

Check Summary**Transaction Date:** October 24, 2023

BLUE CROSS MEDICARE ADVANTAGE C/O PROVIDER SVCS PO BOX 3686 SCRANTON, PA 18505	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: M23296E27051410 Payment Amount: 56.45 Check/EFT Date: 10/24/2023 Production End Cycle Date: 10/23/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: 9811 W CHARLESTON BLVD #2 641 LAS VEGAS, NV 891177528
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Patient Name: CANTLOW, RAENIA**Claim Number:** 232721437000**Claim Date:** 09/25/2023-09/25/2023 **Claim Status Code:** 1

Patient ID: 804237661	Group / Policy:	Facility Type: 21	Claim Charge: \$22,412.00
Patient Ctrl Nmbr: 0.3153806	Contract Hdr: P4002000	Claim Frequency:	Claim Payment: \$56.45
Rendering Prvd: GAVVALA, JAY	Rendering Prv ID:	Claim Received Date: 09/29/2023	Patient Resp: \$97.34
Original Ref Nmbr:			

Line Details **Results: 10**

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
7350974556Z1	09/25/2023 - 09/25/2023				HC:95939 / 26 / 0	N115 N1 N115 N1		\$3,814.00	CO-11	\$3,814.00	\$0.00
7350974556Z2	09/25/2023 - 09/25/2023				HC:95822 / 26,XU / 1		\$57.60 (B6)	\$1,755.00	CO-45 CO-253	\$1,697.40 \$1.15	\$56.45
7350974556Z3	09/25/2023 - 09/25/2023				HC:95938 / 26 / 0	N115 N1 N115 N1		\$3,107.00	CO-11	\$3,107.00	\$0.00
7350974556Z4	09/25/2023 - 09/25/2023				HC:51785 / 26 / 1	N1	\$97.34 (B6)	\$1,071.00	PR-1 CO-45	\$97.34 \$973.66	\$0.00
7350974556Z5	09/25/2023 - 09/25/2023				HC:51785 / 26,XU / 0	N1		\$1,071.00	CO-18	\$1,071.00	\$0.00

Payer: BLUE CROSS MEDICARE ADVANTAGE C/O PROVIDER SVCS	Check/EFT Trace Number: M23296E27051410	Check/EFT Date: 10/24/2023	Total Paid: \$56.45
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Line Details **Results:** 10

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
7350974556Z6	09/25/2023 - 09/25/2023				HC:95861 / 26,XU / 0	N115 N1 N115 N1		\$1,614.00	CO-11	\$1,614.00	\$0.00
7350974556Z7	09/25/2023 - 09/25/2023				HC:95861 / 26,XU / 0	N1		\$1,614.00	CO-18	\$1,614.00	\$0.00
7350974556Z8	09/25/2023 - 09/25/2023				HC:95870 / 26,XU / 0	N115 N1 N115 N1		\$583.00	CO-11	\$583.00	\$0.00
7350974556Z9	09/25/2023 - 09/25/2023				HC:95870 / 26,XU / 0	N1		\$583.00	CO-18	\$583.00	\$0.00
7350974556Z10	09/25/2023 - 09/25/2023				HC:95999 // 0	M53 N1 M53 N1		\$7,200.00	PI-16	\$7,200.00	\$0.00

Code Descriptions

REMARK CODE(S):

M53=Missing/incomplete/invalid days or units of service.

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

PR=Patient Responsibility

PI=Payor Initiated Reductions

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CLAIM ADJUSTMENT REASON CODE(S):

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.

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

1=Deductible Amount

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

16=Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

CLAIM STATUS CODE(S):

1=Processed as Primary