

**Check Summary****Transaction Date:** October 17, 2023

UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY INC PO BOX 5290 KINGSTON, NY 124025290	<b>Payee Tax ID:</b>	271622508	<b>Payee Name:</b>	MONITORING ASSOCIATES
	<b>Payee ID:</b>	1174916522	<b>Payee Address:</b>	9811 W CHARLESTON BLVD
	<b>Check/EFT Trace Number:</b>	23287B1000459484		STE 2 641
	<b>Payment Amount:</b>	0.00		LAS VEGAS, NV 89117
	<b>Check/EFT Date:</b>	10/17/2023		
	<b>Production End Cycle Date:</b>	10/12/2023		

**Patient Name:** PATTEN, LILA L**Claim Number:** 22H660261000**Claim Date:** 04/20/2022-04/20/2022 **Claim Status Code:** 22

<b>Patient ID:</b> 120063816	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b>	\$-12,387.00
<b>Patient Ctrl Nmbr:</b> 0.2539512	<b>Contract Hdr:</b> TN DUAL SNP FULL	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b>	\$0.00
<b>Rendering Prvd:</b> MOCHIZUKI, KEVIN S	COVERAGE	<b>Claim Received Date:</b> 06/20/2022	<b>Patient Resp:</b>	\$0.00
<b>Original Ref Nmbr:</b>	<b>Rendering Prv ID:</b>			

**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
171896496699556001	04/20/2022 - 04/20/2022				HC:95939 / 26 / 1	N366		\$-3,814.00	CO-251	\$-3,814.00	\$0.00
171896496699556002	04/20/2022 - 04/20/2022				HC:95938 / 26 / 1	N366		\$-3,107.00	CO-251	\$-3,107.00	\$0.00
171896496699556003	04/20/2022 - 04/20/2022				HC:95822 / 26 / 1	N366		\$-1,755.00	CO-251	\$-1,755.00	\$0.00
171896496699556004	04/20/2022 - 04/20/2022				HC:95861 / 26,59 / 1	N366		\$-1,614.00	CO-251	\$-1,614.00	\$0.00
171896496699556005	04/20/2022 - 04/20/2022				HC:95868 / 26,XS / 1	N366		\$-1,310.00	CO-251	\$-1,310.00	\$0.00
171896496699556006	04/20/2022 - 04/20/2022				HC:95937 / 26 / 1	N366		\$-500.00	CO-251	\$-500.00	\$0.00
171896496699556007	04/20/2022 - 04/20/2022				HC:95927 / 26,XS / 1	N366		\$-287.00	CO-251	\$-287.00	\$0.00

Medicare Outpatient Adjudication Information:Remark Codes - N366

<b>Payer:</b> UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY INC	<b>Check/EFT Trace Number:</b> 23287B1000459484	<b>Check/EFT Date:</b> 10/17/2023	<b>Total Paid:</b> \$0.00
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**Patient Name:** PATTEN, LILA L      **Claim Number:** 22H660261001      **Claim Date:** 04/20/2022-04/20/2022      **Claim Status Code:** 19 - UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.

<b>Patient ID:</b> 120063816	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b>	\$12,387.00
<b>Patient Ctrl Nmbr:</b> 0.2539512	<b>Contract Hdr:</b> TN DUAL SNP FULL	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b>	\$0.00
<b>Rendering Prvd:</b> MOCHIZUKI, KEVIN S	COVERAGE	<b>Claim Received Date:</b> 06/20/2022	<b>Patient Resp:</b>	\$0.00
<b>Original Ref Nmbr:</b>	<b>Rendering Prv ID:</b>			

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
171896496699556001	04/20/2022 - 04/20/2022				HC:95939 / 26 / 1	N366		\$3,814.00	CO-251	\$3,814.00	\$0.00
171896496699556002	04/20/2022 - 04/20/2022				HC:95938 / 26 / 1	N366		\$3,107.00	CO-251	\$3,107.00	\$0.00
171896496699556003	04/20/2022 - 04/20/2022				HC:95822 / 26 / 1	M51		\$1,755.00	CO-16	\$1,755.00	\$0.00
171896496699556004	04/20/2022 - 04/20/2022				HC:95861 / 26,59 / 1	N366		\$1,614.00	CO-251	\$1,614.00	\$0.00
171896496699556005	04/20/2022 - 04/20/2022				HC:95868 / 26,XS / 1	N366		\$1,310.00	CO-251	\$1,310.00	\$0.00
171896496699556006	04/20/2022 - 04/20/2022				HC:95937 / 26 / 1	M51		\$500.00	CO-16	\$500.00	\$0.00
171896496699556007	04/20/2022 - 04/20/2022				HC:95927 / 26,XS / 1	N366		\$287.00	CO-251	\$287.00	\$0.00

Medicare Outpatient Adjudication Information:Remark Codes - N366, M51

#### Code Descriptions

##### REMARK CODE(S):

M51=Missing/incomplete/invalid procedure code(s).

N366=Requested information not provided. The claim will be reopened if the information previously requested is submitted within one year after the date of this denial notice.

##### GROUP CODE(S):

CO=Contractual Obligations

<b>Payer:</b> UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY INC	<b>Check/EFT Trace Number:</b> 23287B1000459484	<b>Check/EFT Date:</b> 10/17/2023	<b>Total Paid:</b> \$0.00
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**CLAIM ADJUSTMENT REASON CODE(S):**

251=The attachment/other documentation that was received was incomplete or deficient. The necessary information is still needed to process the claim. 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):**

22=Reversal of Previous Payment

19=Processed as Primary, Forwarded to Additional Payer(s)