Eligibility Coverage Detail Report

HICKS, PHYLLIS

Provider: 297068 as of 09/19/2025 Eligibility Period: 09/19/24 - 01/14/26

Patient Name: HICKS, PHYLLIS Beneficiary ID: 4NT6FM2HE75 Birth Date: 03/07/1943 Gender: F

Per Medicare: HICKS PHYLLIS J

Address: 3205 ENGLISH COLONY CT

NORTH LAS VEGAS NV 89031-0814 Previous Inquiry Date: N/A - new inquiry*

Benefit Information

Effective Terminated Lifetime Psychiatric Days: 190 ESRD Dialysis Date: 08/30/2018

Part A: 03/01/2008 - Lifetime Reserve Days: 60 ESRD Transplant Eff. Date:

Part B: 03/01/2008 - ESRD Coverage Period Date: 08/01/2018

Date of Death - Smoking Cessation Days: 8 Initial Cessation Session Date:

QMB: - Beneficiary ID Crosswalk: Data not Available

a	rt	Α	/	В

	Part A								Part B				
Hospital Days 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	06/18/2025	- 06/30/2025	48	30	\$ 419.00	20	80	\$ 209.50	\$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	Туре	Billing NPI	Billing Provider
06/20/2025	06/30/2025	Hospital	1366976276	PAM SQUARED AT LAS VEGAS, LLC
06/18/2025	06/20/2025	Hospital	1104870187	MOUNTAINVIEW HOSPITAL

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

Home	Health	Certification

Process	s Date Is Re	ecert?	Process Date	Is Rec	ert?	Process Date Is	Recert?	Process Date Is Recert?
03/30/	2021 N	N						
Home Health Episodes								
Start Date	End Date	Earliest Billing	Latest Billing	Patie	nt Status/Des	Interm	Provider	
07/04/2025	08/02/2025	07/05/2025	07/29/2025	01	Discharged to	home or self06014	1134683543	PEACE OF MIND HOME HEALTH AGE
06/04/2025	07/03/2025	06/05/2025	07/03/2025	30	Still patient	06014	1134683543	PEACE OF MIND HOME HEALTH AGE
05/05/2025	06/03/2025	05/08/2025	06/03/2025	30	Still patient	06014	1134683543	PEACE OF MIND HOME HEALTH AGE
04/05/2025	05/04/2025	04/05/2025	05/04/2025	30	Still patient	06014	1134683543	PEACE OF MIND HOME HEALTH AGE
02/22/2025	03/20/2025	02/25/2025	03/20/2025	06	Discharged or	transferred t06014	1619355047	EAGLE HOME HEALTH AGENCY INC
01/23/2025	02/21/2025	02/01/2025	02/21/2025	30	Still patient	06014	1619355047	EAGLE HOME HEALTH AGENCY INC
12/24/2024	01/22/2025	12/28/2024	01/22/2025	30	Still patient	06014	1619355047	EAGLE HOME HEALTH AGENCY INC
11/24/2024	12/23/2024	11/27/2024	12/23/2024	30	Still patient	06014	1619355047	EAGLE HOME HEALTH AGENCY INC
10/25/2024	11/23/2024	10/26/2024	11/23/2024	30	Still patient	06014	1619355047	EAGLE HOME HEALTH AGENCY INC
09/25/2024	10/24/2024	09/27/2024	10/24/2024	30	Still patient	06014	1619355047	EAGLE HOME HEALTH AGENCY INC
08/26/2024	09/24/2024	08/27/2024	09/24/2024	30	Still patient	06014	1619355047	EAGLE HOME HEALTH AGENCY 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 -

Help Document Link

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The information for this report was generated from a request dated 09/19/2025 12:43 PM, and is not a guarantee of coverage. Actual benefits are determined only when the claim is received by Medicare. Printed by Julia Koerber.

Caring Nurses, Inc

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Patient Name: HICKS, PHYLLIS		Beneficiary ID:4NT	6FM2HE75	Birth Date: 03/07	Gender: F	
Behavioral Services						
				Deductible	Deductible	Coinsurance
HCPCS	Description	Tech Date	Prof Date	Base	Remaining	Percent
G0447	Obesity Counseling	11/29/2011	11/29/2011	- wa	ived -	- waived -
G0473	Obesity Counseling	01/01/2015	01/01/2015	- waived -		- waived -
G0445 STIs Screening/Counseling		11/08/2011	11/08/2011	- waived -		- waived -

Provider Detail

1134683543 1619355047

PEACE OF MIND HOME HEALTH AGENCY LLC
500 N RAINBOW BLVD STE 300
LAS VEGAS NV 89107-1061

EAGLE HOME HEALTH AGENCY INC
222 S RAINBOW BLVD SUITE 202
LAS VEGAS NV 89145-5340

Immunizations

Part B Status:

Part B Date:

Part B Deductible

Part B Coinsurance

HCPCS Description Vaccination Date Rendering NPI Rendering Name

The following sections had no data available: Hospice, Medicare Advantage, MSP, Part D

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."

