

Beneficiary Eligibility Report

08/15/2026 02:09 PM

Eligibility for date span 08/15/2022 to 08/15/2026

Beneficiary Eligibility Information

Medicare Number 7DV4N11HJ62	Last Name MANSBACH	First Name DARLENE
MBI Term Date	Date of Birth 03/22/1948	Date of Death
Sex Female	Address Line 1 2857 PARADISE RD	Address Line 2 UNIT 2301
City LAS VEGAS	State NV	Zip 89109-9023

Entitlement Information

Part A Entitlement Reason 0-Beneficiary insured due to age OASI	Part A Entitlement Date 03/01/2013	Part A Termination Date
Prior Part A Entitlement Date	Prior Part A Termination Date	
Part B Entitlement Reason 0-Beneficiary insured due to age OASI	Part B Entitlement Date 08/01/2013	Part B Termination Date
Prior Part B Entitlement Date	Prior Part B Termination Date	
Medicare Inactive Begin Date	Medicare Inactive End Date	Inactive Reason

Additional Information

Full Inpatient Days 55	Copay Inpatient Days 30	Inpatient Ded Amt Remain \$0.00
Full SNF Days 20	Copay SNF Days 80	Inpatient Blood Ded Units Remain 3.0
Lifetime Psychiatric Days Remain 190	Lifetime Reserve Days Remain 60	
Earliest Billing Date 04/09/2026	Latest Billing Date 04/14/2026	

Inactive Coverage

Note: Does not apply to this beneficiary.

Part B Deductible

Note: If blank, verify the beneficiary's Qualified Medicare Beneficiary (QMB) status below. If the beneficiary is enrolled in a QMB for the entire year(s), deductible does not apply.

Year 1	Amount - Year 1	Remaining Amount - Year 1
2026	\$283.00	\$0.00
Year 2	Amount - Year 2	Remaining Amount - Year 2

2025 Year 3	\$257.00 Amount - Year 3	\$0.00 Remaining Amount - Year 3
2024 Year 4	\$240.00 Amount - Year 4	\$0.00 Remaining Amount - Year 4
2023 Year 5	\$226.00 Amount - Year 5	\$0.00 Remaining Amount - Year 5
2022	\$233.00	\$0.00

Medicare Advantage

Note: Does not apply to this beneficiary.

Medicare Secondary Payer Information

Note: Does not apply to this beneficiary.

Crossover Information

Creation Date	Update Date	Ins Code	Insurer Name	Address 1	Address 2	City	State	Zip	Insurer Effective Date
12/16/2013		Supplemental	LOYAL AMERICAN LIFE INSURANCE CO	11200 LAKELINE BLVD SUITE 100		AUSTIN	TX	78717	12/01/2013
12/16/2013		Supplemental	LOYALAM/UNITEDTEACH/GREATAMLIFE	11200 LAKELINE BLVD SUITE 100		AUSTIN	TX	78717	12/01/2013

Qualified Medicare Beneficiary Program

Note: Does not apply to this beneficiary.

Home Health Plan Information

Start Date	End Date	DOEBA	DOLBA	Patient Status	NPI	NOA Indicator Meaning
04/15/2026	05/14/2026	04/15/2026	05/12/2026	01 - Discharged to home or self care	1366442345	NOA received without condition code 47

Hospice Notice Of Elections

Note: Does not apply to this beneficiary.

Hospice Benefit Periods

Note: Does not apply to this beneficiary.

Inpatient and SNF Spell History

Spell	Type	Start Date	End Date	NPI
1	Inpatient	04/09/2026	04/14/2026	1417947490

End Stage Renal Disease (ESRD)

Note: Does not apply to this beneficiary.

Preventive Services

Procedure	Modifier	Next Eligibility Date	Deductible Applies	Co-Insurance Applies
81528 - Gene Analysis (Colorectal Cancer)	TC	08/01/2027	No	No
0464U - Colorectal screening, quantitative real-time target and signal amplification, methylated DNA	TC	08/01/2027	No	No
84478 - Triglycerides	TC	04/01/2027	No	No
83718 - Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	TC	04/01/2027	No	No
80061 - Blood test, lipids (cholesterol and triglycerides)	TC	04/01/2027	No	No
82465 - Cholesterol, serum or whole blood, total	TC	04/01/2027	No	No
G0439 - Annual wellness visit, includes a personalized prevention plan of service (PPPS), subsequent	26	12/01/2026	No	No
G0444 - Annual depression screening, 15 minutes	26	12/01/2026	No	No
G0442 - Annual alcohol misuse screening, 15 minutes	26	12/01/2026	No	No
G0443 - Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	26	12/18/2025	No	No
G0328 - Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous	26	08/01/2025	No	No
82270 - Stool analysis for blood to screen for colon tumors	26	08/01/2025	No	No
74263 - CT colonography screening		01/01/2025	No	No
77067 - Screening mammography of both breasts		07/01/2024	No	No
83036 - HEMOGLOBIN; GLYCOSYLATED (A1C)		01/01/2024	No	No
G0327 - Colorectal cancer screening; blood-based biomarker	TC	07/01/2021	No	No
G0473 - Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes		01/01/2015	No	No
77081 - Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites		08/01/2013	No	No

Procedure	Modifier	Next Eligibility Date	Deductible Applies	Co-Insurance Applies
77080 - Dual energy x-ray absorptiometry (DXA), bone density study, one or more sites; axial skeleto		08/01/2013	No	No
76977 - Ultrasound measurement and interpretation of bone density		08/01/2013	No	No
G0130 - Single energy x-ray absorptiometry (sexa) bone density study, one or more sites; appendicula		08/01/2013	No	No
77078 - Computed tomography, bone mineral density study, one or more sites; axial skeleton (e.g., hi		08/01/2013	No	No
82270 - Stool analysis for blood to screen for colon tumors	TC	08/01/2013	No	No
G0147 - Screening cytopathology smears, cervical or vaginal, performed by automated system under phy		08/01/2013	No	No
G0444 - Annual depression screening, 15 minutes	TC	08/01/2013	No	No
G0121 - Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk		08/01/2013	No	No
G0143 - Screening cytopathology, cervical or vaginal (any reporting system), collected in preservati		08/01/2013	No	No
G0144 - Screening cytopathology, cervical or vaginal (any reporting system), collected in preservati		08/01/2013	No	No
82951 - Blood glucose (sugar) tolerance test, 3 specimens		08/01/2013	No	No
G0145 - Screening cytopathology, cervical or vaginal (any reporting system), collected in preservati		08/01/2013	No	No
G0101 - Cervical or vaginal cancer screening; pelvic and clinical breast examination		08/01/2013	No	No
82950- Glucose: post glucose does (includes glucose)		08/01/2013	No	No
G0123 - Screening cytopathology, cervical or vaginal (any reporting system), collected in preservati		08/01/2013	No	No
84478 - Triglycerides	26	08/01/2013	No	No
G0148 - Screening cytopathology smears, cervical or vaginal, performed by automated system with manu		08/01/2013	No	No
G0445 - Semiannual high intensity behavioral counseling to prevent STIs, individual, face-to-face, i		08/01/2013	No	No
G0104 - Colorectal cancer screening; flexible sigmoidoscopy		08/01/2013	No	No
G0446 - Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15		08/01/2013	No	No
G0105 - Colorectal cancer screening; colonoscopy on individual at high risk		08/01/2013	No	No
G0447 - Face-to-face behavioral counseling for obesity, 15 minutes		08/01/2013	No	No

Procedure	Modifier	Next Eligibility Date	Deductible Applies	Co-Insurance Applies
G0328 - Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous	TC	08/01/2013	No	No
82465 - Cholesterol, serum or whole blood, total	26	08/01/2013	No	No
P3000 - Screening papanicolaou smear, cervical or vaginal, up to three smears, by technician under p		08/01/2013	No	No
G0117 - Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist		08/01/2013	Yes	Yes
G0118 - Glaucoma screening for high risk patient furnished under the direct supervision of an optome		08/01/2013	Yes	Yes
83718 - Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	26	08/01/2013	No	No
82947 - Glucose; quantitative, blood (except reagent strip)		08/01/2013	No	No
80061 - Blood test, lipids (cholesterol and triglycerides)	26	08/01/2013	No	No
Q0091 - Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal sme		08/01/2013	No	No
76706 - Ultrasound Screening for Abdominal Aortic Aneurysm		07/01/2007	No	No

Audiology Screening

Procedure	Screening Type	Modifier	Next Eligibility Date	Deductible	Co-Insurance
92626 - EVLUATION OF AUDITORY REHABILITATION STATUS; FIRSTHOUR	Professional	26	07/01/2023	\$283.00	20%
92604 - DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER;	Professional	26	07/01/2023	\$283.00	20%
92625 - ASSESSMENT OF TINNITUS (INCLUDES PITCH, LOUDNESS MATCHING, AND MAS	Professional	26	07/01/2023	\$283.00	20%
92603 - DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER;	Professional	26	07/01/2023	\$283.00	20%
92627 - EVLUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MI	Professional	26	07/01/2023	\$283.00	20%
92570 - ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IM	Professional	26	07/01/2023	\$283.00	20%
92572 - STAFFERED SPONDAOC WORD TEST	Professional	26	07/01/2023	\$283.00	20%
92550 - TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	Professional	26	07/01/2023	\$283.00	20%
92571 - FILTERED SPEECH TEST	Professional	26	07/01/2023	\$283.00	20%
92556 - SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	Professional	26	07/01/2023	\$283.00	20%
92577 - STENGER TEST; SPEECH	Professional	26	07/01/2023	\$283.00	20%

Procedure	Screening Type	Modifier	Next Eligibility Date	Deductible	Co-Insurance
92555 - SPEECH AUDIOMETRY THRESHOLD	Professional	26	07/01/2023	\$283.00	20%
92579 - VISUAL REINFORCEMENT AUDIOMETRY (VRA)	Professional	26	07/01/2023	\$283.00	20%
92557 - COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITI	Professional	26	07/01/2023	\$283.00	20%
92651 - Auditory evoked potentials; for hearing status determination, broadband stimuli, with interp	Professional	26	07/01/2023	\$283.00	20%
92552 - PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY	Professional	26	07/01/2023	\$283.00	20%
92653 - Auditory evoked potentials; neurodiagnostic, with interpretation and report	Professional	26	07/01/2023	\$283.00	20%
92576 - SYNTHETIC SENTENCE IDENTIFICATION TEST	Professional	26	07/01/2023	\$283.00	20%
92652 - Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpret	Professional	26	07/01/2023	\$283.00	20%
92575 - SENSORINEURAL ACUITY LEVEL TEST	Professional	26	07/01/2023	\$283.00	20%
92553 - PURE TONE AUDIOMETRY (THRESHOLD); AIR AND BONE	Professional	26	07/01/2023	\$283.00	20%
92583 - SELECT PICTURE AUDIOMETRY	Professional	26	07/01/2023	\$283.00	20%
92582 - CONDITIONING PLAY AUDIOMETRY	Professional	26	07/01/2023	\$283.00	20%
92622 - Diagnostic analysis, programming, and verification of an auditory osseointegrated sound proc	Professional	26	07/01/2023	\$283.00	20%
92567 - TYMPANOMETRY (IMPEDANCE TESTING)	Professional	26	07/01/2023	\$283.00	20%
92621 - EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADD	Professional	26	07/01/2023	\$283.00	20%
92565 - STENGER TEST, PURE TONE	Professional	26	07/01/2023	\$283.00	20%
92602 - DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF	Professional	26	07/01/2023	\$283.00	20%
92623 - Diagnostic analysis, programming, and verification of an auditory osseointegrated sound proc	Professional	26	07/01/2023	\$283.00	20%
92601 - DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF	Professional	26	07/01/2023	\$283.00	20%
92568 - ACOUSTIC REFLEX TESTING; THRESHOLD	Professional	26	07/01/2023	\$283.00	20%
92640 - DIAGNOSTIC ANALYSIS WITH PROGRAMMING OF AUDITORY BRAINSTEM IMPLANT	Professional	26	07/01/2023	\$283.00	20%
92563 - TONE DECAY TEST	Professional	26	07/01/2023	\$283.00	20%
92584 - ELECTROCOCHLEGRAPHY	Professional	26	07/01/2023	\$283.00	20%

Procedure	Screening Type	Modifier	Next Eligibility Date	Deductible	Co-Insurance
92562 - LOUDNESS BALANCE TEST, ALTERNATE BINAURAL OR MONAURAL	Professional	26	07/01/2023	\$283.00	20%
92620 - EVALUATION OF CENTRAL SUDITORY FUNCTION, WITH REPORT; INITIAL 60 M	Professional	26	07/01/2023	\$283.00	20%
92587 - DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS; LIMITED EVALUATI				\$283.00	20%
92588 - DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE DI				\$283.00	20%

Hepatitis Screening

Procedure	Date of service	Provider NPI	Deductible	Co-Insurance
87340 - INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECH	02/05/2019	1043256886	\$0.00	0%
86704 - HEPATITIS B CORE ANTIBODY (HBCAB), TOTAL	02/05/2019	1043256886	\$0.00	0%
86706 - HEPATITIS B CORE SURFACE ANTIBODY (HBSAB)	02/05/2019	1043256886	\$0.00	0%

COVID-19 Vaccine Information

Note: Does not apply to this beneficiary.

Flu Vaccine Information

Note: Does not apply to this beneficiary.

Pneumococcal Vaccine Information

Procedure	Date of Service	Rendering NPI
90670 - PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT, FOR INTRAMUSCULAR US	09/15/2020	1336225747

HIV/HIV PREP

Note: Does not apply to this beneficiary.

Medicare Diabetes Prevention Program Services

Note: Does not apply to this beneficiary.

Cardiac Rehabilitation Services

Sessions Used	Session Type
0	Technical

Sessions Used	Session Type
0	Professional

Intensive Cardiac Rehabilitation Services

Sessions Used	Session Type
0	Technical
0	Professional

Pulmonary Rehabilitation Services

Sessions Remaining	Session Type
72	Technical
72	Professional

Acupuncture Benefits

Session Type	Sessions Remaining	Next Eligibility Date	Initial Session Date
Technical	10		04/14/2025
Professional	10		04/14/2025

Smoking Cessation Counseling

Total Sessions Available	Initial Session Date	Remaining Sessions
8		8

Cognitive Assessment

Note: Does not apply to this beneficiary.

Therapy Services Information

Note: If blank, verify the beneficiary’s Qualified Medicare Beneficiary (QMB) status below. If the beneficiary is enrolled in a QMB for the entire year(s), deductible does not apply.

Year 1	Occupational Therapy Amt - Year 1	Physical Therapy Amt - Year 1
2026		\$1512.14
Year 2	Occupational Therapy Amt - Year 2	Physical Therapy Amt - Year 2
2025		\$359.56
Year 3	Occupational Therapy Amt - Year 3	Physical Therapy Amt - Year 3
2024		\$0.00
Year 4	Occupational Therapy Amt - Year 4	Physical Therapy Amt - Year 4

2023	Occupational Therapy Amt - Year	\$1107.54
Year 5	3	Physical Therapy Amt - Year 5
2022	\$0.00	\$0.00
	Occupational Therapy Amt - Year	
	4	
	\$0.00	
	Occupational Therapy Amt - Year	
	5	
	\$0.00	