

Check Summary
Transaction Date: November 06, 2023

HUMANA INC. P.O. BOX 14601 LEXINGTON, KY 405124601 APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP? FILE=2859948	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: NO-PAY-202311060006443 Payment Amount: 0.00 Check/EFT Date: 11/06/2023 Production End Cycle Date: 11/06/2023	Payee Name: MONITORING ASSOCIATES Payee Address: DEPT 880256 PO BOX 29650 PHOENIX, AZ 850389650
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Provider Adjustments

Provider Adjustment Code	Provider Adjustment Identifier	Provider Adjustment Amount
WO	P0.2453752/820220700374266	\$-253.45

Patient Name: STEWART, ANTHONY	Claim Number: 820232920478772	Claim Date: 01/26/2023-01/26/2023	Claim Status Code: 1
Patient ID: H55706721	Group / Policy: 0X193901	Facility Type: 22	Claim Charge: \$13,490.00
Patient Ctrl Nmbr: 0.2873029	Contract Hdr: MEDICARE ADVANTAGE HMO	Claim Frequency: 1	Claim Payment: \$253.45
Rendering Prvd: FILE, SIGNATURE ON	Rendering Prv ID:	Claim Received Date: 10/19/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details **Results: 5**

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
7421256303Z1	01/26/2023 - 01/26/2023				HC:95938 / 26 / 1		\$44.86 (B6)	\$3,107.00	CO-253 CO-45	\$0.90 \$3,062.14	\$43.96
7421256303Z2	01/26/2023 - 01/26/2023				HC:95955 / 26 / 1		\$52.66 (B6)	\$1,755.00	CO-253 CO-45	\$1.05 \$1,702.34	\$51.61
7421256303Z3	01/26/2023 - 01/26/2023				HC:95861 / 26 / 1		\$80.55 (B6)	\$1,614.00	CO-253 CO-45	\$1.61 \$1,533.45	\$78.94
7421256303Z4	01/26/2023 - 01/26/2023				HC:95861 / 26,XU / 1		\$80.55 (B6)	\$1,614.00	CO-253 CO-45	\$1.61 \$1,533.45	\$78.94
7421256303Z5	01/26/2023 - 01/26/2023				HC:95999 // 3	N19		\$5,400.00	CO-97	\$5,400.00	\$0.00

Code Descriptions

Payer: HUMANA INC.	Check/EFT Trace Number: NO-PAY-202311060006443	Check/EFT Date: 11/06/2023	Total Paid: \$0.00
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REMARK CODE(S):

WO=Overpayment Recovery

N19=Procedure code incidental to primary procedure.

AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

CO=Contractual Obligations

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)

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.

CLAIM STATUS CODE(S):

1=Processed as Primary