

## Check Summary

Transaction Date: October 13, 2023

UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY INC PO BOX 5290 KINGSTON, NY 124025290	<b>Payee Tax ID:</b>	271622508	<b>Payee Name:</b>	MONITORING ASSOCIATES
	<b>Payee ID:</b>	1174916522	<b>Payee Address:</b>	PROF FEES
	<b>Check/EFT Trace Number:</b>	23284B1001387739		PO BOX 29650 DEPT 880256
	<b>Payment Amount:</b>	0.00		PHOENIX, AZ 850389650
	<b>Check/EFT Date:</b>	10/13/2023		
	<b>Production End Cycle Date:</b>	10/09/2023		

Patient Name: KEENER, WILLIAM A

Claim Number: 23E830407201

Claim Date: 05/03/2022-05/03/2022 Claim Status Code: 22

<b>Patient ID:</b> 123288205	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b>	\$-30,144.00
<b>Patient Ctrl Nmbr:</b> 0.2555252	<b>Contract Hdr:</b> TN DUAL SNP FULL	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b>	\$-1,982.10
<b>Rendering Prvd:</b> NATH, AUDREY R	COVERAGE	<b>Claim Received Date:</b> 04/04/2023	<b>Patient Resp:</b>	\$0.00
<b>Original Ref Nmbr:</b>	<b>Rendering Prv ID:</b>			

## Line Details

Results: 7

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
6767670164Z1	05/03/2022 - 05/03/2022				HC:95941 / / 4	M51		\$-11,040.00	CO-16	\$-11,040.00	\$0.00
6767670164Z2	05/03/2022 - 05/03/2022				HC:95939 / 26 / 1		\$-108.43 (B6)	\$-3,814.00	CO-216 CO-253	\$-3,705.57 \$-1.08	\$-107.35
6767670164Z3	05/03/2022 - 05/03/2022				HC:95822 / 26 / 1		\$-52.16 (B6)	\$-1,755.00	CO-216 CO-253	\$-1,702.84 \$-0.52	\$-51.64
6767670164Z4	05/03/2022 - 05/03/2022				HC:95938 / 26 / 1		\$-41.53 (B6)	\$-3,107.00	CO-216 CO-253	\$-3,065.47 \$-0.42	\$-41.11
6767670164Z5	05/03/2022 - 05/03/2022				HC:95861 / 26 / 1			\$-1,614.00	CO-151	\$-1,614.00	\$0.00
6767670164Z6	05/03/2022 - 05/03/2022				HC:95861 / 26,XU / 1			\$-1,614.00	CO-151	\$-1,614.00	\$0.00
6767670164Z7	05/03/2022 - 05/03/2022				HC:95999 / / 4		\$-1,800.00 (B6)	\$-7,200.00	CO-216 CO-253	\$-5,400.00 \$-18.00	\$-1,782.00

Medicare Outpatient Adjudication Information:Remark Codes - M51

<b>Payer:</b> UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY INC	<b>Check/EFT Trace Number:</b> 23284B1001387739	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$0.00
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<b>Patient Name:</b> KEENER, WILLIAM A	<b>Claim Number:</b> 23E830407202	<b>Claim Date:</b> 05/03/2022-05/03/2022	<b>Claim Status Code:</b> 1
<b>Patient ID:</b> 123288205	<b>Group / Policy:</b>	<b>Facility Type:</b> 21	<b>Claim Charge:</b> \$30,144.00
<b>Patient Ctrl Nmbr:</b> 0.2555252	<b>Contract Hdr:</b> TN DUAL SNP FULL	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$1,982.10
<b>Rendering Prvd:</b> NATH, AUDREY R	<b>COVERAGE</b>	<b>Claim Received Date:</b> 04/04/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>	<b>Rendering Prv ID:</b>		

Line Details											Results: 7
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
6767670164Z1	05/03/2022 - 05/03/2022				HC:95941 // 4	M51		\$11,040.00	CO-16	\$11,040.00	\$0.00
6767670164Z2	05/03/2022 - 05/03/2022				HC:95939 / 26 / 1		\$108.43 (B6)	\$3,814.00	CO-216 CO-253	\$3,705.57 \$1.08	\$107.35
6767670164Z3	05/03/2022 - 05/03/2022				HC:95822 / 26 / 1		\$52.16 (B6)	\$1,755.00	CO-216 CO-253	\$1,702.84 \$0.52	\$51.64
6767670164Z4	05/03/2022 - 05/03/2022				HC:95938 / 26 / 1		\$41.53 (B6)	\$3,107.00	CO-216 CO-253	\$3,065.47 \$0.42	\$41.11
6767670164Z5	05/03/2022 - 05/03/2022				HC:95861 / 26 / 1			\$1,614.00	CO-151	\$1,614.00	\$0.00
6767670164Z6	05/03/2022 - 05/03/2022				HC:95861 / 26,XU / 1			\$1,614.00	CO-151	\$1,614.00	\$0.00
6767670164Z7	05/03/2022 - 05/03/2022				HC:95999 // 4		\$1,800.00 (B6)	\$7,200.00	CO-216 CO-253	\$5,400.00 \$18.00	\$1,782.00

Supplemental Information - AMT/Payer Codes: \$2,002.12 (AU)

Medicare Outpatient Adjudication Information:Remark Codes - M51

#### Code Descriptions

##### REMARK CODE(S):

M51=Missing/incomplete/invalid procedure code(s).

##### AMT CODE(S):

B6=Allowed - Actual

AU=Coverage Amount

<b>Payer:</b> UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY INC	<b>Check/EFT Trace Number:</b> 23284B1001387739	<b>Check/EFT Date:</b> 10/13/2023	<b>Total Paid:</b> \$0.00
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**GROUP CODE(S):**

CO=Contractual Obligations

**CLAIM ADJUSTMENT REASON CODE(S):**

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.

216=Based on the findings of a review organization

253=Sequestration - reduction in federal payment

151=Payment adjusted because the payer deems the information submitted does not support this many/frequency of services.

**CLAIM STATUS CODE(S):**

22=Reversal of Previous Payment

1=Processed as Primary