

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
\$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