

**Check Summary****Transaction Date:** October 25, 2023

UNITED HEALTHCARE INSURANCE COMPANY PO BOX 30555 SALT LAKE CITY, UT 841300555	<b>Payee Tax ID:</b> 510654972 <b>Payee ID:</b> 1659765204 <b>Check/EFT Trace Number:</b> 9SW13879426 <b>Payment Amount:</b> 1,674.00 <b>Check/EFT Date:</b> 10/25/2023 <b>Production End Cycle Date:</b> 10/20/2023	<b>Payee Name:</b> NEUROMONITORING ASSOCIATES <b>Payee Address:</b> 9811 W CHARLESTON BLVD STE 2 641 LAS VEGAS, NV 89117
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**Patient Name:** OLIVA, JOSEPHINE**Claim Number:** DT99873012 0022971459**Claim Date:** 06/28/2022-06/28/2022 **Claim Status Code:** 22

<b>Patient ID:</b>	<b>Group / Policy:</b> 922942	<b>Facility Type:</b> 15	<b>Claim Charge:</b> \$-13,008.00
<b>Patient Ctrl Nmbr:</b> 0.2619126	<b>Contract Hdr:</b> SEL+POS	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$0.00
<b>Rendering Prvd:</b> NEUROMONITORING ASSOCIATES LL,	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 02/23/2023	<b>Patient Resp:</b> \$0.00
<b>Original Ref Nmbr:</b>			

**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
6292387237Z7	06/28/2022 - 06/28/2022				HC:95868 / TC / 1			\$-2,904.00	CO-58	\$-2,904.00	\$0.00
6292387237Z8	06/28/2022 - 06/28/2022				HC:95868 / TC,XU / 1			\$-2,904.00	CO-58	\$-2,904.00	\$0.00
6292387237Z9	06/28/2022 - 06/28/2022				HC:95999 // 3	N362		\$-5,400.00	CO-96	\$-5,400.00	\$0.00
6292387237Z9	06/28/2022 - 06/28/2022				HC:95999 // 1	M80		\$-1,800.00	CO-234	\$-1,800.00	\$0.00

Medicare Outpatient Adjudication Information:Remark Codes - MA15

**Patient Name:** OLIVA, JOSEPHINE**Claim Number:** DT99873012 0035364581**Claim Date:** 06/28/2022-06/28/2022 **Claim Status Code:** 1

<b>Patient ID:</b>	<b>Group / Policy:</b> 922942	<b>Facility Type:</b> 15	<b>Claim Charge:</b> \$13,008.00
<b>Patient Ctrl Nmbr:</b> 0.2619126	<b>Contract Hdr:</b> SEL+POS	<b>Claim Frequency:</b> 1	<b>Claim Payment:</b> \$1,674.00
<b>Rendering Prvd:</b> NEUROMONITORING ASSOCIATES LL,	<b>Rendering Prv ID:</b>	<b>Claim Received Date:</b> 02/23/2023	<b>Patient Resp:</b> \$3,726.00
<b>Original Ref Nmbr:</b> DT99873012 0022971459			

<b>Payer:</b> UNITED HEALTHCARE INSURANCE COMPANY	<b>Check/EFT Trace Number:</b> 9SW13879426	<b>Check/EFT Date:</b> 10/25/2023	<b>Total Paid:</b> \$1,674.00
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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
6292387237Z7	06/28/2022 - 06/28/2022				HC:95868 / TC / 1			\$2,904.00	CO-58	\$2,904.00	\$0.00
6292387237Z8	06/28/2022 - 06/28/2022				HC:95868 / TC,XU / 1			\$2,904.00	CO-58	\$2,904.00	\$0.00
6292387237Z9	06/28/2022 - 06/28/2022				HC:95999 // 3	N830	\$1,674.00 (B6)	\$5,400.00	CO-242	\$3,726.00	\$1,674.00
6292387237Z9	06/28/2022 - 06/28/2022				HC:95999 // 1	M80		\$1,800.00	CO-234	\$1,800.00	\$0.00

Supplemental Information - AMT/Payer Codes: \$1,674.00 (AU)

Medicare Outpatient Adjudication Information:Remark Codes - MA15

#### Code Descriptions

##### REMARK CODE(S):

M80=Not covered when performed during the same session/date as a previously processed service for the patient.

MA15=Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

N362=The number of Days or Units of Service exceeds our acceptable maximum.

N830=Alert: The charge[s] for this service was processed in accordance with Federal/ State, Balance Billing/ No Surprise Billing regulations. As such, any amount identified with OA, CO, or PI cannot be collected from the member and may be considered provider liability or be billable to a subsequent payer. Any amount the provider collected over the identified PR amount must be refunded to the patient within applicable Federal/State timeframes. Payment amounts are eligible for dispute pursuant to any Federal/State documented appeal/grievance process(es).

##### AMT CODE(S):

B6=Allowed - Actual

AU=Coverage Amount

##### GROUP CODE(S):

CO=Contractual Obligations

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

S8=Treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

<b>Payer:</b> UNITED HEALTHCARE INSURANCE COMPANY	<b>Check/EFT Trace Number:</b> 9SW13879426	<b>Check/EFT Date:</b> 10/25/2023	<b>Total Paid:</b> \$1,674.00
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**CLAIM ADJUSTMENT REASON CODE(S):**

96=Non-covered charge(s). 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.)

Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

234=This procedure is not paid separately. 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.)

242=Services not provided by network/primary care providers.

**CLAIM STATUS CODE(S):**

22=Reversal of Previous Payment

1=Processed as Primary