

PACE CLAIMS PROCESSING

Step 5: Pricing & Adjudication

Processing Information

Transaction ID	PRICE-2024120509150004
Claim Reference	CLM-2024-1205-583927
Timestamp	2024-12-05 09:15:04.500 UTC
Duration	1.100 seconds
Status	✓ ADJUDICATED

Service Line Pricing

Line	CPT	Modifier	Billed	Allowed (INN)	Contractual Adj
1	73721	RT	\$1,800.00	\$850.00	\$950.00

Pricing Method

Network Status	IN-NETWORK
Fee Schedule	UHC Texas Radiology Fee Schedule 2024
Contract Reference	UHC-AAIC-2023-567
Pricing Method	Contracted Rate
NSA Applicable	No (In-Network)

Member Cost-Share Calculation

Allowed Amount: \$850.00 _____
 Individual Deductible: \$1,500.00 Deductible Met YTD: \$1,500.00 Remaining Deductible:
 \$0.00 Applied to Deductible: \$0.00 _____
 Amount Subject to Coinsurance: \$850.00 Coinsurance Rate: 20% Member Coinsurance:
 \$170.00 _____ Plan Pays: \$680.00
Member Pays: \$170.00

Accumulator Update

Accumulator	Before	Applied	After
Individual Deductible	\$1,500.00 / \$1,500.00	\$0.00	\$1,500.00 / \$1,500.00 (MET)
Individual OOP	\$2,340.00 / \$4,000.00	\$170.00	\$2,510.00 / \$4,000.00

Financial Summary

✓ **CLAIM ADJUDICATED** Billed Amount: \$1,800.00 Contractual Adjustment: \$950.00
 Allowed Amount: \$850.00 Plan Payment: \$680.00 Member Responsibility:
\$170.00

→ Proceeding to Step 6: Coordination of Benefits