

Electronic Remittance Advice

▼ Payer

For questions regarding this ERA, please contact the payer by phone at N/A

TML HEALTH
PO BOX 149190
AUSTIN, TX 78714

JEANNINE K HOANG
NPI: 1578513933

Remittance Date
07/01/2021

Payment Method
Automated Clearing House (ACH)

Trace/Check
PAY-PLUS PAYMENT ID - 159352200

Check Number: PAY-PLUS PAYMENT ID - 159352200

Original Amount: \$35.57

Check Amount
\$35.57 ()

Practice Level Payment or Deduction
\$0.00

ERA Details

ST PIERRE-COURTNEY, JOLENE Claim: **CB003ZVP4C017** HOANG,JEANNINE,K,MD, null
(1578513933)

TML HEALTH Policy #: 491930015115 Plan Type: 12 Claim Version: — Payer Claim # 21161352529

Provider	Proc Date	Code	Units	Billed	Allowed	Paid	Reason Code	Adj	Reason Code	PT Resp	Remark
1578513933	06/07/21	99213 25	1	118.78	60.26	60.26	CO-45 ⓘ	43.46			
							CO-96 ⓘ	15.06			
1578513933	06/07/21	17110	1	149.72	90.24	90.24	CO-45 ⓘ	36.92			
							CO-96 ⓘ	22.56			
		Claim Totals:		268.50	150.50	150.50	118.00		0.00		

Payer Comments

Bill Balance Overview

No Claim is associated to claim payment

Code Definitions

Code/Remark	Definition
CO45	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)
CO96	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.