

HUMANA INC. []
P.O. BOX 14601
LEXINGTON, KY 405124601
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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: 2025-06-27
EFT #: 162121627250628
TAX ID #: 272620668

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME HUIZENGA, JULIE L					HIC H65262160	ACNT 6725LMD642				ICN 820251580032140	ASG Y MOA	
1013940584	0602	060225	11	1	G0438		361.00	121.85	0.00	0.00	CO-253	119.41
						REM: N22					CO-131	
						HCPI: RECONSIDERATION					239.15	
1013940584	0602	060225	11	1	99397	25	341.00	125.61	0.00	0.00	CO-253	123.10
						HCPI: RECONSIDERATION					CO-45	
											2.51	
											215.39	
1013940584	0602	060225	11	1	G0296		30.00	0.00	0.00	0.00	CO-96	0.00
						REM: N115 N386						
						HCPI: RECONSIDERATION						
1013940584	0602	060225	11	1	99406		23.00	0.00	0.00	0.00	CO-96	0.00
						REM: N115 N386						
						HCPI: RECONSIDERATION						
1013940584	0602	060225	11	1	G0136	33	65.00	17.40	0.00	0.00	CO-253	17.05
											CO-45	
											0.35	
											47.60	
1013940584	0602	060225	11	1	G2211		25.00	0.00	0.00	0.00	CO-B15	0.00
						HCPI: RECONSIDERATION						
1013940584	0602	060225	11	1	36415		20.00	9.09	0.00	0.00	CO-253	8.91
											CO-45	
											0.18	
											10.91	
						HCPI: RECONSIDERATION						
1013940584	0602	060225	11	1	G0442	XU	30.00	0.00	0.00	0.00	CO-96	0.00
						REM: N180						
						HCPI: RECONSIDERATION						
1013940584	0602	060225	11	1	99408	25	61.00	0.00	0.00	0.00	CO-11	0.00
						REM: N657						
						HCPI: RECONSIDERATION						
1013940584	0602	060225	11	1	G0444	XU	29.45	0.00	0.00	0.00	CO-97	0.00
						REM: N19						
						HCPI: RECONSIDERATION						
1013940584	0602	060225	11	1	G8510		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0602	060225	11	1	3074F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0602	060225	11	1	3078F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0602	060225	11	1	G9622		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0602	060225	11	1	G8431		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0602	060225	11	1	4004F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0602	060225	11	1	G9899		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0602	060225	11	1	1158F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0602	060225	11	1	0513F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0602	060225	11	1	G8417		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0602	060225	11	1	3079F		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
1013940584	0602	060225	11	1	G9621		0.00	0.00	0.00	0.00		0.00
						HCPI: RECONSIDERATION						
PT RESP		0.00			CLAIM TOTALS		985.45	273.95	0.00	0.00		
ADJ TO TOTAL: PREV PD					INTEREST		0.00		LATE FILING CHARGE		0.00	
PLAN TYPE: MEDICARE ADVANTAGE PPO											NET	268.47
STATUS CODE 1: Processed as Primary												



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EFT #: 162121627250628BYRON CENTER FAMILY MEDICINE [941242]
PAGE #: 2 of 2REMITTANCE
ADVICE
DATE: 2025-06-27

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	VANBRUNT, BETTE				HIC	H59158861	ACNT	5095LMD642		ICN	820250650659262	ASG Y MOA
1306898036	0304	030425	11	1	99495		385.46	192.73	0.00	0.00	CO-253 CO-131 PR-3	3.75 192.73 5.00
1306898036	0304	030425	11	1	G2211	HCPI: RECONSIDERATION	25.00	0.00	0.00	0.00	CO-16	25.00
						REM: MA66						
1306898036	0304	030425	11	1	3075F	HCPI: RECONSIDERATION	0.00	0.00	0.00	0.00		0.00
1306898036	0304	030425	11	1	3078F	HCPI: RECONSIDERATION	0.00	0.00	0.00	0.00		0.00
1306898036	0304	030425	11	1	3008F	HCPI: RECONSIDERATION	0.00	0.00	0.00	0.00		0.00
1306898036	0304	030425	11	1	2001F	HCPI: RECONSIDERATION	0.00	0.00	0.00	0.00		0.00
1306898036	0304	030425	11	1	2000F	HCPI: RECONSIDERATION	0.00	0.00	0.00	0.00		0.00
1306898036	0304	030425	11	1	1000F	HCPI: RECONSIDERATION	0.00	0.00	0.00	0.00		0.00
1306898036	0304	030425	11	1	1159F	HCPI: RECONSIDERATION	0.00	0.00	0.00	0.00		0.00
1306898036	0304	030425	11	1	1160F	HCPI: RECONSIDERATION	0.00	0.00	0.00	0.00		0.00
PT RESP	5.00				CLAIM	TOTALS	410.46	192.73	0.00	0.00		226.48
ADJ TO TOTAL: PREV PD						INTEREST	0.00					183.98
PLAN TYPE: MEDICARE ADVANTAGE PPO												
STATUS CODE 1: Processed as Primary												

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN/OTHER IDENTIFIER	HIC	AMOUNT
Overpayment Recovery (WO)		P5077LMD642/820250630672917		0.08

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	2	1395.91	466.68	0.00	0.00	943.46	452.37	0.08	452.37

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

CO-11 The diagnosis is inconsistent with the procedure.

CO-131 Claim specific negotiated discount.

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

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

MA66 Missing / incomplete / invalid principal procedure code.

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.

N180 This item or service does not meet the criteria for the category under which it was billed.

N19 Procedure code incidental to primary procedure.

N22 This procedure code was added / changed because it more accurately describes the services rendered.

N386 This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at <http://www.cms.hhs.gov/mcd/search.asp>. If you do not have web access, you may contact the contractor to request a copy of the NCD.

N657 This should be billed with the appropriate code for these services.

PR-3 Co-payment Amount

