

HUMANA INC. []
P.O. BOX 14601
LEXINGTON, KY 405124601
(000)000-0000
APPS.HUMANA.COM/MARKETING/DOCUMENTS.ASP?FILE=2859948

REMITTANCE
ADVICE

BYRON CENTER FAMILY MEDICINE [941242]
7740 BYRON CENTER AVE SW STE 2

BYRON CENTER, MI 49315

NPI #: 1982923660
PAGE #: 1 of 2
DATE: 2025-04-26
EFT #: 157770794250427
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME BLACK, TRACIE L					HIC H76819103	ACNT 4760LMD642				ICN 820250900970547	ASG Y MOA	
1306898036	0212	021225	11	1	G9622		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0212	021225	11	1	G0439		361.00	0.00	0.00	0.00	CO-222	361.00 0.00
						HCPI: RECONSIDERATION						
1306898036	0212	021225	11	1	99396	25	327.00	116.78	0.00	0.00	CO-253 CO-45	2.34 210.22 114.44
						HCPI: RECONSIDERATION						
1306898036	0212	021225	11	1	99497	33	132.00	0.00	0.00	0.00	CO-97	132.00 0.00
						REM: N19						
						HCPI: RECONSIDERATION						
1306898036	0212	021225	11	1	G2211		25.00	0.00	0.00	0.00	CO-B15	25.00 0.00
						HCPI: RECONSIDERATION						
1306898036	0212	021225	11	1	G0442	XU	43.00	0.00	0.00	0.00	CO-96	43.00 0.00
						REM: N640						
						HCPI: RECONSIDERATION						
1306898036	0212	021225	11	1	G0444	XU	91.00	0.00	0.00	0.00	CO-151	91.00 0.00
						REM: N640						
						HCPI: RECONSIDERATION						
1306898036	0212	021225	11	1	G2211		25.00	0.00	0.00	0.00	CO-96	25.00 0.00
						REM: N640						
						HCPI: RECONSIDERATION						
1306898036	0212	021225	11	1	36415		20.00	0.00	0.00	0.00	CO-18	20.00 0.00
						HCPI: RECONSIDERATION						
1306898036	0212	021225	11	1	39822552503		12.00	0.00	0.00	0.00	CO-18	12.00 0.00
						HCPI: RECONSIDERATION						
1306898036	0212	021225	11	4	72266011925		56.00	0.00	0.00	0.00	CO-18	56.00 0.00
						HCPI: RECONSIDERATION						
1306898036	0212	021225	11	2	39822552503		24.00	0.00	0.00	0.00	CO-18	24.00 0.00
						HCPI: RECONSIDERATION						
1306898036	0212	021225	11	1	96372		45.00	0.00	0.00	0.00	CO-18	45.00 0.00
						HCPI: RECONSIDERATION						
1306898036	0212	021225	11	1	72266011925		14.00	0.00	0.00	0.00	CO-18	14.00 0.00
						HCPI: RECONSIDERATION						
1306898036	0212	021225	11	1	3075F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0212	021225	11	1	3079F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0212	021225	11	1	G8431		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1306898036	0212	021225	11	1	1158F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
PT RESP		0.00			CLAIM TOTALS		1175.00	116.78	0.00	0.00	1060.56	114.44
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	NET 114.44
PLAN TYPE: MEDICARE ADVANTAGE PPO												
STATUS CODE 1: Processed as Primary												

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	1175.00	116.78	0.00	0.00	1060.56	114.44	0.00	114.44

GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES

- CO-151 Payment adjusted because the payer deems the information submitted does not support this many services.
- CO-18 Duplicate claim / service.
- CO-222 Exceeds the contracted maximum number of hours / days / units by this provider for this period. This is not patient specific. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- CO-253 Sequestration - reduction in federal spending
- CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
- CO-96 Non-covered charge(s).
- CO-97 Payment adjusted because the benefit for this service is included in the payment / allowance for another service / procedure that has already been adjudicated
- CO-B15 Payment adjusted because this service / procedure requires that a qualifying service / procedure be



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received and covered. The qualifying other service / procedure has not been received / adjudicated.

N19 Procedure code incidental to primary procedure.
N640 Exceeds number / frequency approved / allowed within time period.

