

Check Summary

Transaction Date: October 17, 2023

COMPCARE HEALTH SERVICE INS CORP 3075 VANDERCAR WAY CINCINNATI, OH 45209 WWW.ANTHEM.COM/PROVIDER/ROUTER	Payee Tax ID: 271622508 Payee ID: 1174916522 Check/EFT Trace Number: 9022293286 Payment Amount: 0.00 Check/EFT Date: 10/17/2023 Production End Cycle Date: 10/18/2023	Payee Name: MONITORING ASSOCIATES LLC Payee Address: PO BOX 29650 DEPT 880256 PHOENIX, AZ 85038
--	--	---

Provider Adjustments

Provider Adjustment Code	Provider Adjustment Identifier	Provider Adjustment Amount
FB	9021684849 0.3061661	\$-272.08
FB	9022293286 0.3061661	\$174.39

Patient Name: FOERSTER, LOIS

Claim Number: 254056579900840

Claim Date: 10/26/2022-10/26/2022 Claim Status Code: 22

Patient ID: ZRB900M70287

Group / Policy: WIMCRWP0

Facility Type: 22

Claim Charge: \$-11,690.00

Patient Ctrl Nmbr: 0.2763476

Contract Hdr: WISCONSIN MEDICARE WLP

Claim Frequency: 1

Claim Payment: \$0.00

Rendering Prvd: THOMAS, GEORGE

Rendering Prv ID:

Claim Received Date: 09/13/2023

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
7279377953Z1	10/26/2022 - 10/26/2022				HC:95822 / 26 / 0	M127		\$-1,755.00	CO-252	\$-1,755.00	\$0.00
7279377953Z2	10/26/2022 - 10/26/2022				HC:95938 / 26 / 0	M127		\$-3,107.00	CO-252	\$-3,107.00	\$0.00
7279377953Z3	10/26/2022 - 10/26/2022				HC:95861 / 26 / 0	M127		\$-1,614.00	CO-252	\$-1,614.00	\$0.00
7279377953Z4	10/26/2022 - 10/26/2022				HC:95861 / 26,XU / 0	M127		\$-1,614.00	CO-252	\$-1,614.00	\$0.00
7279377953Z5	10/26/2022 - 10/26/2022				HC:95999 / / 0	M127		\$-3,600.00	CO-252	\$-3,600.00	\$0.00

Payer: COMPCARE HEALTH SERVICE INS CORP	Check/EFT Trace Number: 9022293286	Check/EFT Date: 10/17/2023	Total Paid: \$0.00
--	---	-----------------------------------	---------------------------

Patient Name: FOERSTER, LOIS	Claim Number: 254056579901796	Claim Date: 10/26/2022-10/26/2022	Claim Status Code: 1
Patient ID: ZRB900M70287	Group / Policy: WIMCRWP0	Facility Type: 22	Claim Charge: \$11,690.00
Patient Ctrl Nmbr: 0.2763476	Contract Hdr: WISCONSIN MEDICARE WLP	Claim Frequency: 1	Claim Payment: \$97.69
Rendering Prvd: THOMAS, GEORGE	Rendering Prv ID:	Claim Received Date: 09/13/2023	Patient Resp: \$3,600.00
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
7279377953Z1	10/26/2022 - 10/26/2022				HC:95822 / 26 / 1	N381	\$55.49 (B6)	\$1,755.00	CO-45 CO-253	\$1,699.51 \$1.11	\$54.38
7279377953Z2	10/26/2022 - 10/26/2022				HC:95938 / 26 / 1	N381	\$44.19 (B6)	\$3,107.00	CO-45 CO-253	\$3,062.81 \$0.88	\$43.31
7279377953Z3	10/26/2022 - 10/26/2022				HC:95861 / 26 / 0	N640		\$1,614.00	CO-222	\$1,614.00	\$0.00
7279377953Z4	10/26/2022 - 10/26/2022				HC:95861 / 26,XU / 0	N640		\$1,614.00	CO-222	\$1,614.00	\$0.00
7279377953Z5	10/26/2022 - 10/26/2022				HC:95999 / / 0	N448		\$3,600.00	PR-256	\$3,600.00	\$0.00

Code Descriptions

REMARK CODE(S):

FB=Forwarding Balance
M127=Missing patient medical record for this service.
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.

AMT CODE(S):

B6=Allowed - Actual

GROUP CODE(S):

CO=Contractual Obligations
PR=Patient Responsibility

CLAIM ADJUSTMENT REASON CODE(S):

Payer: COMPCARE HEALTH SERVICE INS CORP	Check/EFT Trace Number: 9022293286	Check/EFT Date: 10/17/2023	Total Paid: \$0.00
--	---	-----------------------------------	---------------------------

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).

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

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):

22=Reversal of Previous Payment

1=Processed as Primary