

Provider: 297068

as of 12/15/2025

Eligibility Period: 12/15/24 - 04/11/26

Patient Name: DEW, DANIEL

Beneficiary ID: 9KT4UF3QG98

Birth Date: 04/02/1950

Gender: M

Per Medicare: DEW DANIEL L

Address: 4512 EUGENE AVE

LAS VEGAS NV 89108-2822

Previous Inquiry Date: N/A - new inquiry\*

**Benefit Information**

Effective	Terminated	Lifetime Psychiatric Days: 190	ESRD Dialysis Date:
Part A: 04/01/2015	-	Lifetime Reserve Days: 60	ESRD Transplant Eff. Date:
Part B: 04/01/2015	-		ESRD Coverage Period Date:
Date of Death	-	Smoking Cessation Days: 8	Initial Cessation Session Date:
QMB: 01/01/2018		- NV QMB Plan	Beneficiary ID Crosswalk: Data not Available

**Part A/B**

Type	First Bill	Last Bill	Part A		Part B		Blood Pints
			Hospital Days	SNF Days	Inpatient	Deductible	
SPELL	07/31/2025 -	12/01/2025	9 30	\$ 0.00	0 28	\$ 0.00	
BASE	01/01/2026	12/31/2026	60 30	\$ 0.00	20 80	\$ 0.00	\$ 0.00 \$ 0.00 3
BASE	01/01/2025	12/31/2025	60 30	\$ 0.00	20 80	\$ 0.00	\$ 0.00 \$ 0.00 3
BASE	01/01/2024	12/31/2024	60 30	\$ 0.00	20 80	\$ 0.00	\$ 0.00 \$ 0.00 3

**Part A/B Hospital SNF Stay**

Start Date	End Date	Type	Billing NPI	Billing Provider
09/20/2025	12/01/2025	SNF	1508303090	HORIZON RIDGE
09/20/2025	10/31/2025	SNF	1508303090	HORIZON RIDGE
09/20/2025	09/30/2025	SNF	1508303090	HORIZON RIDGE
09/01/2025	09/20/2025	Hospital	1366976276	PAM SQUARED AT LAS VEGAS, LLC
08/29/2025	09/01/2025	Hospital	1104870187	MOUNTAINVIEW HOSPITAL
08/06/2025	08/29/2025	Hospital	1063796688	MOUNTAINVIEW HOSPITAL REHAB UNIT
07/31/2025	08/06/2025	Hospital	1104870187	MOUNTAINVIEW HOSPITAL

**QMB**

Start	End	Plan Description
01/01/2018		NV QMB Plan

**Part D**

Effective	Terminated	Plan Code	Payer Name/Address	Plan Name/Website	Phone
04/01/2015 -		S5884-175	HUMANA INSURANCE CO. & HUMANA INSURANCE CO. 1100 Employers Boulevard De Pere WI 54115	Humana Premier Rx Plan www.humana.com/medicare	(800) 448-6262

**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 Date	Is Recert?						
08/10/2023	N	01/20/2023	N	03/31/2022	N	08/13/2021	Y

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**Home Health Episodes**

Start Date	End Date	Earliest Billing	Latest Billing	Patient Status/Des	Interim	Provider
12/02/2025	12/31/2025			NOA W/O condition code 47	06014	1750854451 MOBILE HOME HEALTH, INC.
01/04/2025	02/02/2025	01/08/2025	01/28/2025	01 Discharged to home or self	06014	1114524311 CREEK VIEW HOME HEALTH LLC
12/05/2024	01/03/2025	12/10/2024	01/03/2025	30 Still patient	06014	1114524311 CREEK VIEW HOME HEALTH LLC

**Behavioral Services**

HCPCS	Description	Tech Date	Prof Date	Deductible	Deductible	Coinsurance Percent
				Base	Remaining	
G0444	Adult Depression Screening	04/01/2015	04/01/2015			
G0443	Alcohol Misuse Counseling		11/09/2021			
G0442	Alcohol Misuse Screening		11/01/2022			
G0446	Cardiovascular Disease Counseling	04/01/2015	04/01/2015			
G0447	Obesity Counseling	04/01/2015	04/01/2015			
G0473	Obesity Counseling	04/01/2015	04/01/2015			
G0445	STIs Screening/Counseling	04/01/2015	04/01/2015			

**Diabetes Prevention Program (MDPP)**

Entitlement From	To	HCPCS	Ded	Coin	Date of Service	Proc	Description	Billing NPI	Name
12/15/2024	04/11/2026		0.00	0.00					

**Provider Detail**

1114524311	1750854451
CREEK VIEW HOME HEALTH LLC	MOBILE HOME HEALTH, INC.
2950 E FLAMINGO RD STE H	1771 E. FLAMINGO RD. SUITE 230-A
LAS VEGAS NV 89121-5208	LAS VEGAS NV 89119-5279

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

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."

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