

**Check Summary****Transaction Date:** October 27, 2023

BLUE CROSS MEDICARE ADVANTAGE C/O PROVIDER SVCS PO BOX 3686 SCRANTON, PA 18505	<b>Payee Tax ID:</b> 271622508 <b>Payee ID:</b> 1174916522 <b>Check/EFT Trace Number:</b> M23299E27152630 <b>Payment Amount:</b> 775.87 <b>Check/EFT Date:</b> 10/27/2023 <b>Production End Cycle Date:</b> 10/26/2023	<b>Payee Name:</b> MONITORING ASSOCIATES LLC <b>Payee Address:</b> 9811 W CHARLESTON BLVD #2 641 LAS VEGAS, NV 891177528
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**Provider Adjustments**

Provider Adjustment Code	Provider Adjustment Identifier	Provider Adjustment Amount
L6		\$0.88

**Patient Name:** BEARD, PATRICIA A**Claim Number:** 232631824400**Claim Date:** 06/20/2023-06/20/2023 **Claim Status Code:** 1**Patient ID:** UC18CZ94R**Group / Policy:****Facility Type:** 21**Claim Charge:** \$14,076.00**Patient Ctrl Nmbr:** 0.3045095**Contract Hdr:** B0000102**Claim Frequency:****Claim Payment:** \$53.91**Rendering Prvd:** DE JESUS, MARIA A**Rendering Prv ID:****Claim Received Date:** 09/20/2023**Patient Resp:** \$0.00**Original Ref Nmbr:****Line Details** **Results: 4**

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
7305833387Z1	06/20/2023 - 06/20/2023				HC:95939 / 26 / 0	N115 N1 N115 N1		\$3,814.00	CO-11	\$3,814.00	\$0.00
7305833387Z2	06/20/2023 - 06/20/2023				HC:95822 / 26 / 1		\$55.01 (B6)	\$1,755.00	CO-45 CO-253	\$1,699.99 \$1.10	\$53.91
7305833387Z3	06/20/2023 - 06/20/2023				HC:95938 / 26 / 0	N115 N1 N115 N1		\$3,107.00	CO-11	\$3,107.00	\$0.00

<b>Payer:</b> BLUE CROSS MEDICARE ADVANTAGE C/O PROVIDER SVCS	<b>Check/EFT Trace Number:</b> M23299E27152630	<b>Check/EFT Date:</b> 10/27/2023	<b>Total Paid:</b> \$775.87
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Line Details											Results: 4
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
7305833387Z4	06/20/2023 - 06/20/2023				HC:95999 // 0	M127 N1 M127 N1		\$5,400.00	PI-252	\$5,400.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$0.06 (I)

<b>Patient Name:</b> LOCKE, KENNETH R	<b>Claim Number:</b> 232631576700	<b>Claim Date:</b> 07/03/2023-07/03/2023	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> UV91IA44T	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$29,697.00
<b>Patient Ctrl Nmbr:</b> 0.3060470	<b>Contract Hdr:</b> B0000102	<b>Claim Frequency:</b>	<b>Claim Payment:</b> \$721.08
<b>Rendering Prvd:</b> MCAULIFFE, MATTHEW B	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 09/20/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

Line Details											Results: 13
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
7305871676Z1	07/03/2023 - 07/03/2023				HC:95939 / 26 / 1		\$114.23 (B6)	\$3,814.00	CO-45 CO-253	\$3,699.77 \$2.28	\$111.95
7305871676Z2	07/03/2023 - 07/03/2023				HC:95822 / 26,XU / 1		\$55.01 (B6)	\$1,755.00	CO-45 CO-253	\$1,699.99 \$1.10	\$53.91
7305871676Z3	07/03/2023 - 07/03/2023				HC:95938 / 26 / 1		\$43.69 (B6)	\$3,107.00	CO-45 CO-253	\$3,063.31 \$0.87	\$42.82
7305871676Z4	07/03/2023 - 07/03/2023				HC:95908 / 26,XU / 1		\$63.67 (B6)	\$437.00	CO-45 CO-253	\$373.33 \$1.27	\$62.40
7305871676Z5	07/03/2023 - 07/03/2023				HC:51785 / 26 / 1		\$87.95 (B6)	\$1,071.00	CO-45 CO-253	\$983.05 \$1.76	\$86.19
7305871676Z6	07/03/2023 - 07/03/2023				HC:51785 / 26,XU / 1		\$87.95 (B6)	\$1,071.00	CO-45 CO-253	\$983.05 \$1.76	\$86.19
7305871676Z7	07/03/2023 - 07/03/2023				HC:95886 / 26 / 2		\$88.02 (B6)	\$2,972.00	CO-45 CO-253	\$2,883.98 \$1.76	\$86.26

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Line Details											Results: 13
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
7305871676Z8	07/03/2023 - 07/03/2023				HC:95886 / 26,XU / 2		\$88.02 (B6)	\$2,972.00	CO-45 CO-253	\$2,883.98 \$1.76	\$86.26
7305871676Z9	07/03/2023 - 07/03/2023				HC:95887 / 26 / 1		\$36.03 (B6)	\$583.00	CO-45 CO-253	\$546.97 \$0.72	\$35.31
7305871676Z10	07/03/2023 - 07/03/2023				HC:95887 / 26,XU / 1		\$36.03 (B6)	\$583.00	CO-45 CO-253	\$546.97 \$0.72	\$35.31
7305871676Z11	07/03/2023 - 07/03/2023				HC:95885 / 26,XU / 2		\$35.18 (B6)	\$1,166.00	CO-45 CO-253	\$1,130.82 \$0.70	\$34.48
7305871676Z12	07/03/2023 - 07/03/2023				HC:95885 / 26,XU / 0	N1		\$1,166.00	CO-18	\$1,166.00	\$0.00
7305871676Z13	07/03/2023 - 07/03/2023				HC:95999 // 0	M127 N1 M127 N1		\$9,000.00	PI-252	\$9,000.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$0.82 (I)

#### Code Descriptions

##### REMARK CODE(S):

L6=Interest Owed

M127=Missing patient medical record for this service.

N1=Alert: You may appeal this decision in writing within the required time limits following receipt of this notice by following the instructions included in your contract, plan benefit documents or jurisdiction statutes.

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](http://www.cms.gov/mcd), or if you do not have web access, you may contact the contractor to request a copy of the LCD.

##### AMT CODE(S):

B6=Allowed - Actual

I=Interest

##### GROUP CODE(S):

CO=Contractual Obligations

PI=Payor Initiated Reductions

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

11=The diagnosis is inconsistent with the procedure. 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)

253=Sequestration - reduction in federal payment

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).

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

**CLAIM STATUS CODE(S):**

1=Processed as Primary