### **Eligibility Coverage Detail Report**

LE, PHU

Provider: 335471N1 as of 05/13/2024 Eligibility Period: 05/13/23 - 09/07/24

Patient Name: LE, PHU Beneficiary ID: 4T12EW4FY09 Birth Date: 12/31/1966 Gender: F

Per Medicare: LE PHU T

Address: 3545 81ST ST APT E3

JACKSON HTS NY 11372-5041 Previous Inquiry Date: N/A - new inquiry\*

#### **Benefit Information**

Effective Terminated Lifetime Psychiatric Days: 190 ESRD Dialysis Date:

Part A: 11/01/2011 - Lifetime Reserve Days: 60 ESRD Transplant Eff. Date:

Part B: 11/01/2011 - ESRD Coverage Period Date:

Date of Death -

eath - Smoking Cessation Days: 8 Initial Cessation Session Date:

QMB: 08/01/2012 - NY QMB Plan Beneficiary ID Crosswalk: Data not Available

Part A/B													
	Part A								Part B				
			Hospit	tal Days	5	SNF D	Days		Inpatient	Deductible	Physical	Occupational	Blood Pints
Type	First Bill	Last Bill	Full C	oins.	Base	Full C	oins.	Base	Deductible	Remaining	Therapy	Therapy	Part A/B
BASE	01/01/2024	12/31/2024	60	30	\$ 0.00	20	80	\$ 0.00			\$ 0.00	\$ 0.00	3
BASE	01/01/2023	12/31/2023	60	30	\$ 0.00	20	80	\$ 0.00			\$ 0.00	\$ 0.00	3

Start End Plan Description
08/01/2012 NY QMB Plan

#### **Medicare Advantage**

Effective Terminate	ed Plan Code	Payer Name/Address	Plan Name/Type/Website	Phone
01/01/2021 -	H5599-001	NEW YORK QUALITY HEALTHCARE CORPORATION	Wellcare Fidelis Dual Access	(800) 247-1447
	Option C	7700 Forsyth	Health Maintenance Organization (HMO) - Med	licare Risk

St. Louis MO 63105 www.fideliscare.org/wellcaremedicare

St. Louis MO 63105

## Part D

**QMB** 

Effective	Terminated	Plan Code	Payer Name/Address	Plan Name/Website	Phone	
01/01/2021		H5599-001	NEW YORK QUALITY HEALTHCARE CORPORATION	Wellcare Fidelis Dual Access	(800) 247-1447	
			7700 Forcyth			

7700 Forsyth

St. Louis MO 63105 www.fideliscare.org/wellcaremedicare

#### **Rehabilitation Sessions**

Pulmonary Remaining (G0424) Cardiac Applied (93797, 93798) Intensive Cardiac Applied (G0422, G0423)

Tech: 72 Prof: 72 Tech: 0 Prof: 0 Tech: 0 Prof: 0

### **Behavioral Services**

				Deductible	Deductible	Coinsurance
HCPCS	Description	Tech Date	Prof Date	Base	Remaining	Percent
G0444	Adult Depression Screening	11/01/2011	11/01/2011			
G0442	Alcohol Misuse Screening		11/01/2011			
G0446	Cardiovascular Disease Counseling	11/08/2011	11/08/2011			
G0447	Obesity Counseling	11/29/2011	11/29/2011			
G0473	Obesity Counseling	01/01/2015	01/01/2015			
G0445	STIs Screening/Counseling	11/08/2011	11/08/2011			

### **Preventive Services**

				Deductible	Deductible	Coinsurance
HCPCS	Description	Tech Date	Prof Date	Base	Remaining	Percent
G0438	Annual Wellness Visit		11/01/2012			
G0439	Annual Wellness Visit		11/01/2012			
80061	Cardiovascular Disease Screening	11/01/2011	11/01/2011			

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The information for this report was generated from a request dated 05/13/2024 09:02 AM, and is not a guarantee of coverage. Actual benefits are determined only when the claim is received by Medicare. Printed by Katrina Jewell.

# **Eligibility Coverage Detail Report**

LE, PHU

Provider: 335471N1 as of 05/13/2024 Eligibility Period: 05/13/23 - 09/07/24

Patient Name: LE, PHU		Beneficiary ID:4T12EW4FY09		Birth Date: 12/31	Gender: F	
Preventi	ive Services					
				Deductible	Deductible	Coinsurance
HCPCS	Description	Tech Date	Prof Date	Base	Remaining	Percent
82465	Cardiovascular Disease Screening	11/01/2011	11/01/2011			
83718	Cardiovascular Disease Screening	11/01/2011	11/01/2011			
84478	Cardiovascular Disease Screening	11/01/2011	11/01/2011			
81528	Colorectal Cancer Screening	10/09/2014				
G0104	Colorectal Cancer Screening	12/31/2011	12/31/2011			
G0105	Colorectal Cancer Screening	11/01/2011	11/01/2011			
G0106	Colorectal Cancer Screening	12/31/2011	12/31/2011			
G0120	Colorectal Cancer Screening	12/31/2011	12/31/2011			
G0121	Colorectal Cancer Screening	11/01/2011	11/01/2011			
77078	CT Bone Density, Axial	11/01/2011	11/01/2011			
82947	Diabetes Screening	11/01/2011	11/01/2011			
82950	Diabetes Screening	11/01/2011	11/01/2011			
82951	Diabetes Screening	11/01/2011	11/01/2011			
77080	DXA Bone Density, Axial	11/01/2011	11/01/2011			
77081	DXA Bone Density/Peripheral	11/01/2011	11/01/2011			
82270	Fecal Occult Blood Test	12/31/2011	12/31/2011			
G0328	Fecal Occult Blood Test	12/31/2011	12/31/2011			
G0117	Glaucoma Screening	11/01/2011	11/01/2011			
G0118	Glaucoma Screening	11/01/2011	11/01/2011			
G0475	Infection (HIV) Screening	04/13/2015				
G0476	Infection (HPV) Screening	07/09/2015				
71271	Lung Cancer Screening	01/01/2021	01/01/2021			
77067	Mammography Screening	09/01/2015	09/01/2015			
G0123	Pap Screening	11/01/2011	11/01/2011			
G0143	Pap Screening	11/01/2011	11/01/2011			
G0144	Pap Screening	11/01/2011	11/01/2011			
G0145	Pap Screening	11/01/2011	11/01/2011			
G0147	Pap Screening	11/01/2011	11/01/2011			
G0148	Pap Screening	11/01/2011	11/01/2011			
P3000	Pap Screening	11/01/2011	11/01/2011			
Q0091	Pap Screening	11/01/2011	11/01/2011			
G0101	Pelvic Exam Screening	11/01/2011	01/01/2014			
76977	US Bone Density Measure	11/01/2011	11/01/2011			

The following sections had no data available: Hospice, PPS Episodes, MSP, Home Health Certification

<sup>\*</sup> Previous requests must be within 90 days to be used for change comparison. Requests after 90 days are considered "new."

