

Check Summary**Transaction Date:** October 17, 2023

BLUE CROSS MEDICARE ADVANTAGE C/O PROVIDER SVCS PO BOX 3686 SCRANTON, PA 18505	Payee Tax ID: 850542512 Payee ID: 1770111452 Check/EFT Trace Number: M23289E26888820 Payment Amount: 55.10 Check/EFT Date: 10/17/2023 Production End Cycle Date: 10/16/2023	Payee Name: PHYSICIAN OVERSIGHT LLC Payee Address: DEPT 880359 PO BOX 29650 PHOENIX, AZ 85038
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Patient Name: SPORE, PAM A**Claim Number:** 232641894900**Claim Date:** 08/16/2023-08/16/2023 **Claim Status Code:** 1

Patient ID: 804220412	Group / Policy:	Facility Type: 21	Claim Charge: \$10,179.00
Patient Ctrl Nmbr: 0.3108462	Contract Hdr: P20A4000	Claim Frequency:	Claim Payment: \$55.10
Rendering Prvd: MCAULIFFE, MATTHEW B	Rendering Prv ID:	Claim Received Date: 09/21/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

Line Details**Results:** 4

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
7311526001Z1	08/16/2023 - 08/16/2023				HC:95822 / 26 / 1		\$56.22 (B6)	\$2,436.00	CO-45 CO-253	\$2,379.78 \$1.12	\$55.10
7311526001Z2	08/16/2023 - 08/16/2023				HC:95938 / 26 / 0	N115 N1 N115 N1		\$2,943.00	CO-11	\$2,943.00	\$0.00
7311526001Z3	08/16/2023 - 08/16/2023				HC:95870 / 26 / 0	N115 N1 N115 N1		\$2,400.00	CO-11	\$2,400.00	\$0.00
7311526001Z4	08/16/2023 - 08/16/2023				HC:95870 / 26,XU / 0	N1		\$2,400.00	CO-18	\$2,400.00	\$0.00

Code Descriptions**REMARK CODE(S):**

Payer: BLUE CROSS MEDICARE ADVANTAGE C/O PROVIDER SVCS	Check/EFT Trace Number: M23289E26888820	Check/EFT Date: 10/17/2023	Total Paid: \$55.10
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REMARK CODE(S):

N1=Alert: You may appeal this decision in writing within the required time limits following receipt of this notice by following the instructions included in your contract, plan benefit documents or jurisdiction statutes.

N115=This decision was based on a Local Coverage Determination (LCD). An LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at www.cms.gov/mcd, or if you do not have web access, you may contact the contractor to request a copy of the LCD.

AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

CO=Contractual Obligations

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

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.

18=Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)

CLAIM STATUS CODE(S):

1=Processed as Primary