

Check Summary**Transaction Date:** October 12, 2023

UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY INC PO BOX 5290 KINGSTON, NY 124025290	Payee Tax ID:	271622508	Payee Name:	MONITORING ASSOCIATES
	Payee ID:	1174916522	Payee Address:	9811 W CHARLESTON BLVD STE 2 641
	Check/EFT Trace Number:	23281B1000278813		LAS VEGAS, NV 89117
	Payment Amount:	1,796.18		
	Check/EFT Date:	10/12/2023		
	Production End Cycle Date:	10/06/2023		

Provider Adjustments

Provider Adjustment Code	Provider Adjustment Identifier	Provider Adjustment Amount
WO	20230929,0.2386087	\$-141.27
WO	20230929,0.2534263	\$-44.65

Patient Name: KEENER, WILLIAM A**Claim Number:** 23E830407200**Claim Date:** 05/03/2022-05/03/2022 **Claim Status Code:** 22**Patient ID:** 123288205**Group / Policy:****Facility Type:** 21**Claim Charge:** \$-30,144.00**Patient Ctrl Nmbr:** 0.2555252**Contract Hdr:** TN DUAL SNP FULL**Claim Frequency:** 1**Claim Payment:** \$0.00**Rendering Prvd:** NATH, AUDREY R**COVERAGE****Claim Received Date:** 04/04/2023**Patient Resp:** \$0.00**Original Ref Nmbr:****Rendering Prv ID:****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	N366		\$-3,814.00	CO-251	\$-3,814.00	\$0.00
6767670164Z3	05/03/2022 - 05/03/2022				HC:95822 / 26 / 1	N366		\$-1,755.00	CO-251	\$-1,755.00	\$0.00
6767670164Z4	05/03/2022 - 05/03/2022				HC:95938 / 26 / 1	N366		\$-3,107.00	CO-251	\$-3,107.00	\$0.00
6767670164Z5	05/03/2022 - 05/03/2022				HC:95861 / 26 / 1			\$-1,614.00	CO-151	\$-1,614.00	\$0.00

Payer: UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY INC	Check/EFT Trace Number: 23281B1000278813	Check/EFT Date: 10/12/2023	Total Paid: \$1,796.18
---	---	-----------------------------------	-------------------------------

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
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	N366		\$-7,200.00	CO-251	\$-7,200.00	\$0.00

Medicare Outpatient Adjudication Information:Remark Codes - M51, N366

Patient Name: KEENER, WILLIAM A	Claim Number: 23E830407201	Claim Date: 05/03/2022-05/03/2022	Claim Status Code: 1
Patient ID: 123288205	Group / Policy:	Facility Type: 21	Claim Charge: \$30,144.00
Patient Ctrl Nmbr: 0.2555252	Contract Hdr: TN DUAL SNP FULL COVERAGE	Claim Frequency: 1	Claim Payment: \$1,982.10
Rendering Prvd: NATH, AUDREY R	Rendering Prv ID:	Claim Received Date: 04/04/2023	Patient Resp: \$0.00
Original Ref Nmbr:			

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)

Payer: UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY INC	Check/EFT Trace Number: 23281B1000278813	Check/EFT Date: 10/12/2023	Total Paid: \$1,796.18
---	---	-----------------------------------	-------------------------------

Medicare Outpatient Adjudication Information:Remark Codes - M51

Code Descriptions

REMARK CODE(S):

WO=Overpayment Recovery

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

N366=Requested information not provided. The claim will be reopened if the information previously requested is submitted within one year after the date of this denial notice.

AMT CODE(S):

B6=Allowed - Actual

AU=Coverage Amount

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.

251=The attachment/other documentation that was received was incomplete or deficient. The necessary information is still needed to process the claim. 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).

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

216=Based on the findings of a review organization

253=Sequestration - reduction in federal payment

CLAIM STATUS CODE(S):

22=Reversal of Previous Payment

1=Processed as Primary