

Check Summary
Transaction Date: October 23, 2023

Florida Blue 4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE, FL 32246	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 210967976 Payment Amount: 669.88 Check/EFT Date: 10/23/2023 Production End Cycle Date: 10/23/2023	Payee Name: MONITORING ASSOCIATES, LLC Payee Address: PO BOX 29650 Phoenix, AZ 850389650
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Patient Name: DEENEY, ROSEMARY

Claim Number: Q100001092747359

Claim Date: 01/17/2023-01/17/2023 **Claim Status Code:** 1

Patient ID: XJPH3840413501	Group / Policy: 9999724101	Facility Type:	Claim Charge: \$21,724.00
Patient Ctrl Nmbr: 0.2861487	Contract Hdr:	Claim Frequency:	Claim Payment: \$347.75
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 10/11/2023	Patient Resp: \$0.00
Original Ref Nmbr: Q100001092747359			

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
7394747973Z1	01/17/2023 - 01/17/2023				HC:95939 / 26 / 1	LIABN PVM26 N13 N381	\$114.34 (B6)	\$3,814.00	CO-45	\$3,699.66	\$114.34
7394747973Z2	01/17/2023 - 01/17/2023				HC:95938 / 26 / 1	LIABN PVM26 N13 N381	\$43.78 (B6)	\$3,107.00	CO-45	\$3,063.22	\$43.78
7394747973Z3	01/17/2023 - 01/17/2023				HC:95955 / 26 / 1	LIABN PVM26 N13 N381	\$51.29 (B6)	\$1,755.00	CO-45	\$1,703.71	\$51.29
7394747973Z4	01/17/2023 - 01/17/2023				HC:95861 / 26 / 0	CDDUP PVM26 N13 N552	\$1,588.18 (B6)	\$1,614.00	OA-18	\$1,614.00	\$0.00

Payer: Florida Blue	Check/EFT Trace Number: 210967976	Check/EFT Date: 10/23/2023	Total Paid: \$669.88
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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
7394747973Z5	01/17/2023 - 01/17/2023				HC:95861 / 26,XU / 1	LIABN PVM26 N13 N381	\$78.56 (B6)	\$1,614.00	CO-45	\$1,535.44	\$78.56
7394747973Z6	01/17/2023 - 01/17/2023				HC:95868 / 26 / 0	CDDUP PVM26 N13 N552	\$1,289.04 (B6)	\$1,310.00	OA-18	\$1,310.00	\$0.00
7394747973Z7	01/17/2023 - 01/17/2023				HC:95868 / 26,XU / 1	LIABN PVM26 N13 N381	\$59.78 (B6)	\$1,310.00	CO-45	\$1,250.22	\$59.78
7394747973Z8	01/17/2023 - 01/17/2023				HC:95999 // 0	PPSCH N381	\$1,800.00 (B6)	\$7,200.00	CO-163 OA-97	\$1,800.00 \$5,400.00	\$0.00
7394747973Z8	01/17/2023 - 01/17/2023				HC:95999 // 0	PPSCH N381	\$5,313.60 (B6)	\$0.00	CO-119 OA-94	\$5,400.00 \$-5,400.00	\$0.00

Patient Name: GRECNI, PETER S	Claim Number: H100001091057054	Claim Date: 12/15/2022-12/15/2022	Claim Status Code: 1
Patient ID: XYL991372753	Group / Policy:	Facility Type:	Claim Charge: \$11,690.00
Patient Ctrl Nmbr: 0.2827445	Contract Hdr:	Claim Frequency:	Claim Payment: \$179.77
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 10/04/2023	Patient Resp: \$1,614.00
Original Ref Nmbr: H100001091057054			

Line Details											Results: 6
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
7370845382Z1	12/15/2022 - 12/15/2022				HC:95938 / 26 / 1	PREDD PVM26 N13 N381	\$46.29 (B6)	\$3,107.00	CO-45	\$3,060.71	\$46.29

Payer: Florida Blue	Check/EFT Trace Number: 210967976	Check/EFT Date: 10/23/2023	Total Paid: \$669.88
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Line Details											Results: 6
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
7370845382Z2	12/15/2022 - 12/15/2022				HC:95955 / 26 / 1	PREDD PVM26 N13 N381	\$54.09 (B6)	\$1,755.00	CO-45	\$1,700.91	\$54.09
7370845382Z3	12/15/2022 - 12/15/2022				HC:95861 / 26 / 1	PREDD PVM26 N13 N381	\$79.39 (B6)	\$1,614.00	CO-45	\$1,534.61	\$79.39
7370845382Z4	12/15/2022 - 12/15/2022				HC:95861 / 26,XU / 0	HSTNC PVM26 N13 N130	\$1,614.00 (B6)	\$1,614.00	PR-96	\$1,614.00	\$0.00
7370845382Z5	12/15/2022 - 12/15/2022				HC:95999 // 0	SF023 N155 N199 N706	\$1,800.00 (B6)	\$3,600.00	CO-163 OA-97	\$1,800.00 \$1,800.00	\$0.00
7370845382Z5	12/15/2022 - 12/15/2022				HC:95999 // 0	PNMAP N155 N381 N706	\$1,800.00 (B6)	\$0.00	CO-163 OA-94	\$1,800.00 \$-1,800.00	\$0.00

Patient Name: JACOB, KAREN A	Claim Number: Q100001092747378	Claim Date: 01/16/2023-01/16/2023	Claim Status Code: 1
Patient ID: XJFH3858626001	Group / Policy: 9999714502	Facility Type:	Claim Charge: \$8,936.00
Patient Ctrl Nmbr: 0.2859769	Contract Hdr:	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 10/11/2023	Patient Resp: \$0.00
Original Ref Nmbr: Q100001092747378			

Line Details											Results: 6
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

Payer: Florida Blue	Check/EFT Trace Number: 210967976	Check/EFT Date: 10/23/2023	Total Paid: \$669.88
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Line Details											Results: 6
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
7394226853Z1	01/16/2023 - 01/16/2023				HC:95955 / 26 / 0	MADEV PVM26 N13	\$53.59 (B6)	\$1,755.00	CO-163	\$1,755.00	\$0.00
7394226853Z2	01/16/2023 - 01/16/2023				HC:95925 / 26 / 0	MADEV PVM26 N13	\$29.21 (B6)	\$353.00	CO-163	\$353.00	\$0.00
7394226853Z3	01/16/2023 - 01/16/2023				HC:95861 / 26 / 0	MADEV PVM26 N13	\$82.19 (B6)	\$1,614.00	CO-163	\$1,614.00	\$0.00
7394226853Z4	01/16/2023 - 01/16/2023				HC:95861 / 26,XU / 0	MADEV PVM26 N13	\$82.19 (B6)	\$1,614.00	CO-163	\$1,614.00	\$0.00
7394226853Z5	01/16/2023 - 01/16/2023				HC:95999 // 0	PPSCH N381	\$1,800.00 (B6)	\$3,600.00	CO-163 OA-97	\$1,800.00 \$1,800.00	\$0.00
7394226853Z5	01/16/2023 - 01/16/2023				HC:95999 // 0	PPSCH N381	\$1,800.00 (B6)	\$0.00	CO-163 OA-94	\$1,800.00 \$-1,800.00	\$0.00

Patient Name: PERRY, JOHN G	Claim Number: Q100001093713768	Claim Date: 01/23/2023-01/23/2023	Claim Status Code: 1
Patient ID: XJPH2653653801	Group / Policy: 9999721801	Facility Type:	Claim Charge: \$10,973.00
Patient Ctrl Nmbr: 0.2867433	Contract Hdr:	Claim Frequency:	Claim Payment: \$142.36
Rendering Prvd: MOORE, OMAR J	Rendering Prv ID:	Claim Received Date: 10/16/2023	Patient Resp: \$0.00
Original Ref Nmbr: Q100001093713768			

Line Details											Results: 7
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

Payer: Florida Blue	Check/EFT Trace Number: 210967976	Check/EFT Date: 10/23/2023	Total Paid: \$669.88
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Line Details											Results: 7
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
7408691271Z1	01/23/2023 - 01/23/2023				HC:95925 / 26 / 1	LIABN PVM26 N13 N381	\$29.21 (B6)	\$954.00	CO-45	\$924.79	\$29.21
7408691271Z2	01/23/2023 - 01/23/2023				HC:95955 / 26 / 1	LIABN PVM26 N13 N381	\$53.59 (B6)	\$1,755.00	CO-45	\$1,701.41	\$53.59
7408691271Z3	01/23/2023 - 01/23/2023				HC:95870 / 26 / 2	LIABN PVM26 N13 N381	\$39.70 (B6)	\$2,332.00	CO-45	\$2,292.30	\$39.70
7408691271Z4	01/23/2023 - 01/23/2023				HC:95870 / 26,XU / 0	PVM26 N13 N115	\$19.85 (B6)	\$2,332.00	CO-50 OA-97	\$1,166.00 \$1,166.00	\$0.00
7408691271Z4	01/23/2023 - 01/23/2023				HC:95870 / 26,XU / 1	PVM26 N13 N381	\$19.86 (B6)	\$0.00	CO-45 OA-94	\$1,146.14 \$-1,166.00	\$19.86
7408691271Z5	01/23/2023 - 01/23/2023				HC:95999 // 0	PPSCH N381	\$1,800.00 (B6)	\$3,600.00	CO-163 OA-97	\$1,800.00 \$1,800.00	\$0.00
7408691271Z5	01/23/2023 - 01/23/2023				HC:95999 // 0	PPSCH N381	\$1,771.20 (B6)	\$0.00	CO-119 OA-94	\$1,800.00 \$-1,800.00	\$0.00

Code Descriptions

REMARK CODE(S):

Payer: Florida Blue	Check/EFT Trace Number: 210967976	Check/EFT Date: 10/23/2023	Total Paid: \$669.88
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REMARK CODE(S):

N115=This decision was based on a Local Coverage Determination (LCD). An LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at www.cms.gov/mcd, or if you do not have web access, you may contact the contractor to request a copy of the LCD.

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

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

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

N199=Additional payment/recoupment approved based on payer-initiated review/audit.

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

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

N706=Missing documentation.

PAYER CODE(S):

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

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

CDDUP=Daily Maximum Units of Service Exceeded

PPSCH=Payment based on maximum allowable amount.

PREDD=Charge exceeds allowance limit for this service

HSTNC=Non-covered charges

SF023=Hold Harmless Does Not Apply.

PNMAP=This amount represents BCBSFL'S maximum allowable payment

MADEV=Documentation is needed from the physician to support medical necessity. Please submit history and physical; letter of medical necessity; progress notes; and all applicable laboratory and radiology reports. For more information, refer to our medical coverage guidelines at [http //mcgs.bcbsfl.com](http://mcgs.bcbsfl.com).

AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

CO=Contractual Obligations

OA=Other Adjustments

PR=Patient Responsibility

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)

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.

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

94=Processed in Excess of charges.

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CLAIM ADJUSTMENT REASON CODE(S):

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.

50=These are non-covered services because this is not deemed a 'medical necessity' by the payer. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

CLAIM STATUS CODE(S):

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.

