

Check Summary

Transaction Date: October 12, 2023

BLUECROSS BLUESHIELD OF TEXAS P O BOX 660044 DALLAS, TX 752660044	Payee Tax ID: 463169064 Payee ID: 1356782718 Check/EFT Trace Number: C23285N36344230 Payment Amount: 0.00 Check/EFT Date: 10/12/2023 Production End Cycle Date: 10/12/2023	Payee Name: CYPRESS READING PLLC Payee Address: 15814 CHAMPION FOREST#189 SPRING, TX 773797141
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Patient Name: RISENHOOVER, TAMMY

Claim Number: 0202310150164K40X00

Claim Date: 11/29/2022-11/29/2022

Claim Status Code: 22

Patient ID: P5T831562783

Group / Policy: 0002989060004

Facility Type: 21

Claim Charge: \$-30,248.00

Patient Ctrl Nmbr: 0.2804214

Contract Hdr: PREFERRED PROVIDER
ORGANIZATION

Claim Frequency: 1

Claim Payment: \$0.00

Rendering Prvd: DE JESUS, MARIA A

Rendering Prv ID:

Claim Received Date: 04/11/2023

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
6789574318Z1	11/29/2022 - 11/29/2022				HC:95941 // 2	M127		\$-5,520.00	CO-252	\$-5,520.00	\$0.00
6789574318Z2	11/29/2022 - 11/29/2022				HC:95939 / 26 / 1	M127		\$-3,814.00	CO-252	\$-3,814.00	\$0.00
6789574318Z3	11/29/2022 - 11/29/2022				HC:95822 / 26 / 1	M127		\$-1,755.00	CO-252	\$-1,755.00	\$0.00
6789574318Z4	11/29/2022 - 11/29/2022				HC:95938 / 26 / 1	M127		\$-3,107.00	CO-252	\$-3,107.00	\$0.00
6789574318Z5	11/29/2022 - 11/29/2022				HC:95861 / 26 / 1	M127		\$-1,614.00	CO-252	\$-1,614.00	\$0.00
6789574318Z6	11/29/2022 - 11/29/2022				HC:95861 / 26,XU / 1	M127		\$-1,614.00	CO-252	\$-1,614.00	\$0.00
6789574318Z7	11/29/2022 - 11/29/2022				HC:95865 / 26 / 1	M127		\$-1,502.00	CO-252	\$-1,502.00	\$0.00
6789574318Z8	11/29/2022 - 11/29/2022				HC:95865 / 26,XU / 1	M127		\$-1,502.00	CO-252	\$-1,502.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23285N36344230	Check/EFT Date: 10/12/2023	Total Paid: \$0.00
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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
6789574318Z9	11/29/2022 - 11/29/2022				HC:95868 / 26,XU / 1	M127		\$-1,310.00	CO-252	\$-1,310.00	\$0.00
6789574318Z10	11/29/2022 - 11/29/2022				HC:95868 / 26,XU / 1	M127		\$-1,310.00	CO-252	\$-1,310.00	\$0.00
6789574318Z11	11/29/2022 - 11/29/2022				HC:95999 // 4	M127		\$-7,200.00	CO-252	\$-7,200.00	\$0.00

Patient Name: RISENHOOVER, TAMMY L	Claim Number: 0202310150164K40X01	Claim Date: 11/29/2022-11/29/2022	Claim Status Code: 1
Patient ID: P5T831562783	Group / Policy: 0002989060004	Facility Type: 21	Claim Charge: \$30,248.00
Patient Ctrl Nmbr: 0.2804214	Contract Hdr: PREFERRED PROVIDER ORGANIZATION	Claim Frequency:	Claim Payment: \$0.00
Rendering Prvd: DE JESUS, MARIA A	Rendering Prv ID:	Claim Received Date: 11/29/2022	Patient Resp: \$0.00
Original Ref Nmbr: 0202310150164K40X00			

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
	11/29/2022 - 11/29/2022				HC:95941 // 2	N199		\$5,520.00	PI-B12	\$5,520.00	\$0.00
	11/29/2022 - 11/29/2022				HC:95939 / 26 / 1	N199		\$3,814.00	PI-B12	\$3,814.00	\$0.00
	11/29/2022 - 11/29/2022				HC:95822 / 26 / 1	N199		\$1,755.00	PI-B12	\$1,755.00	\$0.00
	11/29/2022 - 11/29/2022				HC:95938 / 26 / 1	N199		\$3,107.00	PI-B12	\$3,107.00	\$0.00
	11/29/2022 - 11/29/2022				HC:95861 / 26 / 1	N199		\$1,614.00	PI-B12	\$1,614.00	\$0.00
	11/29/2022 - 11/29/2022				HC:95861 / 26,XU / 1	N199		\$1,614.00	PI-B12	\$1,614.00	\$0.00
	11/29/2022 - 11/29/2022				HC:95865 / 26 / 1	N199		\$1,502.00	PI-B12	\$1,502.00	\$0.00

Payer: BLUECROSS BLUESHIELD OF TEXAS	Check/EFT Trace Number: C23285N36344230	Check/EFT Date: 10/12/2023	Total Paid: \$0.00
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Line Details										Results: 11	
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
	11/29/2022 - 11/29/2022				HC:95865 / 26,XU / 1	N199		\$1,502.00	PI-B12	\$1,502.00	\$0.00
	11/29/2022 - 11/29/2022				HC:95868 / 26,XU / 1	N199		\$1,310.00	PI-B12	\$1,310.00	\$0.00
	11/29/2022 - 11/29/2022				HC:95868 / 26,XU / 1	N199		\$1,310.00	PI-B12	\$1,310.00	\$0.00
	11/29/2022 - 11/29/2022				HC:95999 // 4	N199		\$7,200.00	PI-B12	\$7,200.00	\$0.00

Code Descriptions

REMARK CODE(S):

M127=Missing patient medical record for this service.

N199=Additional payment/recoupment approved based on payer-initiated review/audit.

GROUP CODE(S):

CO=Contractual Obligations

PI=Payor Initiated Reductions

CLAIM ADJUSTMENT REASON CODE(S):

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).

B12=Services not documented in patient's medical records.

CLAIM STATUS CODE(S):

22=Reversal of Previous Payment

1=Processed as Primary