

Check Summary**Transaction Date:** October 11, 2023

AMERIGROUP TENNESSEE, INC. PO BOX 7368 / GA081W-0014 COLUMBUS, GA 31908	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 3223038666 Payment Amount: 120.66 Check/EFT Date: 10/11/2023 Production End Cycle Date: 10/09/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: PO BOX 29650 DEPT 880256 PHOENIX, AZ 85038
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Patient Name: HUGULEY, YOLANDE**Claim Number:** 254452338600165**Claim Date:** 08/25/2023-08/25/2023 **Claim Status Code:** 1

Patient ID: 338W14375	Group / Policy: TNMCR000	Facility Type: 22	Claim Charge: \$21,724.00
Patient Ctrl Nmbr: 0.3119674	Contract Hdr: TENNESSEE MEDICARE	Claim Frequency: 1	Claim Payment: \$120.66
Rendering Prvd: THOMAS, GEORGE	Rendering Prv ID:	Claim Received Date: 09/19/2023	Patient Resp: \$8,985.78
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
7304866909Z1	08/25/2023 - 08/25/2023				HC:95939 / 26 / 1	N381 N782	\$111.33 (B6)	\$3,814.00	CO-45 CO-253 PR-2	\$3,702.67 \$1.78 \$22.27	\$87.28
7304866909Z2	08/25/2023 - 08/25/2023				HC:95822 / 26 / 0	N657		\$1,755.00	PR-11	\$1,755.00	\$0.00
7304866909Z3	08/25/2023 - 08/25/2023				HC:95938 / 26 / 1	N381 N782	\$42.57 (B6)	\$3,107.00	CO-45 CO-253 PR-2	\$3,064.43 \$0.68 \$8.51	\$33.38
7304866909Z4	08/25/2023 - 08/25/2023				HC:95861 / 26 / 0	N640		\$1,614.00	CO-222	\$1,614.00	\$0.00
7304866909Z5	08/25/2023 - 08/25/2023				HC:95861 / 26,XU / 0	N640		\$1,614.00	CO-222	\$1,614.00	\$0.00
7304866909Z6	08/25/2023 - 08/25/2023				HC:95868 / 26 / 0	N640		\$1,310.00	CO-222	\$1,310.00	\$0.00
7304866909Z7	08/25/2023 - 08/25/2023				HC:95868 / 26,XU / 0	N640		\$1,310.00	CO-222	\$1,310.00	\$0.00

Payer: AMERIGROUP TENNESSEE, INC.	Check/EFT Trace Number: 3223038666	Check/EFT Date: 10/11/2023	Total Paid: \$120.66
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Line Details											Results: 8
Line Ctrl Nbr	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
7304866909Z8	08/25/2023 - 08/25/2023				HC:95999 // 0	N448		\$7,200.00	PR-256	\$7,200.00	\$0.00

Code Descriptions

REMARK CODE(S):

N381=Consult our contractual agreement for restrictions/billing/payment information related to these charges.

N448=This drug/service/supply is not included in the fee schedule or contracted/legislated fee arrangement.

N640=Exceeds number/frequency approved/allowed within time period.

N657=This should be billed with the appropriate code for these services.

N782=Alert: Patient is a Medicaid/ Qualified Medicare Beneficiary. Review your records for any wrongfully collected coinsurance. This amount may be billed to a subsequent payer.

AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

CO=Contractual Obligations

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)

253=Sequestration - reduction in federal payment

2=Coinsurance Amount

11=The diagnosis is inconsistent with the procedure. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

222=Exceeds the contracted maximum number of hours/days/units by this provider for this period. This is not patient specific. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

256=Service not payable per managed care contract.

CLAIM STATUS CODE(S):

1=Processed as Primary