

WPS GHA - MAC J8 MI PART B []  
P.O. BOX 8939  
MADISON, WI 53708  
(866)234-7331  
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REMITTANCE  
ADVICE

TIMOTHY J. TOBOLIC, MD, PLLC  
7740 BYRON CENTER AVE SW  
STE 202  
BYRON CENTER, MI 493156929

NPI #: 1982923660  
PAGE #: 1 of 1  
DATE: 2025-04-14  
EFT #: 899097905  
TAX ID #: 272620668

REND	PROV	SERV	DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV	PD
NAME	SOTTOVIA, STEVEN T	HIC	6JQ6W19MC62	ACNT	4882LMD642	ICN	1925090031080	ASG	Y	MOA	MA01	MA15		
1306898036	0219	021925	11	1	G0402	310.60	155.30	0.00	0.00	CO-45	155.30	152.19		
										CO-253	3.11			
1306898036	0219	021925	11	1	99214 25	241.68	0.00	0.00	0.00	CO-B13	241.68	0.00		
1306898036	0219	021925	11	1	99497 33	155.32	0.00	0.00	0.00	CO-236	155.32	0.00		
1306898036	0219	021925	11	1	36415	20.00	0.00	0.00	0.00	CO-B13	20.00	0.00		
1306898036	0219	021925	11	1	G2211	25.00	0.00	0.00	0.00	CO-B13	25.00	0.00		
1306898036	0219	021925	11	1	G0442 XU	30.00	0.00	0.00	0.00	CO-151	30.00	0.00		
					REM: MA01									
1306898036	0219	021925	11	1	G0444 XU	29.45	0.00	0.00	0.00	CO-236	29.45	0.00		
1306898036	0219	021925	11	1	90715	87.00	0.00	0.00	0.00	PR-96	87.00	0.00		
					REM: N115									
					HCPI: L34596 A56900									
1306898036	0219	021925	11	1	90471	41.00	0.00	0.00	0.00	PR-96	41.00	0.00		
					REM: N115									
					HCPI: L34596 A56900									
1306898036	0219	021925	11	1	G9622	0.00	0.00	0.00	0.00			0.00		
					REM: N620									
1306898036	0219	021925	11	1	G8510	0.00	0.00	0.00	0.00			0.00		
					REM: N620									
PT RESP	128.00				CLAIM TOTALS	940.05	155.30	0.00	0.00		787.86	152.19		
ADJ TO TOTAL: PREV PD					INTEREST	0.00				LATE FILING CHARGE	0.00	NET	152.19	
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	940.05	155.30	0.00	0.00	787.86	152.19	0.00	152.19

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-236	This procedure or procedure / modifier combination is not compatible with another procedure or procedure / modifier combination provided on the same day according to the National Correct Coding Initiative.
CO-253	Sequestration - reduction in federal spending
CO-45	Charge exceeds fee schedule / maximum allowable or contracted / legislated fee arrangement.
CO-B13	Previously paid. Payment for this claim / service may have been provided in a previous payment.
MA01	Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.
MA15	Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.
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 <a href="http://www.cms.hhs.gov/mcd">http://www.cms.hhs.gov/mcd</a> , or if you do not have web access, you may contact the contractor to request a copy of the LMRP / LCD.
N620	Alert: This procedure code is for quality reporting / informational purposes only.
PR-96	Non-covered charge(s).

