Caring Nurses, Inc

Eligibility Coverage Detail *Report*

GINSBURG, HOWARD

Provider: 297068 as of 06/30/2026 Eligibility Period: 06/30/25 - 10/25/26

Patient Name: GINSBURG, HOWARD Beneficiary ID: 3UJ6PJ6DD78 Birth Date: 09/27/1944 Gender: F

Discrepancy: M

Per Medicare: GINSBURG HOWARD B

Address: APT 1052 300 PROMENADE BLVD
LAS VEGAS NV 89107-2855

Previous Inquiry Date: N/A - new inquiry*

Benefit Information

	Effective	Terminated
Part A:	09/01/2009	-
Part B:	09/01/2009	-
Date of Death		-
QMB:		-

Lifetime Psychiatric Days: 190
Lifetime Reserve Days: 60
Smoking Cessation Days: 8

ESRD Dialysis Date:
ESRD Transplant Eff. Date:
ESRD Coverage Period Date:
Initial Cessation Session Date:
Beneficiary ID Crosswalk: 089349480A

Part A/B

			Part A							Part B			
			Hospital Days			SNF Days			Inpatient	Deductible	Physical	Occupational	Blood Pints
Type	First Bill	Last Bill	Full	Coins.	Base	Full	Coins.	Base	Deductible	Remaining	Therapy	Therapy	Part A/B
SPELL	10/22/2025	- 11/08/2025	43	30	$ 419.00	20	80	$ 209.50	$0.00				
BASE	01/01/2026	12/31/2026	60	30	$ 434.00	20	80	$ 217.00	$1,736.00	$ 0.00	$ 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 A/B Hospital SNF Stay

Start Date	End Date	Type	Billing NPI	Billing Provider
10/23/2025	11/08/2025	Hospital	1568439693	SPRING VALLEY MEDICAL CENTER
10/22/2025	10/23/2025	Hospital	1487771812	CENTENNIAL HILLS HOSPITAL MEDICAL CENTER

Part D

Effective	Terminated	Plan Code	Payer Name/Address	Plan Name/Website	Phone
09/01/2009	-	S5966-803	EMBLEMHEALTH PLAN, INC 80 Wolf Road 6th Floor Albany NY 12205	EmblemHealth National Drug Plan emblemhealth.com/medicare	(877) 344-7364

Rehabilitation Sessions

Pulmonary Remaining (G0424) Tech: 72 Prof: 72

Cardiac Applied (93797, 93798) Tech: 0 Prof: 0

Intensive Cardiac Applied (G0422, G0423) Tech: 0 Prof: 0

Home Health Episodes

Start Date	End Date	Earliest Billing	Latest Billing	Patient Status/Des		Interm	Provider	
06/08/2026	07/07/2026	06/13/2026	06/13/2026	02	Discharged or transferred t	06014	1366442345	THE VALLEY HEALTH HOME CARE
05/09/2026	06/07/2026	05/15/2026	06/07/2026	30	Still patient	06014	1366442345	THE VALLEY HEALTH HOME CARE
04/09/2026	05/08/2026	04/10/2026	05/08/2026	30	Still patient	06014	1366442345	THE VALLEY HEALTH HOME CARE
03/10/2026	04/08/2026	03/19/2026	04/08/2026	30	Still patient	06014	1366442345	THE VALLEY HEALTH HOME CARE
02/08/2026	03/09/2026	02/13/2026	03/09/2026	30	Still patient	06014	1366442345	THE VALLEY HEALTH HOME CARE
01/09/2026	02/07/2026	01/16/2026	02/07/2026	30	Still patient	06014	1366442345	THE VALLEY HEALTH HOME CARE
12/10/2025	01/08/2026	12/12/2025	01/08/2026	30	Still patient	06014	1366442345	THE VALLEY HEALTH HOME CARE
11/10/2025	12/09/2025	11/10/2025	12/09/2025	30	Still patient	06014	1366442345	THE VALLEY HEALTH HOME CARE
10/08/2025	11/06/2025	10/10/2025	10/18/2025	02	Discharged or transferred t	06014	1366442345	THE VALLEY HEALTH HOME CARE
09/08/2025	10/07/2025	09/12/2025	10/07/2025	30	Still patient	06014	1366442345	THE VALLEY HEALTH HOME CARE
08/09/2025	09/07/2025	08/15/2025	09/07/2025	30	Still patient	06014	1366442345	THE VALLEY HEALTH HOME CARE
07/10/2025	08/08/2025	07/11/2025	08/08/2025	30	Still patient	06014	1366442345	THE VALLEY HEALTH HOME CARE
06/10/2025	07/09/2025	06/13/2025	07/09/2025	30	Still patient	06014	1366442345	THE VALLEY HEALTH HOME CARE

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Behavioral Services

HCPCS	Description	Tech Date	Prof Date	Deductible Base	Deductible Remaining	Coinsurance Percent
G0444	Adult Depression Screening	10/14/2011	12/01/2022	- waived -		- waived -
G0443	Alcohol Misuse Counseling		10/08/2020	- waived -		- waived -
G0442	Alcohol Misuse Screening		10/01/2021	- waived -		- waived -
G0446	Cardiovascular Disease Counseling	11/08/2011	12/01/2022	- 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 -

Diabetes Prevention Program (MDPP)

Entitlement From	To	HCPCS	Ded	Coins	Date of Service	Proc	Description	Billing NPI	Name
06/30/2025	10/25/2026		0.00	0.00					

Provider Detail

1366442345
THE VALLEY HEALTH HOME CARE
5010 S DECATUR BLVD STE A
LAS VEGAS NV 89118-4935

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."