

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

DEVOTED HEALTH PLAN OF TEXAS, INC. PO BOX 211524 EAGAN, MN 55121	<b>Payee Tax ID:</b> 271622508 <b>Payee ID:</b> 1174916522 <b>Check/EFT Trace Number:</b> 728003 <b>Payment Amount:</b> 368.65 <b>Check/EFT Date:</b> 10/27/2023 <b>Production End Cycle Date:</b> 01/01/0001	<b>Payee Name:</b> MONITORING ASSOCIATES <b>Payee Address:</b> DEPT 880256 PO BOX 29650 PHOENIX, AZ 850389650
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**Patient Name:** COX, CALVIN

**Claim Number:** AJX8J7527E

**Claim Date:** 11/30/2022-11/30/2022 **Claim Status Code:** 1

**Patient ID:** DWG383

**Group / Policy:**
**Facility Type:** 21

**Claim Charge:** \$22,928.00

**Patient Ctrl Nmbr:** 0.2806571

**Contract Hdr:**
**Claim Frequency:** 1

**Claim Payment:** \$368.65

**Rendering Prvd :**
**Rendering Prv ID:**
**Claim Received Date:**
**Patient Resp:** \$0.00

**Original Ref Nmbr:**
**Line Details** **Results:** 10

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
7430137893Z1	11/30/2022 - 11/30/2022				HC:95939 / 26 /		\$116.90 (B6)	\$3,814.00	OA-253 \$2.34 CO-45 \$3,697.10		\$114.56
7430137893Z2	11/30/2022 - 11/30/2022				HC:95938 / 26 /		\$44.78 (B6)	\$3,107.00	CO-45 \$3,062.22 OA-253 \$0.90		\$43.88
7430137893Z3	11/30/2022 - 11/30/2022				HC:95955 / 26 /		\$52.62 (B6)	\$1,755.00	CO-45 \$1,702.38 OA-253 \$1.05		\$51.57
7430137893Z4	11/30/2022 - 11/30/2022				HC:95861 / 26 /		\$80.36 (B6)	\$1,614.00	OA-253 \$1.61 CO-45 \$1,533.64		\$78.75
7430137893Z5	11/30/2022 - 11/30/2022				HC:95861 / 26,XU /	N362		\$1,614.00	PI-151	\$1,614.00	\$0.00
7430137893Z6	11/30/2022 - 11/30/2022				HC:95865 / 26 /		\$81.52 (B6)	\$1,502.00	OA-253 \$1.63 CO-45 \$1,420.48		\$79.89
7430137893Z7	11/30/2022 - 11/30/2022				HC:95865 / 26,XU /	N362		\$1,502.00	PI-151	\$1,502.00	\$0.00
7430137893Z8	11/30/2022 - 11/30/2022				HC:95868 / 26,XU /	N706		\$1,310.00	OA-252	\$1,310.00	\$0.00

<b>Payer:</b> DEVOTED HEALTH PLAN OF TEXAS, INC.	<b>Check/EFT Trace Number:</b> 728003	<b>Check/EFT Date:</b> 10/27/2023	<b>Total Paid:</b> \$368.65
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Line Details											Results: 10
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
7430137893Z9	11/30/2022 - 11/30/2022				HC:95868 / 26,XU /	N362		\$1,310.00	PI-151	\$1,310.00	\$0.00
7430137893Z10	11/30/2022 - 11/30/2022				HC:95999 //	N706		\$5,400.00	OA-16	\$5,400.00	\$0.00

#### Code Descriptions

##### REMARK CODE(S):

N362=The number of Days or Units of Service exceeds our acceptable maximum.  
N706=Missing documentation.

##### AMT CODE(S):

B6=Allowed - Actual

##### GROUP CODE(S):

OA=Other Adjustments  
CO=Contractual Obligations  
PI=Payor Initiated Reductions

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

253=Sequestration - reduction in federal payment  
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)  
151=Payment adjusted because the payer deems the information submitted does not support this many/frequency of services.  
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).  
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):

1=Processed as Primary