

Provider: 297068

as of 01/09/2026

Eligibility Period: 01/09/25 - 05/06/26

Patient Name: ANCENEY, KIMIYO

Beneficiary ID: 5TE3UA9CR05

Birth Date: 02/06/1948

Gender: F

Per Medicare: ANCENEY KIMIYO

Address: 8943 BEL CONTE LANE

HENDERSON NV 89074-6916

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

**Benefit Information**

|                      |            |                                |  |
|----------------------|------------|--------------------------------|--|
| Effective            | Terminated | Lifetime Psychiatric Days: 190 | ESRD Dialysis Date:                          |
| Part A: 02/01/2013 - |            | Lifetime Reserve Days: 60      | ESRD Transplant Eff. Date:                   |
| Part B: 02/01/2013 - |            |                                | ESRD Coverage Period Date:                   |
| Date of Death        | -          | Smoking Cessation Days: 8      | Initial Cessation Session Date:              |
| QMB:                 | -          |                                | Beneficiary ID Crosswalk: Data not Available |

**Part A/B**

| Type | Part A     |            |                 |                 | Part B      |            |          |              | Blood Pints |
|------|------------|------------|-----------------|-----------------|-------------|------------|----------|--------------|-------------|
|      | First Bill | Last Bill  | Hospital Days   | SNF Days        | Inpatient   | Deductible | Physical | Occupational |             |
| BASE | 01/01/2026 | 12/31/2026 | 60 30 \$ 434.00 | 20 80 \$ 217.00 | \$ 1,736.00 | \$ 283.00  | \$ 0.00  | \$ 0.00      | 3           |
| 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           |

**Part D**

| Effective    | Terminated | Plan Code | Payer Name/Address   | Plan Name/Website     | Phone          |
|--------------|------------|-----------|--|-----------------------|----------------|
| 04/01/2013 - |            | S5921-373 | UNITEDHEALTHCARE INS. CO. & UHC INS. CO. OF NY AARP Medicare Rx Saver from UHC<br>185 Asylum Street<br>Hartford CT 061030450 | AARPMedicarePlans.com | (866) 460-8854 |

**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 Episodes**

| Start Date | End Date   | Earliest Billing | Latest Billing | Patient Status/Des        | Interim | Provider   |
|------------|------------|------------------|----------------|---------------------------|---------|------------|
| 07/10/2025 | 08/08/2025 |                  |                | NOA W/O condition code 47 | 06014   | 1467856476 |

**Behavioral Services**

| HCPCS | Description                       | Tech Date  | Prof Date  | Deductible | Deductible | Coinsurance |
|-------|-----------------------------------|------------|------------|------------|------------|-------------|
|       |                                   |            |            | Base       | Remaining  |             |
| G0444 | Adult Depression Screening        | 02/01/2013 | 11/01/2026 | - waived - | - waived - | - waived -  |
| G0443 | Alcohol Misuse Counseling         |            | 11/18/2025 | - waived - | - waived - | - waived -  |
| G0442 | Alcohol Misuse Screening          |            | 11/01/2026 | - waived - | - waived - | - waived -  |
| G0446 | Cardiovascular Disease Counseling | 02/01/2013 | 11/01/2026 | - waived - | - waived - | - waived -  |
| G0447 | Obesity Counseling                | 02/01/2013 | 02/01/2013 | - waived - | - waived - | - waived -  |
| G0473 | Obesity Counseling                | 01/01/2015 | 01/01/2015 | - waived - | - waived - | - waived -  |
| G0445 | STIs Screening/Counseling         | 02/01/2013 | 02/01/2013 | - waived - | - waived - | - waived -  |

**Diabetes Prevention Program (MDPP)**

| Entitlement | Date of    | Description |      |       |         | Billing |      |
|-------------|------------|-------------|------|-------|---------|---------|------|
| From        | To         | HCPCS       | Ded  | Coins | Service | NPI     | Name |
| 01/09/2025  | 05/06/2026 |             | 0.00 | 0.00  |         |         |      |

**Provider Detail**

1467856476

Provider detail not available.

3920 E PATRICK LN STE 220

LAS VEGAS NV 89120-3927

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**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, 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."

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