

Check Summary**Transaction Date:** October 13, 2023

ARIZONA PHYSICIANS IPA INC DBA UNITEDHEALTHCARE COMMUNITY PLAN PO BOX 5290 KINGSTON, NY 124025290	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 23284B1000029384 Payment Amount: 0.00 Check/EFT Date: 10/13/2023 Production End Cycle Date: 10/09/2023	Payee Name: MONITORING ASSOCIATES Payee Address: PROF FEES PO BOX 29650 DEPT 880256 PHOENIX, AZ 850389650
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Provider Adjustments

Provider Adjustment Code	Provider Adjustment Identifier	Provider Adjustment Amount
WO	0.2527174,20230729	\$-199.63

Patient Name: MALONE, ANNE L**Claim Number:** 23H543828901**Claim Date:** 02/27/2023-02/27/2023 **Claim Status Code:** 22**Patient ID:** 108045684**Group / Policy:****Facility Type:** 22**Claim Charge:** \$-21,724.00**Patient Ctrl Nmbr:** 0.2909556**Contract Hdr:** AZ MEDICARE**Claim Frequency:** 1**Claim Payment:** \$0.00**Rendering Prvd:** DE JESUS, MARIA A**Rendering Prv ID:****Claim Received Date:** 05/23/2023**Patient Resp:** \$0.00**Original Ref Nmbr:****Line Details** **Results: 8**

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
6922414431Z1	02/27/2023 - 02/27/2023				HC:95939 / 26 / 1	N366		\$-3,814.00	CO-251	\$-3,814.00	\$0.00
6922414431Z2	02/27/2023 - 02/27/2023				HC:95822 / 26 / 1	N366		\$-1,755.00	CO-251	\$-1,755.00	\$0.00
6922414431Z3	02/27/2023 - 02/27/2023				HC:95938 / 26 / 1	N366		\$-3,107.00	CO-251	\$-3,107.00	\$0.00
6922414431Z4	02/27/2023 - 02/27/2023				HC:95861 / 26 / 1			\$-1,614.00	CO-151	\$-1,614.00	\$0.00
6922414431Z5	02/27/2023 - 02/27/2023				HC:95861 / 26,XU / 1			\$-1,614.00	CO-151	\$-1,614.00	\$0.00
6922414431Z6	02/27/2023 - 02/27/2023				HC:95868 / 26 / 1			\$-1,310.00	CO-151	\$-1,310.00	\$0.00

Payer: ARIZONA PHYSICIANS IPA INC	Check/EFT Trace Number: 23284B1000029384	Check/EFT Date: 10/13/2023	Total Paid: \$0.00
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Line Details											Results: 8
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
6922414431Z7	02/27/2023 - 02/27/2023				HC:95868 / 26,XU / 1			\$-1,310.00	CO-151	\$-1,310.00	\$0.00
6922414431Z8	02/27/2023 - 02/27/2023				HC:95999 // 4	M51		\$-7,200.00	CO-16	\$-7,200.00	\$0.00

Medicare Outpatient Adjudication Information:Remark Codes - N366, M51

Patient Name: MALONE, ANNE L	Claim Number: 23H543828902	Claim Date: 02/27/2023-02/27/2023	Claim Status Code: 19 - ARIZONA PHYSICIANS IPA, INC.
Patient ID: 108045684	Group / Policy:	Facility Type: 22	Claim Charge: \$21,724.00
Patient Ctrl Nmbr: 0.2909556	Contract Hdr: AZ MEDICARE	Claim Frequency: 1	Claim Payment: \$199.63
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 05/23/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details											Results: 8
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
6922414431Z1	02/27/2023 - 02/27/2023				HC:95939 / 26 / 1		\$109.29 (B6)	\$3,814.00	CO-216 CO-253	\$3,704.71 \$2.19	\$107.10
6922414431Z2	02/27/2023 - 02/27/2023				HC:95822 / 26 / 1		\$52.61 (B6)	\$1,755.00	CO-216 CO-253	\$1,702.39 \$1.05	\$51.56
6922414431Z3	02/27/2023 - 02/27/2023				HC:95938 / 26 / 1		\$41.81 (B6)	\$3,107.00	CO-216 CO-253	\$3,065.19 \$0.84	\$40.97
6922414431Z4	02/27/2023 - 02/27/2023				HC:95861 / 26 / 1			\$1,614.00	CO-151	\$1,614.00	\$0.00
6922414431Z5	02/27/2023 - 02/27/2023				HC:95861 / 26,XU / 1			\$1,614.00	CO-151	\$1,614.00	\$0.00
6922414431Z6	02/27/2023 - 02/27/2023				HC:95868 / 26 / 1			\$1,310.00	CO-151	\$1,310.00	\$0.00
6922414431Z7	02/27/2023 - 02/27/2023				HC:95868 / 26,XU / 1			\$1,310.00	CO-151	\$1,310.00	\$0.00

Payer: ARIZONA PHYSICIANS IPA INC	Check/EFT Trace Number: 23284B1000029384	Check/EFT Date: 10/13/2023	Total Paid: \$0.00
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Line Details											Results: 8
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
6922414431Z8	02/27/2023 - 02/27/2023				HC:95999 // 4	M51		\$7,200.00	CO-16	\$7,200.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$203.71 (AU)

Medicare Outpatient Adjudication Information:Remark Codes - M51

Code Descriptions

REMARK CODE(S):

WO=Overpayment Recovery

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.

AMT CODE(S):

B6=Allowed - Actual

AU=Coverage Amount

GROUP CODE(S):

CO=Contractual Obligations

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).

151=Payment adjusted because the payer deems the information submitted does not support this many/frequency of services.

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.

216=Based on the findings of a review organization

253=Sequestration - reduction in federal payment

CLAIM STATUS CODE(S):

22=Reversal of Previous Payment

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