

Check Summary

Transaction Date: October 23, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: C23292E10728450 Payment Amount: 5,733.86 Check/EFT Date: 10/23/2023 Production End Cycle Date: 10/19/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: 9811 W CHARLESTON BLVD #2 641 LAS VEGAS, NV 891177528
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Patient Name: JOHNSON, BRITTANI

Claim Number: 0202321950N43730X00

Claim Date: 07/24/2023-07/24/2023 Claim Status Code: 22

Patient ID: XNE220129153	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$-25,688.00
Patient Ctrl Nmbr: 0.3082089	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency: 1	Claim Payment: \$-547.09
Rendering Prvd: HSU, ANDREW C	Rendering Prv ID:	Claim Received Date: 08/07/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details

Results: 11

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
7158009768Z1	07/24/2023 - 07/24/2023				HC:95941 / / 1	N830		\$-2,760.00	CO-45	\$-2,760.00	\$0.00
7158009768Z2	07/24/2023 - 07/24/2023				HC:95939 / 26 / 1	N830		\$-3,814.00	CO-45	\$-3,814.00	\$0.00
7158009768Z3	07/24/2023 - 07/24/2023				HC:95822 / 26 / 1	N830		\$-1,755.00	CO-45	\$-1,755.00	\$0.00
7158009768Z4	07/24/2023 - 07/24/2023				HC:95938 / 26 / 1	N830		\$-3,107.00	CO-45	\$-3,107.00	\$0.00
7158009768Z5	07/24/2023 - 07/24/2023				HC:95861 / 26 / 1	N830		\$-1,614.00	CO-45	\$-1,614.00	\$0.00
7158009768Z6	07/24/2023 - 07/24/2023				HC:95861 / 26,XU / 1	N830		\$-1,614.00	CO-45	\$-1,614.00	\$0.00
7158009768Z7	07/24/2023 - 07/24/2023				HC:95865 / 26 / 1	N830		\$-1,502.00	CO-45	\$-1,502.00	\$0.00
7158009768Z8	07/24/2023 - 07/24/2023				HC:95865 / 26,XU / 1	N830		\$-1,502.00	CO-45	\$-1,502.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23292E10728450	Check/EFT Date: 10/23/2023	Total Paid: \$5,733.86
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Line Details										Results: 11	
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
7158009768Z9	07/24/2023 - 07/24/2023				HC:95868 / 26 / 1	N19		\$-1,310.00	PI-97	\$-1,310.00	\$0.00
7158009768Z10	07/24/2023 - 07/24/2023				HC:95868 / 26,XU / 1	M127		\$-1,310.00	PI-252	\$-1,310.00	\$0.00
7158009768Z11	07/24/2023 - 07/24/2023				HC:95999 // 3			\$-5,400.00	PR-45	\$-4,852.91	\$-547.09

Patient Name: JOHNSON, BRITTANI	Claim Number: 0202321950N43730X01	Claim Date: 07/24/2023-07/24/2023	Claim Status Code: 1
Patient ID: XNE220129153	Group / Policy: 000ZGPPOX0000	Facility Type: 21	Claim Charge: \$25,688.00
Patient Ctrl Nmbr: 0.3082089	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$6,280.95
Rendering Prvd: HSU, ANDREW C	Rendering Prv ID:	Claim Received Date: 09/20/2023	Patient Resp: \$0.00
Original Ref Nmbr: 0202321950N43730X00			

Line Details										Results: 11	
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
	07/24/2023 - 07/24/2023				HC:95941 // 1	MA44		\$2,760.00	CO-45	\$2,760.00	\$0.00
	07/24/2023 - 07/24/2023				HC:95939 / 26 / 1	MA44	\$880.95 (B6)	\$3,814.00	CO-45	\$2,933.05	\$880.95
	07/24/2023 - 07/24/2023				HC:95822 / 26 / 1	MA44		\$1,755.00	CO-45	\$1,755.00	\$0.00
	07/24/2023 - 07/24/2023				HC:95938 / 26 / 1	MA44		\$3,107.00	CO-45	\$3,107.00	\$0.00
	07/24/2023 - 07/24/2023				HC:95861 / 26 / 1	MA44		\$1,614.00	CO-45	\$1,614.00	\$0.00
	07/24/2023 - 07/24/2023				HC:95861 / 26,XU / 1	MA44		\$1,614.00	CO-45	\$1,614.00	\$0.00
	07/24/2023 - 07/24/2023				HC:95865 / 26 / 1	MA44		\$1,502.00	CO-45	\$1,502.00	\$0.00

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	07/24/2023 - 07/24/2023				HC:95865 / 26,XU / 1	MA44		\$1,502.00	CO-45	\$1,502.00	\$0.00
	07/24/2023 - 07/24/2023				HC:95868 / 26 / 1	MA44		\$1,310.00	CO-45	\$1,310.00	\$0.00
	07/24/2023 - 07/24/2023				HC:95868 / 26,XU / 1	MA44		\$1,310.00	CO-45	\$1,310.00	\$0.00
	07/24/2023 - 07/24/2023				HC:95999 / / 3		\$5,400.00 (B6)	\$5,400.00			\$5,400.00

Supplemental Information - AMT/Payer Codes: \$6,280.95 (AU)

Code Descriptions

REMARK CODE(S):

M127=Missing patient medical record for this service.

MA44=Alert: No appeal rights. Adjudicative decision based on law.

N19=Procedure code incidental to primary procedure.

N830=Alert: The charge[s] for this service was processed in accordance with Federal/ State, Balance Billing/ No Surprise Billing regulations. As such, any amount identified with OA, CO, or PI cannot be collected from the member and may be considered provider liability or be billable to a subsequent payer. Any amount the provider collected over the identified PR amount must be refunded to the patient within applicable Federal/State timeframes. Payment amounts are eligible for dispute pursuant to any Federal/State documented appeal/grievance process(es).

AMT CODE(S):

B6=Allowed - Actual

AU=Coverage Amount

GROUP CODE(S):

CO=Contractual Obligations

PI=Payor Initiated Reductions

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)

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CLAIM ADJUSTMENT REASON CODE(S):

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.

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).

CLAIM STATUS CODE(S):

22=Reversal of Previous Payment

1=Processed as Primary