Eligibility Coverage Detail Report

SCOTT, JOHNNY

Provider: 297068 as of 08/29/2025 Eligibility Period: 08/29/24 - 12/24/25

Patient Name: SCOTT, JOHNNY Discrepancy: SCOTT JOHNNIE E Beneficiary ID:2TR9WH3QG37

Birth Date: 08/28/1935

Gender: M

LAS VEGAS NV 89129-5014

Address: 10121 JAMES HARBIN AVE

Previous Inquiry Date: N/A - new inquiry*

Benefit Information

Effective Terminated Part A: 08/01/2000 -

Lifetime Psychiatric Days: 190 Lifetime Reserve Days: 60

ESRD Dialysis Date: ESRD Transplant Eff. Date:

Part B: 08/01/2000 -

ESRD Coverage Period Date:

Date of Death

Smoking Cessation Days:

QMB:

Initial Cessation Session Date:

Beneficiary ID Crosswalk: Data not Available

	3
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	Part A										Part B		
			Hospit	tal Day	/S	SNF [Days		Inpatient	Deductible	Physical	Occupational	Blood Pints
Type	First Bill	Last Bill	Full C	Coins.	Base	Full C	coins.	Base	Deductible	Remaining	Therapy	Therapy	Part A/B
SPELL	12/04/2024 -	12/20/2024	44	30	\$ 408.00	20	80	\$ 204.00	\$0.00				
BASE	01/01/2025	12/31/2025	60	30	\$ 419.00	20	80	\$ 209.50	\$1,676.00	\$ 0.00	\$ 0.00	\$ 0.00	3
BASE	01/01/2024	12/31/2024	60	30	\$ 408.00	20	80	\$ 204.00	\$1,632.00	\$ 0.00	\$ 0.00	\$ 0.00	3

Part A/B Hospital SNF Stay

Start Date	End Date	Type	Billing NPI	Billing Provider
12/09/2024	12/20/2024	Hospital	1063796688	MOUNTAINVIEW HOSPITAL REHAB UNIT
12/04/2024	12/09/2024	Hospital	1104870187	MOUNTAINVIEW HOSPITAL

Rehabilitation Sessions

Pulmonary Remain	ning (G0424)	Cardiac Applied (93797, 93798)	Intensive Cardiac Applied (G0422, G0423)
Tech: 72	Prof: 72	Tech: 0 Prof: 0	Tech: 0 Prof: 0

Home	Health	Episodes
HOHIE	Health	LDISUUCS

Start Date	End Date	Earliest Billing	Latest Billing	Patie	nt Status/Des	Interm	Provider	
01/20/2025	02/18/2025	01/21/2025	02/11/2025	01	Discharged to home	or self06014	1235247792	CARING NURSES, INC.
12/21/2024	01/19/2025	12/21/2024	01/19/2025	30	Still patient	06014	1235247792	CARING NURSES, INC.

Behavioral Services

				Deductible Deductible	Coinsurance
HCPCS	Description	Tech Date	Prof Date	Base Remaining	Percent
G0444	Adult Depression Screening	10/14/2011	10/14/2011	- waived -	- waived -
G0442	Alcohol Misuse Screening		10/14/2011	- waived -	- waived -
G0446	Cardiovascular Disease Counseling	11/08/2011	11/08/2011	- waived -	- waived -
G0447	Obesity Counseling	11/29/2011	11/29/2011	- waived -	- waived -
G0473	Obesity Counseling	01/01/2015	01/01/2015	- waived -	- waived -
G0445	STIs Screening/Counseling	11/08/2011	11/08/2011	- waived -	- waived -

MSP

Effective Te	rminated Policy / Group #	Insurer	Туре
08/08/2021 -	LA00004659645804	LIBERTY MUTUAL	Other or Additional Payor
		PO BOX 5014	14 - Medicare Secondary, No-fault Insurance
Last Maintenance:	06/20/2022	SCRANTON PA 18505	including Auto is Primary
Diagnosis Codes	M549 S199XXA		

Patient Relation: Patient Relationship- 01-Patient is insured Caring Nurses, Inc

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Patient Name: SCOTT, JOHNNY						Benefic	iary ID:2TR9WH3QG37	Birth	Date: 08/28/	1935	Gender: M
Diabetes	Diabetes Prevention Program (MDPP)										
Entitlement	:				Date of				Billing		
From	То	HCPCS	Ded C	Coins	Service	Proc	Description		NPI	Name	
08/29/2024	4 12/24/202	25	0.00	0.00							

Provider Detail

1235247792 CARING NURSES, INC. 2968 E RUSSELL RD LAS VEGAS NV 89120-2453

The following sections had no data available: Hospice, Medicare Advantage, Part D, Home Health Certification

The following sections were suppressed: Preventive Services

^{*} Previous requests must be within 90 days to be used for change comparison. Requests after 90 days are considered "new."

