BCBSM [] 600 E LAFAYETTE DETROIT, MI 482262998 (800)282-4548

TIMOTHY J TOBOLIC MD PLLC

NPI #: 1982923660 PAGE #: 1 of 3 DATE: 2025-04-11 EFT #: 790091863 TAX ID #: 272620668

BYRON CENTER, MI 493156928

DENIE DD011	45511 D.M.	200	370.0	220					DEDUGE	G0.737.G	GDD /DG 11	·	DD011 DD
REND PROV	SERV DATE	POS	NOS	PRO			BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AN		PROV PD
NAME BLACK						ACNT	5572LMD64				7800710 ASC	L	
1306898036	0331 033125	11	1	99211	25		45.00	21.23	0.00	0.00	CO-253	0.42	20.81
											CO-45	23.77	
1306898036	0331 033125	11	1	11622			405.00	232.97	0.00	0.00	CO-253	4.66	228.31
			_								CO-45	172.03	
1306898036	0331 033125	TT	1	G2211			25.00	15.26	0.00	0.00	CO-253	0.31	14.95
				2054-							CO-45	9.74	
	0331 033125			3074F			0.00	0.00	0.00	0.00			0.00
	0331 033125			3078F			0.00	0.00	0.00	0.00			0.00
	0331 033125			3008F			0.00	0.00	0.00	0.00			0.00
	0331 033125			2001F			0.00	0.00	0.00	0.00			0.00
	0331 033125			2000F			0.00	0.00	0.00	0.00			0.00
	0331 033125			1000F			0.00	0.00	0.00	0.00			0.00
	0331 033125			1159F			0.00	0.00	0.00	0.00			0.00
	0331 033125	TT	1	1160F			0.00	0.00	0.00	0.00		010 00	0.00
PT RESP	0.00			CLAIM	TOTALS		475.00	269.46	0.00	0.00		210.93	264.07
	AL: PREV PD	_	_		INTER	EST	0.00	LATE	FILING	CHARGE	0.00	NET	264.07
STATUS COD	E 1: Process	ed a	s Pr	ımary									
NAME FRANS	ENS, JAMES O		HT	¬ x31.M	68819009	ACNT	5551LMD64	2	TCN 2	2625092680	7900710 ASC	Y MOA	
	0328 032825			99214		110111	219.00	120.84	0.00	0.00	CO-253	2.42	118.42
			_								CO-45	98.16	
1013940584	0328 032825	11	1	G0446	זוצ		61.88	30.94	0.00	0.00	CO-253	0.62	30.32
1013710301	0520 052025		_	30110	210		01.00	30.71	0.00	0.00	CO-45	30.94	30.32
1013040584	0328 032825	11	1	G2211			25.00	15.26	0.00	0.00	CO-253	0.31	14.95
1013940304	0320 032023		_	GZZII			23.00	13.20	0.00	0.00	CO-45	9.74	14.93
1012040594	0328 032825	11	1	3075F			0.00	0.00	0.00	0.00	CO-43	3.74	0.00
	0328 032825			3073F			0.00	0.00	0.00	0.00			0.00
	0328 032825			1036F			0.00	0.00	0.00	0.00			0.00
	0328 032825			3008F			0.00	0.00	0.00	0.00			0.00
	0328 032825			2001F									
							0.00	0.00	0.00	0.00			0.00
	0328 032825			2000F			0.00	0.00	0.00	0.00			0.00
	0328 032825			1000F			0.00	0.00	0.00	0.00			0.00
	0328 032825			1159F			0.00	0.00	0.00	0.00			0.00
	0328 032825	11	1	1160F			0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM	TOTALS		305.88	167.04	0.00	0.00		142.19	163.69
	AL: PREV PD	_	_		INTER	EST	0.00	LATE	FILING	CHARGE	0.00	NET	163.69
STATUS COD	E 1: Process	ed a	s Pr	ımary									
NAME FRANS	ENS, JAMES O		HT	¬ x31.M	68819009	ACNT	5530LMD64	2	TCN 2	725090891	3200710 ASC	Y MOA	
	0325 032525			99215		110111	339.70	169.85	0.00	0.00	CO-253	3.40	166.45
1013310301	0323 032323		_	JJ213	23		333.70	103.03	0.00	0.00	CO-45	169.85	100.15
1012040504	0325 032525	11	1	G2211			25.00	15.26	0.00	0.00	CO-253	0.31	14.95
1013340364	0323 032323			GZZII			25.00	15.20	0.00	0.00	CO-45	9.74	14.33
1012040504	0325 032525	11	1	3077F			0.00	0.00	0.00	0.00	CO-43	2.12	0.00
	0325 032525			3077F			0.00	0.00	0.00	0.00			0.00
	0325 032525			3078F			0.00	0.00	0.00	0.00			0.00
	0325 032525			2001F			0.00	0.00	0.00	0.00			0.00
	0325 032525			2000F			0.00	0.00	0.00	0.00			0.00
	0325 032525			1000F			0.00	0.00	0.00	0.00			0.00
	0325 032525			1159F			0.00	0.00	0.00	0.00			0.00
	0325 032525	TT	1	1160F			0.00	0.00	0.00	0.00		100 00	0.00
PT RESP	0.00			CLAIM	TOTALS		364.70	185.11	0.00	0.00		183.30	181.40
	AL: PREV PD	_	_		INTER	EST	0.00	LATE	FILING	CHARGE	0.00	NET	181.40
STATUS COD	E 1: Process	ed a	s Pr	ımary									



BCBSM REMITTANCE

1982923660 NPI #: ADVICE TIMOTHY J TOBOLIC MD PLLC EFT #: 790091863 PAGE #: 2 of 3 DATE: 2025-04-11

REND PROV	SERV DATE	POS	NOS	PRO	C MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-A	MT	PROV PD
NAME KITI	ER, DAVID W		HI	C X3L9	10052465 ACI	NT 3921LMD64	12	ICN :	2625048845	5100710 AS	G Y MOA	
101394058	4 0103 01032	5 11	1	99214	25	219.00	120.84	0.00	0.00	CO-253	2.42	118.42
										CO-45	98.16	
101394058	4 0103 01032	5 11	1	29580		114.00	0.00	0.00	0.00	CO-4	114.00	0.00
					REM: N823							
101394058	4 0103 01032	5 11	1	G2211		25.00	15.26	0.00	0.00	CO-253	0.31	14.95
										CO-45	9.74	
101394058	4 0103 01032	5 11	1	3075F		0.00	0.00	0.00	0.00			0.00
	4 0103 01032			3079F		0.00	0.00	0.00				0.00
PT RESP	0.00		_		TOTALS	358.00	136.10	0.00	0.00		224.63	133.37
	TAL: PREV PD			CLIMIN	INTEREST	0.34		FILING		0.00	NET	133.37
	DE 1: Proces		e Dr	imarv	INTEREST	0.34	HAIR	FILLING	CHARGE	0.00	MEI	133.37
DIMIOD CC	DE I. IIOCEB	sea a		ımaı y								
NAME KITI	ER, DAVID W		нт	C X3T.9	10052465 20	NT 5284LMD64	12	TCN	2725090933	9100710 AS	G Y MOA	
	4 0307 03072	5 11		99214		241.68	0.00	0.00		OA-18	241.68	0.00
	4 0307 03072			G2211		25.00	0.00	0.00	0.00	OA-18	25.00	0.00
101394058	4 0307 03072	2 11		99406		23.00	0.00	0.00	0.00	CO-146	23.00	0.00
101204050	4 0205 02050	- 11	-	2005	REM: M76	0.00	0.00	0 00	0.00			0.00
	4 0307 03072			3075F		0.00	0.00	0.00	0.00			0.00
	4 0307 03072	5 II		3078F		0.00	0.00	0.00				0.00
PT RESP	0.00			CLAIM	TOTALS	289.68	0.00	0.00			289.68	0.00
	TAL: PREV PD			_	INTEREST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
STATUS CO	DE 1: Proces	sed a	s Pr	imary								
	ER, DAVID W					NT 5282LMD64				9300710 AS		
	4 0221 02212			99214		219.00	0.00	0.00		OA-18	219.00	0.00
	4 0221 02212			G2211		25.00	0.00	0.00		OA-18	25.00	0.00
101394058	4 0221 02212	5 11	1	99406		23.00	0.00	0.00	0.00	CO-146	23.00	0.00
					REM: M76							
	4 0221 02212			29580		114.00	0.00	0.00		OA-18	114.00	0.00
101394058	4 0221 02212	5 11	1	3075F		0.00	0.00	0.00	0.00			0.00
101394058	4 0221 02212	5 11	1	3078F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM	TOTALS	381.00	0.00	0.00	0.00		381.00	0.00
ADJ TO TO	TAL: PREV PD				INTEREST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
STATUS CO	DE 1: Proces	sed a	s Pr	imary								
	ELMANN, JIM					NT 5378LMD64				9500710 As		
101394058	4 0314 03142	5 11	1	99214	25	219.00	0.00	0.00	0.00	OA-18	219.00	0.00
101394058	4 0314 03142	5 11	1	G0446	XU	30.00	0.00	0.00	0.00	OA-18	30.00	0.00
101394058	4 0314 03142	5 11	1	G2211		25.00	0.00	0.00	0.00	CO-16	25.00	0.00
					REM: MA63							
101394058	4 0314 03142	5 11	1	99406	33	23.00	0.00	0.00	0.00	CO-96	23.00	0.00
					REM: N115							
101394058	4 0314 03142	5 11	1	3074F		0.00	0.00	0.00	0.00			0.00
	4 0314 03142			3078F		0.00	0.00	0.00				0.00
	4 0314 03142			3008F		0.00	0.00	0.00	0.00			0.00
	4 0314 03142			2001F		0.00	0.00	0.00	0.00			0.00
				2001F		0.00	0.00	0.00	0.00			0.00
	4 0314 03142 4 0314 03142			1000F		0.00	0.00	0.00				0.00
									0.00			
	4 0314 03142			1159F		0.00	0.00	0.00	0.00			0.00
	4 0314 03142	5 II		1160F		0.00	0.00	0.00	0.00			0.00
PT RESP	0.00			CLAIM	TOTALS	297.00	0.00	0.00	0.00		297.00	0.00
	TAL: PREV PD				INTEREST	0.00	LATE	FILING	CHARGE	0.00	NET	0.00
STATUS CC	DE 1: Proces	sed a	s Pr	imary								
PROVIDER	ADJ DETAILS:					N/OTHER IDEN	TIFIER	H.	IC	AMOU!		
		In	tere	st Owe	d (L6)						-0.34	
TOTALS:		BILLE	D			EDUCT	COINS	TOTAL	PROV	PD :	PROV	CHECK
	CLAIMS	AMT		A	MT 2	AMT	AMT	RC-AMT	AMT	A	DJ AMT	AMT

TOTALS:	# OF	BILLED	ALLOWED	DEDUCT	COINS	TOTAL	PROV PD	PROV	CHECK
	CLAIMS	AMT	AMT	AMT	AMT	RC-AMT	AMT	ADJ AMT	AMT
	7	2471.26	757.71	0.00	0.00	1728.73	742.87	-0.34	742.87

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

CO-146 Payment denied because the diagnosis was invalid for the date(s) of service reported.

CO-16 Claim / service lacks information which is needed for adjudication. Check Remittance Remark Codes for

CO-253 Sequestration - reduction in federal spending

The procedure code is inconsistent with the modifier used or a required modifier is missing. CO-4

CO-45 Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement. CO-96

Non-covered charge(s).

Missing / incomplete / invalid diagnosis or condition. Missing / incomplete / invalid principal diagnosis. M76 MA63

N115

This decision was based on a local medical review policy (LMRP) or Local Coverage Determination (LCD).An LMRP / LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at http://www.cms.hhs.gov / mcd, or if you do not have web access, you may contact the contractor to request a copy of the LMRP / LCD.



BCBSM REMITTANCE NPI #: 1982923660 TIMOTHY J TOBOLIC MD PLLC ADVICE

EFT #: 790091863 PAGE #: 3 of 3 N823 Incomplete/Invalid procedure modifier(s).
OA-18 Duplicate claim / service.



DATE: 2025-04-11