

Beneficiary Eligibility Report

05/17/2025 11:18 AM

Eligibility for date span 05/17/2021 to 05/17/2025

Beneficiary Eligibility Information

Medicare Number 2CN6TD6PW46	Last Name PARKER	First Name WINNETTE
MBI Term Date	Date of Birth 04/03/1975	Date of Death
Sex Female	Address Line 1 3505 JORDAN LN	Address Line 2
City NORTH LAS VEGAS	State NV	Zip 89032-0517

Entitlement Information

Part A Entitlement Reason 3-Beneficiary insured due to disability and current ESRD	Part A Entitlement Date 07/01/2023	Part A Termination Date
Prior Part A Entitlement Date	Prior Part A Termination Date	
Part B Entitlement Reason 3-Beneficiary insured due to disability and current ESRD	Part B Entitlement Date 07/01/2023	Part B Termination Date
Prior Part B Entitlement Date	Prior Part B Termination Date	
Medicare Inactive Begin Date	Medicare Inactive End Date	Inactive Reason

Additional Information

Full Inpatient Days 55	Copay Inpatient Days 30	Inpatient Ded Amt Remain \$0.00
Full SNF Days 20	Copay SNF Days 80	Inpatient Blood Ded Units Remain 3.0
Lifetime Psychiatric Days Remain 190	Lifetime Reserve Days Remain 60	
Earliest Billing Date 03/22/2025	Latest Billing Date 03/27/2025	

Inactive Coverage

Note: Does not apply to this beneficiary.

Part B Deductible

Note: If blank, verify the beneficiary's Qualified Medicare Beneficiary (QMB) status below. If the beneficiary is enrolled in a QMB for the entire year(s), deductible does not apply.

Year 1	Amount - Year 1	Remaining Amount - Year 1
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2025 Year 2	\$257.00 Amount - Year 2	\$0.00 Remaining Amount - Year 2
2024 Year 3	\$240.00 Amount - Year 3	\$0.00 Remaining Amount - Year 3
2023 Year 4	\$226.00 Amount - Year 4	\$0.00 Remaining Amount - Year 4
Year 5	Amount - Year 5	Remaining Amount - Year 5

Medicare Advantage

Effective Date	Termination Date	Administering Ins Co	Plan Name	Plan Website	Plan Phone Number	Contract Number	Plan Number	Plan Option Code Description
01/01/2025	02/28/2025	AETNA HEALTH INC. (PA)	Aetna Medicare Value Plus	www.aetnamedicare.com	8006240756	H3931	157	C - Submit claims to the MA plan. Exception: If an MA plan enrolled beneficiary elects the Medicare hospice benefit, submit claims to NGS.

Medicare Secondary Payer Information

Note: Does not apply to this beneficiary.

Crossover Information

Creation Date	Update Date	Ins Code	Insurer Name	Address 1	Address 2	City	State	Zip	Insurer Effective Date	Insurer Term Date	COBA Number
10/03/2024		Medicaid	NEVADA-DHCFP	1100 E WILLIAM ST SUITE 101		CARSON CITY	NV	89701	05/01/2020		70030

Qualified Medicare Beneficiary Program

Note: Does not apply to this beneficiary.

Home Health Plan Information

Start Date	End Date	DOEBA	DOLBA	Patient Status	NPI	NOA Indicator Meaning
12/03/2024	01/01/2025	12/03/2024	12/17/2024	01 - Discharged to home or self care	1639714967	NOA received without condition code 47

Hospice Notice Of Elections

Note: Does not apply to this beneficiary.

Hospice Benefit Periods

Note: Does not apply to this beneficiary.

Inpatient and SNF Spell History

Spell	Type	Start Date	End Date	NPI
1	Inpatient	03/22/2025	03/27/2025	1104870187
3	Inpatient	12/08/2024	12/11/2024	1104870187
2	Inpatient	09/29/2024	10/03/2024	1104870187

End Stage Renal Disease (ESRD)

Coverage Start Date	Coverage End Date	Dialysis Start Date	Dialysis End Date	Transplant Date
07/01/2023		02/22/2023		

Preventive Services

Procedure	Modifier	Next Eligibility Date	Deductible Applies	Co-Insurance Applies
G0438 - Annual wellness visit, includes a personalized prevention plan of service (PPPS), first visi	26	07/01/2024	No	No
G0439 - Annual wellness visit, includes a personalized prevention plan of service (PPPS), subsequent	26	07/01/2024	No	No
83036 - HEMOGLOBIN; GLYCOSYLATED (A1C)		01/01/2024	No	No
77081 - Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites		07/01/2023	No	No
77080 - Dual energy x-ray absorptiometry (DXA), bone density study, one or more sites; axial skeleto		07/01/2023	No	No
76977 - Ultrasound measurement and interpretation of bone density		07/01/2023	No	No
G0130 - Single energy x-ray absorptiometry (sexa) bone density study, one or more sites; appendicula		07/01/2023	No	No
77078 - Computed tomography, bone mineral density study, one or more sites; axial skeleton (e.g., hi		07/01/2023	No	No
82270 - Stool analysis for blood to screen for colon tumors		07/01/2023	No	No
G0143 - Screening cytopathology, cervical or vaginal (any reporting system), collected in preservati		07/01/2023	No	No

Procedure	Modifier	Next Eligibility Date	Deductible Applies	Co-Insurance Applies
G0121 - Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk		07/01/2023	No	No
82951 - Blood glucose (sugar) tolerance test, 3 specimens		07/01/2023	No	No
G0144 - Screening cytopathology, cervical or vaginal (any reporting system), collected in preservati		07/01/2023	No	No
G0442 - Annual alcohol misuse screening, 15 minutes	26	07/01/2023	No	No
G0123 - Screening cytopathology, cervical or vaginal (any reporting system), collected in preservati		07/01/2023	No	No
G0145 - Screening cytopathology, cervical or vaginal (any reporting system), collected in preservati		07/01/2023	No	No
G0101 - Cervical or vaginal cancer screening; pelvic and clinical breast examination		07/01/2023	No	No
82950- Glucose: post glucose does (includes glucose)		07/01/2023	No	No
G0102 - Prostate cancer screening-digital rectal exam		07/01/2023	Yes	Yes
84478 - Triglycerides		07/01/2023	No	No
G0103 - Prostate cancer screening-Prostate Specific Antigen test (PSA)		07/01/2023	No	No
G0147 - Screening cytopathology smears, cervical or vaginal, performed by automated system under phy		07/01/2023	No	No
G0444 - Annual depression screening, 15 minutes		07/01/2023	No	No
G0148 - Screening cytopathology smears, cervical or vaginal, performed by automated system with manu		07/01/2023	No	No
G0104 - Colorectal cancer screening; flexible sigmoidoscopy		07/01/2023	No	No
G0445 - Semiannual high intensity behavioral counseling to prevent STIs, individual, face-to-face, i		07/01/2023	No	No
G0446 - Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15		07/01/2023	No	No
G0105 - Colorectal cancer screening; colonoscopy on individual at high risk		07/01/2023	No	No
G0447 - Face-to-face behavioral counseling for obesity, 15 minutes		07/01/2023	No	No
77067 - Screening mammography of both breasts		07/01/2023	No	No
G0327 - Colorectal cancer screening; blood-based biomarker	TC	07/01/2023	No	No
G0328 - Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous		07/01/2023	No	No
82947 - Glucose; quantitative, blood (except reagent strip)		07/01/2023	No	No

Procedure	Modifier	Next Eligibility Date	Deductible Applies	Co-Insurance Applies
83718 - Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)		07/01/2023	No	No
71271 - Low dose CT scan of chest for lung cancer screening		07/01/2023	No	No
Q0091 - Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal sme		07/01/2023	No	No
P3000 - Screening papanicolaou smear, cervical or vaginal, up to three smears, by technician under p		07/01/2023	No	No
G0117 - Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist		07/01/2023	Yes	Yes
G0118 - Glaucoma screening for high risk patient furnished under the direct supervision of an optome		07/01/2023	Yes	Yes
81528 - Gene Analysis (Colorectal Cancer)	TC	07/01/2023	No	No
G0473 - Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes		07/01/2023	No	No
80061 - Blood test, lipids (cholesterol and triglycerides)		07/01/2023	No	No
G0475 - HIV Antigen/Antibody, combination assay, screening	TC	07/01/2023	No	No
82465 - Cholesterol, serum or whole blood, total		07/01/2023	No	No
G0476 - Infectious agent detection by nucleic acid (dna or rna); human papillomavirus (hpv), high-ri	TC	07/09/2015	No	No
76706 - Ultrasound Screening for Abdominal Aortic Aneurysm		07/01/2007	No	No

Audiology Screening

Procedure	Screening Type	Modifier	Next Eligibility Date	Deductible	Co-Insurance
92626 - EVLUATION OF AUDITORY REHABILITATION STATUS; FIRSTHOUR	Professional	26	07/01/2023	\$257.00	20%
92604 - DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER;	Professional	26	07/01/2023	\$257.00	20%
92625 - ASSESSMENT OF TINNITUS (INCLUDES PITCH, LOUDNESS MATCHING, AND MAS	Professional	26	07/01/2023	\$257.00	20%
92603 - DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER;	Professional	26	07/01/2023	\$257.00	20%
92627 - EVLUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MI	Professional	26	07/01/2023	\$257.00	20%
92570 - ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IM	Professional	26	07/01/2023	\$257.00	20%
92572 - STAFFERED SPONDAOC WORD TEST	Professional	26	07/01/2023	\$257.00	20%

Procedure	Screening Type	Modifier	Next Eligibility Date	Deductible	Co-Insurance
92550 - TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	Professional	26	07/01/2023	\$257.00	20%
92571 - FILTERED SPEECH TEST	Professional	26	07/01/2023	\$257.00	20%
92556 - SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	Professional	26	07/01/2023	\$257.00	20%
92577 - STENGER TEST; SPEECH	Professional	26	07/01/2023	\$257.00	20%
92555 - SPEECH AUDIOMETRY THRESHOLD	Professional	26	07/01/2023	\$257.00	20%
92579 - VISUAL REINFORCEMENT AUDIOMETRY (VRA)	Professional	26	07/01/2023	\$257.00	20%
92557 - COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITI	Professional	26	07/01/2023	\$257.00	20%
92651 - Auditory evoked potentials; for hearing status determination, broadband stimuli, with interp	Professional	26	07/01/2023	\$257.00	20%
92552 - PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY	Professional	26	07/01/2023	\$257.00	20%
92653 - Auditory evoked potentials; neurodiagnostic, with interpretation and report	Professional	26	07/01/2023	\$257.00	20%
92576 - SYNTHETIC SENTENCE IDENTIFICATION TEST	Professional	26	07/01/2023	\$257.00	20%
92652 - Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpret	Professional	26	07/01/2023	\$257.00	20%
92575 - SENSORINEURAL ACUITY LEVEL TEST	Professional	26	07/01/2023	\$257.00	20%
92553 - PURE TONE AUDIOMETRY (THRESHOLD); AIR AND BONE	Professional	26	07/01/2023	\$257.00	20%
92583 - SELECT PICTURE AUDIOMETRY	Professional	26	07/01/2023	\$257.00	20%
92582 - CONDITIONING PLAY AUDIOMETRY	Professional	26	07/01/2023	\$257.00	20%
92622 - Diagnostic analysis, programming, and verification of an auditory osseointegrated sound proc	Professional	26	07/01/2023	\$257.00	20%
92567 - TYMPANOMETRY (IMPEDANCE TESTING)	Professional	26	07/01/2023	\$257.00	20%
92621 - EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADD	Professional	26	07/01/2023	\$257.00	20%
92565 - STENGER TEST, PURE TONE	Professional	26	07/01/2023	\$257.00	20%
92602 - DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF	Professional	26	07/01/2023	\$257.00	20%
92623 - Diagnostic analysis, programming, and verification of an auditory osseointegrated sound proc	Professional	26	07/01/2023	\$257.00	20%

Procedure	Screening Type	Modifier	Next Eligibility Date	Deductible	Co-Insurance
92601 - DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF	Professional	26	07/01/2023	\$257.00	20%
92568 - ACOUSTIC REFLEX TESTING; THRESHOLD	Professional	26	07/01/2023	\$257.00	20%
92640 - DIAGNOSTIC ANALYSIS WITH PROGRAMMING OF AUDITORY BRAINSTEM IMPLANT	Professional	26	07/01/2023	\$257.00	20%
92563 - TONE DECAY TEST	Professional	26	07/01/2023	\$257.00	20%
92584 - ELECTROCOCHLEGRAPHY	Professional	26	07/01/2023	\$257.00	20%
92562 - LOUDNESS BALANCE TEST, ALTERNATE BINAURAL OR MONAURAL	Professional	26	07/01/2023	\$257.00	20%
92620 - EVALUATION OF CENTRAL SUDITORY FUNCTION, WITH REPORT; INITIAL 60 M	Professional	26	07/01/2023	\$257.00	20%
92587 - DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS; LIMITED EVALUATI				\$257.00	20%
92588 - DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE DI				\$257.00	20%

Hepatitis Screening

Note: Does not apply to this beneficiary.

COVID-19 Vaccine Information

Note: Does not apply to this beneficiary.

Flu Vaccine Information

Note: Does not apply to this beneficiary.

Pneumococcal Vaccine Information

Note: Does not apply to this beneficiary.

Medicare Diabetes Prevention Program Services

Note: Does not apply to this beneficiary.

Cardiac Rehabilitation Services

Sessions Used	Session Type
0	Technical
0	Professional

Intensive Cardiac Rehabilitation Services	
Sessions Used	Session Type
0	Technical
0	Professional

Pulmonary Rehabilitation Services	
Sessions Remaining	Session Type
72	Technical
72	Professional

Acupuncture Benefits			
Session Type	Sessions Remaining	Next Eligibility Date	Initial Session Date
Technical	20	07/01/2023	
Professional	20	07/01/2023	

Smoking Cessation Counseling		
Total Sessions Available	Initial Session Date	Remaining Sessions
8		8

Cognitive Assessment	
Note: Does not apply to this beneficiary.	

Therapy Services Information		
Note: If blank, verify the beneficiary’s Qualified Medicare Beneficiary (QMB) status below. If the beneficiary is enrolled in a QMB for the entire year(s), deductible does not apply.		
Year 1	Occupational Therapy Amt - Year 1	Physical Therapy Amt - Year 1
2025		\$0.00
Year 2	Occupational Therapy Amt - Year 2	Physical Therapy Amt - Year 2
2024		\$0.00
Year 3	Occupational Therapy Amt - Year 3	Physical Therapy Amt - Year 3
2023		\$0.00
Year 4	Occupational Therapy Amt - Year 4	Physical Therapy Amt - Year 4
Year 5	Occupational Therapy Amt - Year 4	Physical Therapy Amt - Year 5

Occupational Therapy Amt - Year
5