MCKAY, URIEL W**Claim Number:** Q100001092339756**Claim Date:** 01/26/2023-01/26/2023 **Claim Status Code:** 2

Patient ID: XJNH2656470801 Patient Ctrl Nmbr: 0.2873564 Rendering Prvd: NATH, AUDREY R Original Ref Nmbr: Q100001092339756	Group / Policy: 999996B501 Contract Hdr: Rendering Prv ID:	Facility Type: Claim Frequency: Claim Received Date: 10/10/2023	Claim Charge: \$8,462.00 Claim Payment: \$11.52 Patient Resp: \$3,107.00
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Line Details**Results:** 3

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
256148276706556001	01/26/2023 - 01/26/2023				HC:95822 / 26 / 1	OCPMT PCNTR N381	\$1,755.00 (B6)	\$1,755.00	OA-23	\$1,743.48	\$11.52
256148276706556002	01/26/2023 - 01/26/2023				HC:95938 / 26 / 0	OCMCD PCNTR N12 N381	\$3,107.00 (B6)	\$3,107.00	PR-96	\$3,107.00	\$0.00
256148276706556003	01/26/2023 - 01/26/2023				HC:95999 // 2	OCPMT PCNTR N381	\$3,600.00 (B6)	\$3,600.00	OA-23	\$3,600.00	\$0.00

Patient Name: STEVENS, JANICE A**Claim Number:** Q100001091994669**Claim Date:** 12/28/2022-12/28/2022 **Claim Status Code:** 1

Patient ID: XJFH1043987601 Patient Ctrl Nmbr: 0.2841866 Rendering Prvd: MOORE, OMAR J Original Ref Nmbr: Q100001091994669	Group / Policy: 9999714501 Contract Hdr: Rendering Prv ID:	Facility Type: Claim Frequency: Claim Received Date: 10/09/2023	Claim Charge: \$26,340.00 Claim Payment: \$331.92 Patient Resp: \$0.00
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Payer: Florida Blue	Check/EFT Trace Number: 210951617	Check/EFT Date: 10/16/2023	Total Paid: \$343.44
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Line Details											Results: 9
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
7384702093Z1	12/28/2022 - 12/28/2022				HC:95938 / 26 / 1	LIABN PVM26 N13 N381	\$46.81 (B6)	\$3,107.00	CO-45	\$3,060.19	\$46.81
7384702093Z2	12/28/2022 - 12/28/2022				HC:95955 / 26 / 1	LIABN PVM26 N13 N381	\$54.70 (B6)	\$1,755.00	CO-45	\$1,700.30	\$54.70
7384702093Z3	12/28/2022 - 12/28/2022				HC:95913 / 26 / 1	LIABN PVM26 N13 N381	\$191.48 (B6)	\$1,224.00	CO-45	\$1,032.52	\$191.48
7384702093Z4	12/28/2022 - 12/28/2022				HC:95886 / 26 / 0	CDLMD PVM26 N13 N822	\$93.63 (B6)	\$5,944.00	CO-16	\$5,944.00	\$0.00
7384702093Z5	12/28/2022 - 12/28/2022				HC:95886 / 26,XU / 0	CDLMD PVM26 N13 N822	\$93.63 (B6)	\$5,944.00	CO-16	\$5,944.00	\$0.00
7384702093Z6	12/28/2022 - 12/28/2022				HC:95887 / 26 / 1	LIABN PVM26 N13 N381	\$38.93 (B6)	\$583.00	CO-45	\$544.07	\$38.93
7384702093Z7	12/28/2022 - 12/28/2022				HC:95887 / 26,XU / 0	CDMUS PVM26 N13	\$38.93 (B6)	\$583.00	CO-119	\$583.00	\$0.00
7384702093Z8	12/28/2022 - 12/28/2022				HC:95999 / / 0	PPSCH N381	\$1,800.00 (B6)	\$7,200.00	CO-163 OA-97	\$1,800.00 \$5,400.00	\$0.00
7384702093Z8	12/28/2022 - 12/28/2022				HC:95999 / / 0	PPSCH N381	\$5,400.00 (B6)	\$0.00	CO-119 OA-94	\$5,400.00 \$-5,400.00	\$0.00

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Patient Name: TAYLOR, JENNIE P

Claim Number: Q100001092079710

Claim Date: 01/06/2023-01/06/2023 **Claim Status Code:** 1

Patient ID: XJPH4046751101

Group / Policy: 9999721801

Facility Type:

Claim Charge: \$21,724.00

Patient Ctrl Nmbr: 0.2850295

Contract Hdr:

Claim Frequency:

Claim Payment: \$0.00

Rendering Prvd: MOCHIZUKI, KEVIN S

Rendering Prv ID:

Claim Received Date: 10/09/2023

Patient Resp: \$0.00

Original Ref Nmbr: Q100001092079710

Line Details **Results:** 9

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
7385727693Z1	01/06/2023 - 01/06/2023				HC:95939 / 26 / 0	MDENP PVM26 N13 N130	\$117.73 (B6)	\$3,814.00	CO-256	\$3,814.00	\$0.00
7385727693Z2	01/06/2023 - 01/06/2023				HC:95938 / 26 / 0	MDENP PVM26 N13 N130	\$45.09 (B6)	\$3,107.00	CO-256	\$3,107.00	\$0.00
7385727693Z3	01/06/2023 - 01/06/2023				HC:95955 / 26 / 0	MDENP PVM26 N13 N130	\$52.75 (B6)	\$1,755.00	CO-256	\$1,755.00	\$0.00
7385727693Z4	01/06/2023 - 01/06/2023				HC:95861 / 26 / 0	CDDUP PVM26 N13 N552	\$80.90 (B6)	\$1,614.00	OA-18	\$1,614.00	\$0.00
7385727693Z5	01/06/2023 - 01/06/2023				HC:95861 / 26,XU / 0	MDENP PVM26 N13 N130	\$80.90 (B6)	\$1,614.00	CO-256	\$1,614.00	\$0.00
7385727693Z6	01/06/2023 - 01/06/2023				HC:95868 / 26 / 0	CDDUP PVM26 N13 N552	\$61.42 (B6)	\$1,310.00	OA-18	\$1,310.00	\$0.00

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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
7385727693Z7	01/06/2023 - 01/06/2023				HC:95868 / 26,XU / 0	MDENP PVM26 N13 N130	\$61.42 (B6)	\$1,310.00	CO-256	\$1,310.00	\$0.00
7385727693Z8	01/06/2023 - 01/06/2023				HC:95999 // 0	PPSCH N130 N381	\$1,800.00 (B6)	\$7,200.00	CO-256 OA-97	\$1,800.00 \$5,400.00	\$0.00
7385727693Z8	01/06/2023 - 01/06/2023				HC:95999 // 0	PPSCH N381	\$5,400.00 (B6)	\$0.00	CO-119 OA-94	\$5,400.00 \$-5,400.00	\$0.00

Code Descriptions

REMARK CODE(S):

N12=Policy provides coverage supplemental to Medicare. As the member does not appear to be enrolled in the applicable part of Medicare, the member is responsible for payment of the portion of the charge that would have been covered by Medicare.

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

N130=Consult plan benefit documents/guidelines for information about restrictions for this service.

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

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

N822=Missing procedure modifier(s).

PAYER CODE(S):

OCPMT=Claim adjusted because charges have been paid by another payer.

PCNTR=Allowed amount based on agreement.

OCMCD=This contract excludes payment for services not covered by Medicare.

LIABN=In network provider utilized. Therefore no patient responsibility.

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

CDLMD=Procedure code requires anatomical modifier

CDMUS=This service has exceeded the daily maximum limitations

PPSCH=Payment based on maximum allowable amount.

MDENP=Prior approval not obtained/denied for imaging service

CDDUP=Daily Maximum Units of Service Exceeded

AMT CODE(S):

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AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

OA=Other Adjustments

PR=Patient Responsibility

CO=Contractual Obligations

CLAIM ADJUSTMENT REASON CODE(S):

23=The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)

96=Non-covered charge(s). 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.)

Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

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)

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.

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

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

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.

94=Processed in Excess of charges.

256=Service not payable per managed care contract.

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

CLAIM STATUS CODE(S):

2=Processed as Secondary

1=Processed as Primary

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.