



Claim Status Inquiry MES

* Required Fields

Claim Header Data

ICN: [REDACTED]
 Status Effective Date: [REDACTED]
 Trans Type: Original Claim
 Status: **Pended**
 Service Period Begin: 03/14/2025
 Service Period End: 03/14/2025
 RA#: [REDACTED]
 Claim Type: HCFA-Practitioner
 Total Claim: \$0.00

EOB(s) Data

EOB(s) Applied

Line	EOB Code
1	0827

Showing 1 - 1 of 1

EOB Description(s)

EOB Code	EOB Description(s)
0827	Unable to Assign Object Code

Showing 1 - 1 of 1

Main

Line

Li	Status	Service Line Date	Proc Code	Modifiers	Total Charge
1	Pended	[REDACTED]	83036		\$801.00

Showing 1 - 1 of 1 View Line Item Detail

Close

Line: 1 Total Charge: \$801.00
 Status Effective Date: [REDACTED] Non-Covered Charges: \$0.00
 Status: Pended Paid Amount: \$0.00
 Service Line Begin Date: 03/14/2025 Revenue Code:
 Service Line End Date: 03/14/2025 Submitted Units: 1
 Procedure Code: 83036 Paid Units:
 Modifiers:

Cancel