



TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Texas insurance code¹ sets forth specific requirements for the release of claims information by Health insurance issuers upon written request of a plan, plan administrator, or plan sponsor. The information presented within this report is provided in accordance with Texas insurance code.

Section I:

- For claims that are not part of this report, the number of pre-certification requests for hospital stays of 5 days or longer that were made during the 30-day period preceding this report.

Section II:

- Monthly aggregate Premium and Paid Claims
- Total covered Employees by Coverage Tier, on a monthly basis

Section III:

- Individual Claimants² with paid amounts of \$15,000 in the most current 12-month period

The following Additional Information ² is available upon request, subject to Conditions for Release:

Large Claim Information	Conditions for Release
Additional Information ² , including prognosis or recovery case, management information, future expected cost and treatment plans that relate to the claims for those individuals whose total paid claims exceeded \$15,000 during the preceding 12 month period.	In accordance with provisions of the state statute, a request for Additional Information may be made subsequent to the receipt of Individual Claimant (section III) information. The written request must come from the plan, plan administrator, or plan sponsor, and be received by the insurer no later than the 10th day following receipt of the initial Individual Claimant information.

¹ Texas insurance code: Section 1. Subtitle A, Title 8, Chapter 1215. Enacted Sep 1, 2007, compliance date Jan 1, 2008.

² A plan sponsor is entitled to receive protected health information under Subsections C (5) and (6) and Section 1215.04 only after an appropriately authorized representative of the plan sponsor makes to the health insurance issuer a certification. **PLEASE CONTACT your UnitedHealthcare account representative for additional information on an acceptable Certification.**

UnitedHealthcare's ARRA Statement:

Information included in this document is considered to be UnitedHealthcare's confidential and/or proprietary business information. Consequently, this information may be used only by the person or entity to which it is addressed by UnitedHealthcare. Such recipient shall be liable for using and protecting UnitedHealthcare's proprietary business information from further disclosure or misuse, consistent with recipient's contractual obligations under any applicable administrative services agreement, group policy contract, non-disclosure agreement or other applicable contract or law, including but not limited to, Exemption 4 of the U.S. Freedom of Information Act and state freedom of information law exemptions for "trade secrets". The report you have received may contain protected health information (PHI) and must be handled according to applicable state and federal law, including, but not limited to HIPAA. Individuals who misuse information may be subject to damages including civil and criminal penalties.

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section I, II: Hospital Pre-Certification, Premium, Claims, Enrollment

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
Reporting Period
 Processed (paid) Dates: 10/01/2022-02/28/2025
 Service (incurred) Dates: ALL

Date of Information Request:	4/2/25
Receipt Date of Information Request:	4/2/25
Receipt Date of HIPAA Certification:	4/2/25
Date of Report Production:	4/3/25

Section I:

For claims that are not part of this report, the number of pre-certification requests for hospital stays of 5 days or longer that were made during the 30-day period preceding the Reporting Period last Processed (paid) Date

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Section II:

Bill / Book Year / Month	Restated Billed Premium	Total Payments	Single Subscribers	Subscribers plus Spouse	Subscribers plus Child/Children	Subscribers plus Family	Total Subscribers	Positively Enrolled Dependents	Total Members
202210	\$ 309,114	\$ 18,252	101	33	51	58	243	309	552
202211	\$ 313,623	\$ 184,756	106	34	47	60	247	306	553
202212	\$ 321,241	\$ 157,973	114	36	47	60	257	308	565
202301	\$ 314,461	\$ 208,145	113	35	47	58	253	302	555
202302	\$ 315,661	\$ 177,818	115	35	45	59	254	305	559
202303	\$ 318,492	\$ 1,224,118	118	35	46	59	258	305	563
202304	\$ 314,686	\$ 233,119	118	34	48	57	257	299	556
202305	\$ 312,940	\$ 271,605	118	33	48	57	256	298	554
202306	\$ 313,904	\$ 684,362	121	31	48	58	258	299	557
202307	\$ 315,516	\$ 237,612	122	31	49	58	260	301	561
202308	\$ 312,436	\$ 308,409	122	30	48	58	258	296	554
202309	\$ 304,057	\$ 214,174	120	30	46	56	252	288	540
202310	\$ 335,622	\$ 347,824	114	30	46	56	246	291	537
202311	\$ 347,740	\$ 331,950	121	34	48	55	258	296	554
202312	\$ 350,022	\$ 279,980	127	34	49	54	264	294	558
202401	\$ 348,028	\$ 598,729	127	32	48	55	262	294	556
202402	\$ 362,310	\$ 484,476	129	34	49	58	270	306	576
202403	\$ 359,277	\$ 598,881	126	32	48	60	266	305	571
202404	\$ 363,365	\$ 286,582	127	32	48	61	268	305	573
202405	\$ 366,862	\$ 356,809	129	33	48	61	271	304	575
202406	\$ 371,213	\$ 292,891	128	35	48	62	273	309	582
202407	\$ 369,420	\$ 739,105	128	32	47	64	271	308	579
202408	\$ 372,660	\$ 338,194	129	32	49	64	274	310	584
202409	\$ 366,444	\$ 404,610	126	31	49	63	269	305	574
202410	\$ 434,735	\$ 336,898	121	32	55	61	269	318	587
202411	\$ 439,761	\$ 385,803	121	35	56	60	272	321	593
202412	\$ 440,895	\$ 470,396	121	37	53	59	270	316	586
202501	\$ 439,741	\$ 457,929	118	37	54	59	268	317	585
202502	\$ 436,699	\$ 325,809	117	37	53	60	267	319	586
TOTAL	\$ 10,270,924	\$ 10,957,209	3497	966	1418	1710	7591	8834	16425

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

Notification of Withheld Information and Confidentiality Statement

The Texas Insurance Code section 1215.003(d) provides that protected health information may be withheld from this claims report if subject to privacy restrictions more stringent than HIPAA. This constitutes notice that the following categories of claims information for specified individuals is withheld from this report:

- Utilization review related records including individual medical records, personal information, or other confidential information about a patient obtained in the performance of utilization review per Texas Insurance Code section 4201-552.
- Records related to the diagnosis, evaluation, or treatment of a mental or emotional disorder, including alcoholism or drug addiction, per Chapter 611 of the Texas Health & Safety Code.
- Records related to AIDS and HIV test results per Texas Health & Safety Code Section 81.101 et seq.
- Genetic information, if any, per Texas Insurance Code Section 546.102.

Information included in this document is considered to be UnitedHealthcare's confidential and/or proprietary business information. Consequently, this information may be used only by the person or entity to which it is addressed by UnitedHealthcare. Such recipient shall be liable for using and protecting UnitedHealthcare's proprietary business information from further disclosure or misuse, consistent with recipient's contractual obligations under any applicable administrative services agreement, group policy contract, non-disclosure agreement or other applicable contract or law, including but not limited to, Exemption 4 of the U.S. Freedom of Information Act and state freedom of information law exemptions for "trade secrets". The report you have received may contain protected health information (PHI) and must be handled according to applicable state and federal law, including, but not limited to HIPAA. Individuals who misuse information may be subject to both civil and criminal penalties.

Claimant ID	1	Amount Paid	\$ 387,303
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
B34.9	VIRAL INFECTION UNSPECIFIED	00541	ANESTH. ONE LUNG VENTILATION	10/30/2023
H65.493	OTH CHRON NONSUPPURATIVE OM BIL	32480	PARTIAL REMOVAL OF LUNG	11/01/2023
I27.0	PRIMARY PULMONARY HYPERTENSION	32601	THORACOSCOPY, DIAGNOSTIC	11/06/2023
I27.20	PULMONARY HYPERTENSION UNSPECIFIED	36011	PLACE CATHETER IN VEIN	11/07/2023
I27.29	OTHER SEC PULMONARY HYPERTENSION	39540	REPAIR OF DIAPHRAGM HERNIA	11/09/2023
J06.9	ACUTE UP RESPIRATORY INFECTION UNS	71045	X-RAY EXAM CHEST 1 VIEW	11/14/2023
J21.0	ACUTE BRONCHIOLITIS DUE TO RSV	71046	X-RAY EXAM CHEST 2 VIEWS	11/20/2023
J21.8	AC BRONCHIOLITIS D/T SPEC ORGANISMS	71260	CT THORAX DX C+	12/05/2023
J90	PLEURAL EFFUSION NEC	71275	CT ANGIOGRAPHY, CHEST	12/09/2023
J96.01	ACUTE RESPIRATORY FAIL W/HYPOXIA	74175	CTA ABDOMEN W/CONTRAST	12/11/2023
J98.6	DISORDERS OF DIAPHRAGM	75605	CONTRAST EXAM THORACIC AORTA	12/12/2023
K44.9	DIAPH HERNIA W/O OBST/GANGRENE	75827	VEIN X-RAY, CHEST	01/09/2024
L65.9	NONSCARRING HAIR LOSS UNSPECIFIED	76604	US EXAM, CHEST	01/11/2024
Q21.10	ATRIAL SEPTAL DEFECT UNSPECIFIED	86922	COMPATIBILITY TEST, ANTIGLOB	01/18/2024

Claimant ID	1	Amount Paid	\$ 387,303
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Code	Description	Code	Description	
Q21.11	SECUNDUM ATRIAL SEPTAL DEFECT	92557	COMPREHENSIVE HEARING TEST	01/19/2024
Q24.0	DEXTROCARDIA	92567	TYMPANOMETRY	02/09/2024
Q26.3	PART ANOMALOUS PULM VENOUS CONNECT	93005	ELECTROCARDIOGRAM, TRACING	03/06/2024
Q33.2	SEQUESTRATION OF LUNG	93010	ELECTROCARDIOGRAM REPORT	03/07/2024
Q79.0	CONGENITAL DIAPHRAGMATIC HERNIA	93303	ECHO TRANSTHORACIC	03/09/2024
R05.1	ACUTE COUGH	93304	ECHO TRANSTHORACIC	03/11/2024
R06.03	ACUTE RESPIRATORY DISTRESS	93320	DOPPLER ECHO COMPLETE	03/12/2024
R11.10	VOMITING UNSPECIFIED	93321	DOPPLER ECHO F-UP/LMTD STD	04/11/2024
R21	RASH OTH NONSPECIFIC SKIN ERUPTION	93325	DOPPLER ECHO COLOR FLOW MAPG	05/20/2024
Z00.129	ENC RTN CHLD HLTH EX W/O ABNRM FIND	93567	NJX CAR CTH SPRVLV AORTGRPHY	05/21/2024
Z46.82	END FIT & ADJUST NON-VASCULAR CATH	93574	NJX CATH SLCT PULM VN ANGRPH	05/22/2024
Z98.890	OTH SPECIFIED POSTPROCEDURAL STATES	93597	R&L HRT CATH CHD ABNL NT CNJ	05/23/2024
		99202	OFFICE O/P NEW SF 15 MIN	05/24/2024
		99213	OFFICE O/P EST LOW 20 MIN	05/25/2024
		99233	SBSQ HOSP IP/OBS HIGH 50	05/26/2024
		99239	HOSP IP/OBS DSCHRG MGMT >30	05/27/2024
		99281	EMR DPT VST MAYX REQ PHY/QHP	05/28/2024
		99283	EMERGENCY DEPT VISIT LOW MDM	05/29/2024
		99284	EMERGENCY DEPT VISIT MOD MDM	05/30/2024
		99392	PREV VISIT, EST, AGE 1-4	06/01/2024
		99472	PED CRITICAL CARE, SUBSQ	06/24/2024
		E0431	PRTBLE GASEOUS O2 SYS RENTAL;	07/24/2024
		E0445	OXIMETER MSR BLD O2 LEVL NON-INVASV	08/07/2024
		E1390	O2 CONC 85%>O2 CONC PRSC FLW RATE	08/27/2024
				10/15/2024
				10/16/2024
				12/02/2024
				12/20/2024

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
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 Service (incurred) Dates: ALL

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- Records related to AIDS and HIV test results per Texas Health & Safety Code Section 81.101 et seq.
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Claimant ID	2	Amount Paid	\$ 271,792
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
I10	ESSENTIAL PRIMARY HYPERTENSION	00811	ANES LWR INTST NDSC NOS	05/29/2024
K21.9	GERD WITHOUT ESOPHAGITIS	36415	COLL VENOUS BLD VENIPUNCTURE	07/12/2024
K50.80	CROHNS DZ BOTH SM LG INTEST NO COMP	44389	COLONOSCOPY WITH BIOPSY	10/08/2024
K50.90	CROHNS DISEASE UNS W/O COMP	45380	COLONOSCOPY AND BIOPSY	12/13/2024
K63.3	ULCER OF INTESTINE	71100	X-RAY EXAM RIBS UNI 2 VIEWS	12/15/2024
K80.20	CALCU GB W/O CHOLECYST W/O OBST	72197	MRI PELVIS W/O & W/DYE	12/23/2024
R07.9	CHEST PAIN UNSPECIFIED	74183	MRI ABD W/O CNTR FLWD CNTR	12/31/2024
R73.9	HYPERGLYCEMIA UNSPECIFIED	80050	GENERAL HEALTH PANEL	02/04/2025
Z71.9	COUNSELING UNSPECIFIED	80061	LIPID PANEL	
Z93.3	COLOSTOMY STATUS	83036	HEMOGLOBIN GLYCOSYLATED A1C	
		88305	TISSUE EXAM BY PATHOLOGIST	
		96156	HLTH BHV ASSMT/REASSESSMENT	
		99204	OFFICE O/P NEW MOD 45 MIN	
		99214	OFFICE O/P EST MOD 30 MIN	
		99283	EMERGENCY DEPT VISIT LOW MDM	
		99442	PHONE E/M PHYS/QHP 11-20 MIN	
		A4371	OSTOMY SKIN BARRIER POWDER PER OZ	
		A4385	OST SKN BARRIER 4X4 EXT W/O CONVXTY	
		A4406	OST SKN BARRIER PECTIN PASTE-OZ	

Claimant ID	2	Amount Paid	\$ 271,792
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Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
		A5121	SKN BARRIER; SOLID 6X6/EQUVALNT EA	
		A9579	INJ GADOLINIUM MR CONTRAST NOS ML	

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Claimant ID	3	Amount Paid	\$ 259,357
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
E11.65	TYPE 2 DM W/HYPERGLYCEMIA	00216	ANESTH. HEAD VESSEL SURGERY	01/14/2024
G31.9	DEGENERATIVE DZ NERVOUS SYSTEM UNS	10060	I&D ABSCESS SIMPLE/SINGLE	01/15/2024
G47.33	OBSTRUCTIVE SLEEP APNEA	36224	PLACE CATH CAROTD ART	01/22/2024
G56.21	LESION ULNAR NERVE RIGHT UPPER LIMB	36226	PLACE CATH VERTEBRAL ART	01/23/2024
G57.11	MERALGIA PARESTHETICA RT LOWER LIMB	36227	PLACE CATH XTRNL CAROTID	02/05/2024
I10	ESSENTIAL PRIMARY HYPERTENSION	36415	COLL VENOUS BLD VENIPUNCTURE	02/06/2024
I60.2	NONTRAUM SA HEMORR ANT COMM ART	61624	TRANSCATH OCCLUSION, CNS	02/26/2024
I60.9	NONTRAUMATIC SUBARACH HEMORR UNS	70450	CT HEAD/BRAIN W/O DYE	02/27/2024
I63.9	CEREBRAL INFARCTION UNSPECIFIED	70490	CT SOFT TISSUE NECK W/O DYE	03/03/2024
I65.23	OCCLUSION & STENOS BIL CAROTID ART	70496	CT ANGIOGRAPHY, HEAD	03/04/2024
I67.1	CEREBRAL ANEURYSM NONRUPTURED	70498	CT ANGIOGRAPHY, NECK	03/12/2024
J02.9	ACUTE PHARYNGITIS UNSPECIFIED	70546	MR ANGIOGRAPH HEAD W/O&W/DYE	03/13/2024
J06.9	ACUTE UP RESPIRATORY INFECTION UNS	70551	MRI BRAIN STEM W/O DYE	03/18/2024
J10.1	FLU D/T OTH ID FLU VIR OTH RSP MANF	71045	X-RAY EXAM CHEST 1 VIEW	03/22/2024

Claimant ID	3	Amount Paid	\$ 259,357
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Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
J11.1	FLU D/T UNIDENT FLU VIR RESP MANIF	71046	X-RAY EXAM CHEST 2 VIEWS	03/27/2024
L03.90	CELLULITIS UNSPECIFIED	71260	CT THORAX DX C+	04/02/2024
M47.814	SPONDYLS W/O MYELO-/RADICULOP THOR	72141	MRI NECK SPINE W/O DYE	04/27/2024
M54.12	RADICULOPATHY CERVICAL REGION	75894	X-RAYS, TRANSCATH THERAPY	05/02/2024
M54.9	DORSALGIA UNSPECIFIED	76377	3D RENDER W/INTRP POSTPROCES	05/21/2024
M79.2	NEURALGIA AND NEURITIS UNSPECIFIED	76937	US GUIDE VASCULAR ACCESS	05/27/2024
R07.89	OTHER CHEST PAIN	77063	BREAST TOMOSYNTHESIS BI	06/03/2024
R07.9	CHEST PAIN UNSPECIFIED	77067	SCR MAMMO BI INCL CAD	06/10/2024
R20.0	ANESTHESIA OF SKIN	80050	GENERAL HEALTH PANEL	06/20/2024
R29.818	OTHER SYMPTOMS SIGNS INVOLVING NS	80053	COMPREHEN METABOLIC PANEL	06/25/2024
R41.0	DISORIENTATION UNSPECIFIED	80061	LIPID PANEL	06/26/2024
R41.3	OTHER AMNESIA	82043	UR ALBUMIN QUANTITATIVE	06/27/2024
R47.81	SLURRED SPEECH	82570	ASSAY OF URINE CREATININE	06/28/2024
R55	SYNCOPE AND COLLAPSE	83036	HEMOGLOBIN GLYCOSYLATED A1C	07/01/2024
R94.31	ABNORMAL ELECTROCARDIOGRAM	86803	HEPATITIS C AB TEST	07/10/2024
T14.8XXA	OTHER INJURY UNS BODY REGION INIT	87070	CULTURE OTHR SPECIMN AEROBIC	07/18/2024
Z01.419	ENC GYN EX GEN RTN W/O ABNORM FIND	87075	CULTR BACTERIA, EXCEPT BLOOD	07/22/2024
Z12.11	ENC SCREEN MALIG NEOPLASM COLON	87147	CULTURE TYPE, IMMUNOLOGIC	07/27/2024
Z12.31	ENC SCR MAMMO MALIG NEOPLASM BREAST	87186	MICROBE SUSCEPTIBLE, MIC	07/31/2024
Z86.73	PERS HX TIA & CI NO RESID DEFICIT	87389	HIV-1 AG W/HIV-1 & -2 AB AG IA	08/02/2024
Z86.79	PERSONAL HISTORY OTH DZ CIRC SYSTEM	87491	CHYLM D TRACH, DNA, AMP PROBE	08/09/2024
		87591	N.GONORRHOEAE, DNA, AMP PROB	08/19/2024
		87624	HPV HI-RISK TYP POOLED RSLT	08/22/2024
		88175	CYTOPATH C/V AUTO FLUID REDO	08/26/2024
		92523	SPEECH SOUND LANG COMPREHEN	08/27/2024
		93000	ELECTROCARDIOGRAM, COMPLETE	09/18/2024
		93005	ELECTROCARDIOGRAM, TRACING	09/27/2024
		93010	ELECTROCARDIOGRAM REPORT	09/29/2024
		93015	CARDIOVASCULAR STRESS TEST	09/30/2024
		93306	TTE W/DOPPLER, COMPLETE	10/02/2024
		94760	MEASURE BLOOD OXYGEN LEVEL	10/26/2024
		95251	CONT GLUC MNTR ANALYSIS I&R	10/27/2024
		95811	POLYSOM 6/>YRS CPAP 4/> PARM	11/01/2024
		95819	EEG, AWAKE AND ASLEEP	11/06/2024
		95886	MUSC TEST DONE W/N TEST COMP	11/07/2024
		95910	NRV CNDJ TEST 7-8 STUDIES	11/21/2024
		95911	NRV CNDJ TEST 9-10 STUDIES	11/27/2024
		96372	THER/PROPH/DIAG INJ, SC/IM	12/04/2024
		97032	APPL MODALITY 1+ESTIM EA 15	12/27/2024
		97110	THERAPEUTIC EXERCISES	12/29/2024
		97116	GAIT TRAINING THERAPY	01/22/2025

Claimant ID	3	Amount Paid	\$ 259,357
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Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
		97168	OT RE-EVAL EST PLAN CARE	
		98960	EDU&TRN PT SELF-MGMT NQHP 1	
		99152	MOD SED SAME PHYS/QHP 5/>YRS	
		99203	OFFICE O/P NEW LOW 30 MIN	
		99204	OFFICE O/P NEW MOD 45 MIN	
		99213	OFFICE O/P EST LOW 20 MIN	
		99214	OFFICE O/P EST MOD 30 MIN	
		99215	OFFICE O/P EST HI 40 MIN	
		99223	1ST HOSP IP/OBS HIGH 75	
		99232	SBSQ HOSP IP/OBS MODERATE 35	
		99233	SBSQ HOSP IP/OBS HIGH 50	
		99238	HOSP IP/OBS DSCHRG MGMT 30/<	
		99284	EMERGENCY DEPT VISIT MOD MDM	
		99285	EMERGENCY DEPT VISIT HI MDM	
		99291	CRITICAL CARE, FIRST HOUR	
		99396	PREV VISIT, EST, AGE 40-64	
		A0425	GROUND MILEAGE PER STATUTE MILE	
		A0427	AMB SRVC ALS EMERG TRANSPORT LEVL 1	
		A4604	TUBING W/INTGR HEAT ELEM W/PAP DEVC	
		A7030	FULL FCE MASK POS ARWAY PRSS DEV EA	
		A7031	FCE MASK INTERFCE REPL FULL MASK EA	
		A7035	HEADGEAR USED W/POS ARWAY PRSS DEVC	
		A7038	FLTR DISPBL W/POS ARWAY PRSS DEVC	
		A9579	INJ GADOLINIUM MR CONTRAST NOS ML	
		E0562	HUMDIFIR HEAT USED W/POS ARWAY PRSS	
		E0601	CONTINUOUS POS AIRWAY PRESSURE DEVC	
		G0378	HOSPITAL OBSERVATN SERVICE PER HOUR	
		G2211	VISIT CPLX INHERENT E&M ASSOC MCS	
		J1650	INJECTION ENOXAPARIN SODIUM 10 MG	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

Notification of Withheld Information and Confidentiality Statement

The Texas Insurance Code section 1215.003(d) provides that protected health information may be withheld from this claims report if subject to privacy restrictions more stringent than HIPAA. This constitutes notice that the following categories of claims information for specified individuals is withheld from this report:

- Utilization review related records including individual medical records, personal information, or other confidential information about a patient obtained in the performance of utilization review per Texas Insurance Code section 4201-552.
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- Records related to AIDS and HIV test results per Texas Health & Safety Code Section 81.101 et seq.
- Genetic information, if any, per Texas Insurance Code Section 546.102.

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Claimant ID	4	Amount Paid \$	247,701
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
E11.22	TYPE 2 DM W/DIABETIC CKD	00840	ANESTH. SURG LOWER ABDOMEN	03/14/2023
E11.9	TYPE 2 DM WITHOUT COMPLICATIONS	00868	ANESTH. KIDNEY TRANSPLANT	07/13/2023
I12.0	HYPERTENSIVE CKD W/STAGE 5 CKD/ESRD	36415	COLL VENOUS BLD VENIPUNCTURE	10/24/2023
J43.9	EMPHYSEMA UNSPECIFIED	36589	REMOVAL TUNNELED CV CATH	12/11/2023
K12.2	CELLULITIS AND ABSCESS OF MOUTH	36620	INSERTION CATHETER, ARTERY	02/01/2024
K56.41	FECAL IMPACTION	44180	LAP. ENTEROLYSIS	02/12/2024
K66.0	PERITONEAL ADHES POSTPROC POSTINF	49324	LAP INSERT TUNNEL IP CATH	02/13/2024
N18.5	CHRONIC KIDNEY DISEASE STAGE 5	49325	LAP REVISION PERM IP CATH	02/19/2024
N18.6	END STAGE RENAL DISEASE	49329	UNLSTD LAPS PX ABD PERTM&OMN	02/26/2024
N18.9	CHRONIC KIDNEY DISEASE UNSPECIFIED	49400	AIR INJECTION INTO ABDOMEN	03/01/2024
R19.5	OTHER FECAL ABNORMALITIES	49424	ASSESS CYST. CONTRAST INJECT	03/04/2024
R91.8	OTH NONSPECIFIC ABN FIND LNG FIELD	71045	X-RAY EXAM CHEST 1 VIEW	03/11/2024
R93.421	ABN RAD FIND DX IMAGING RT KIDNEY	71046	X-RAY EXAM CHEST 2 VIEWS	03/18/2024
T85.611A	BREAKDOWN IP DIALYSIS CATHETER INIT	74018	RADEX ABDOMEN 1 VIEW	03/19/2024
T85.691A	OTH MECH COMP IP DIALYSIS CATH INIT	76080	X-RAY EXAM OF FISTULA	03/25/2024
T86.11	KIDNEY TRANSPLANT REJECTION	76776	US EXAM K TRANSPL W/DOPPLER	03/26/2024

Claimant ID	4	Amount Paid	\$ 247,701
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
Z01.818	ENCOUNTER OTHER PREPROCEDURAL EXAM	76937	US GUIDE VASCULAR ACCESS	04/01/2024
Z02.9	ENCOUNTER ADMIN EXAMINATIONS UNS	80048	METABOLIC PANEL TOTAL CA	04/08/2024
Z13.220	ENC SCREENING FOR LIPOID DISORDERS	80050	GENERAL HEALTH PANEL	04/15/2024
Z49.01	ENC FIT&ADJ EXTRACORP DIALYSIS CATH	80053	COMPREHEN METABOLIC PANEL	04/16/2024
Z49.02	ENC FIT & ADJ PERITON DIALYSIS CATH	80061	LIPID PANEL	04/18/2024
Z92.25	PERSONAL HX IMMUNOSUPPRESSN THERAPY	80197	ASSAY OF TACROLIMUS	04/22/2024
Z94.0	KIDNEY TRANSPLANT STATUS	81001	URINALYSIS, AUTO W/SCOPE	04/29/2024
Z99.2	DEPENDENCE ON RENAL DIALYSIS	81003	URINALYSIS, AUTO, W/O SCOPE	05/01/2024
		82306	VITAMIN D, 25 HYDROXY	05/06/2024
		82330	ASSAY OF CALCIUM	05/10/2024
		82570	ASSAY OF URINE CREATININE	05/11/2024
		82728	ASSAY OF FERRITIN	05/13/2024
		82803	BLOOD GASES ANY COMBINATION	05/14/2024
		82945	GLUCOSE OTHER FLUID	05/15/2024
		82960	TEST FOR G6PD ENZYME	05/16/2024
		83036	HEMOGLOBIN GLYCOSYLATED A1C	05/22/2024
		83540	ASSAY OF IRON	06/01/2024
		83550	IRON BINDING TEST	06/10/2024
		83735	ASSAY OF MAGNESIUM	07/01/2024
		83970	ASSAY OF PARATHORMONE	07/09/2024
		84100	ASSAY OF PHOSPHORUS	07/16/2024
		84155	ASSAY OF PROTEIN, SERUM	08/01/2024
		84443	ASSAY THYROID STIM HORMONE	08/05/2024
		84460	ALANINE AMINO (ALT) (SGPT)	08/24/2024
		84681	ASSAY OF C-PEPTIDE	08/25/2024
		85025	COMPLETE CBC W/AUTO DIFF WBC	08/26/2024
		85384	FIBRINOGEN ACTIVITY	08/27/2024
		85610	PROTHROMBIN TIME	08/28/2024
		85730	THROMBOPLASTIN TIME, PARTIAL	08/29/2024
		86644	CMV ANTIBODY	08/30/2024
		86704	HEP B CORE ANTIBODY, TOTAL	09/03/2024
		86803	HEPATITIS C AB TEST	09/09/2024
		86850	RBC ANTIBODY SCREEN	10/03/2024
		87040	BLOOD CULTURE FOR BACTERIA	12/05/2024
		87086	URINE CULTURE/COLONY COUNT	12/19/2024
		87389	HIV-1 AG W/HIV-1 & -2 AB AG IA	12/21/2024
		87799	DETECT AGENT NOS. DNA, QUANT	01/09/2025
		88304	TISSUE EXAM BY PATHOLOGIST	01/27/2025
		90945	DIALYSIS, ONE EVALUATION	02/03/2025
		90960	ESRD SRV, 4 VISITS P MO, 20+	02/04/2025
		90961	ESRD SRV, 2-3 VSTS P MO, 20+	02/06/2025
		90966	ESRD HOME PT, SERV P MO, 20+	02/20/2025
		90989	DIALYSIS TRAINING, COMPLETE	
		90993	DIALYSIS TRAINING, INCOMPL	
		90999	UNLISTED DIALYSIS PROCEDURE	
		93000	ELECTROCARDIOGRAM, COMPLETE	

Claimant ID	4	Amount Paid \$	247,701
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Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
		95251	CONT GLUC MNTR ANALYSIS I&R	
		99204	OFFICE O/P NEW MOD 45 MIN	
		99205	OFFICE O/P NEW HI 60 MIN	
		99214	OFFICE O/P EST MOD 30 MIN	
		99215	OFFICE O/P EST HI 40 MIN	
		99232	SBSQ HOSP IP/OBS MODERATE 35	
		U0002	2019-NCOV COVID-19 SARS-COV-2/2019	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

Notification of Withheld Information and Confidentiality Statement

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- Records related to AIDS and HIV test results per Texas Health & Safety Code Section 81.101 et seq.
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Claimant ID	5	Amount Paid	\$ 173,189
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
E11.9	TYPE 2 DM WITHOUT COMPLICATIONS	00560	ANESTH, HEART SURG W/O PUMP	04/03/2024
G47.33	OBSTRUCTIVE SLEEP APNEA	33361	REPLACE AORTIC VALVE PERQ	04/08/2024
H43.393	OTHER VITREOUS OPACITIES BILATERAL	36415	COLL VENOUS BLD VENIPUNCTURE	05/21/2024
I11.0	HTN HEART DISEASE W/HEART FAIL	36620	INSERTION CATHETER, ARTERY	07/05/2024
I35.0	NONRHEUMATIC AORTIC VALVE STENOSIS	70450	CT HEAD/BRAIN W/O DYE	07/06/2024
I48.0	PAROXYSMAL ATRIAL FIBRILLATION	71045	X-RAY EXAM CHEST 1 VIEW	08/02/2024
I48.91	UNSPECIFIED ATRIAL FIBRILLATION	71046	X-RAY EXAM CHEST 2 VIEWS	08/05/2024
I50.23	ACUTE CHRON SYSTOLIC HEART FAILURE	71275	CT ANGIOGRAPHY, CHEST	08/08/2024
I50.43	AC CHRN COMB SYSTOLIC & DIASTOL CHF	73560	X-RAY EXAM OF KNEE, 1 OR 2	08/19/2024
I50.9	HEART FAILURE UNSPECIFIED	74174	CTA ABD&PLVS W/CONTRAST	08/27/2024
I51.7	CARDIOMEGALY	80050	GENERAL HEALTH PANEL	09/06/2024
I73.9	PERIPHERAL VASCULAR DISEASE UNS	80053	COMPREHEN METABOLIC PANEL	09/12/2024
I95.1	ORTHOSTATIC HYPOTENSION	80061	LIPID PANEL	09/17/2024
J44.9	COPD UNSPECIFIED	81001	URINALYSIS, AUTO W/SCOPE	09/20/2024
J81.1	CHRONIC PULMONARY EDEMA	81528	ONCOLOGY COLORECTAL SCR	09/21/2024
J90	PLEURAL EFFUSION NEC	82306	VITAMIN D, 25 HYDROXY	09/22/2024

Claimant ID	5	Amount Paid	\$ 173,189
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
J96.00	AC RESP FAIL UNS HYPOX/HYPERCAPNIA	83036	HEMOGLOBIN GLYCOSYLATED A1C	09/23/2024
L03.314	CELLULITIS OF GROIN	84153	ASSAY OF PSA, TOTAL	09/24/2024
M17.12	UNI PRIM OSTEOARTHRITIS LT KNEE	85025	COMPLETE CBC W/AUTO DIFF WBC	09/25/2024
N39.0	UTI SITE NOT SPECIFIED	85730	THROMBOPLASTIN TIME, PARTIAL	09/26/2024
R01.1	CARDIAC MURMUR UNSPECIFIED	87086	URINE CULTURE/COLONY COUNT	09/27/2024
R06.00	DYSPNEA UNSPECIFIED	92250	FUNDUS PHOTOGRAPHY W/I&R	09/28/2024
R06.02	SHORTNESS OF BREATH	93000	ELECTROCARDIOGRAM, COMPLETE	09/29/2024
R07.89	OTHER CHEST PAIN	93005	ELECTROCARDIOGRAM, TRACING	09/30/2024
R07.9	CHEST PAIN UNSPECIFIED	93010	ELECTROCARDIOGRAM REPORT	10/01/2024
R42	DIZZINESS AND GIDDINESS	93306	TTE W/DOPPLER, COMPLETE	10/04/2024
R55	SYNCOPE AND COLLAPSE	93456	R HRT CORONARY ARTERY ANGIO	10/08/2024
Z01.818	ENCOUNTER OTHER PREPROCEDURAL EXAM	93882	EXTRACRANIAL UNI/LTD STUDY	10/09/2024
Z12.12	ENC SCREEN MALIG NEOPLASM RECTUM	94060	EVALUATION OF WHEEZING	10/21/2024
Z12.5	ENC SCREEN MALIG NEOPLASM PROSTATE	94618	PULMONARY STRESS TESTING	11/01/2024
Z79.899	OTH LONG TERM CURRENT DRUG THERAPY	94664	EVALUATE PT USE OF INHALER	11/08/2024
		94726	PULM FUNCT TST PLETHYSMOGRAP	11/22/2024
		94729	CO/MEMBRANE DIFFUSE CAPACITY	11/25/2024
		99152	MOD SED SAME PHYS/QHP 5/>YRS	12/01/2024
		99205	OFFICE O/P NEW HI 60 MIN	12/03/2024
		99212	OFFICE O/P EST SF 10 MIN	01/01/2025
		99213	OFFICE O/P EST LOW 20 MIN	01/13/2025
		99214	OFFICE O/P EST MOD 30 MIN	01/20/2025
		99221	1ST HOSP IP/OBS SF/LOW 40	01/21/2025
		99222	1ST HOSP IP/OBS MODERATE 55	01/22/2025
		99223	1ST HOSP IP/OBS HIGH 75	01/23/2025
		99231	SBSQ HOSP IP/OBS SF/LOW 25	01/24/2025
		99232	SBSQ HOSP IP/OBS MODERATE 35	01/25/2025
		99233	SBSQ HOSP IP/OBS HIGH 50	01/27/2025
		99238	HOSP IP/OBS DSCHRG MGMT 30/<	02/01/2025
		99239	HOSP IP/OBS DSCHRG MGMT >30	02/04/2025
		99285	EMERGENCY DEPT VISIT HI MDM	02/06/2025
		99291	CRITICAL CARE, FIRST HOUR	02/11/2025
		99496	TRANSJ CARE MGMT HIGH F2F 7D	02/13/2025
		99497	ADVNCDC CARE PLAN 30 MIN	02/14/2025
		A4604	TUBING W/INTGR HEAT ELEM W/PAP DEVC	02/16/2025
		A7030	FULL FCE MASK POS ARWAY PRSS DEV EA	02/17/2025
		A7031	FCE MASK INTERFCE REPL FULL MASK EA	
		A7035	HEADGEAR USED W/POS ARWAY PRSS DEVC	
		A7038	FLTR DISPBL W/POS ARWAY PRSS DEVC	
		A7046	WATR CHAMB HUMDIFIR USED W/POS ARWA	

Claimant ID	5	Amount Paid	\$ 173,189
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
		E1390	O2 CONC 85%/>02 CONC PRSC FLW RATE	
		E1399	DME MISCELLANEOUS	
		G0316	PRLNG HI/OBS CARE EM BYD TT;EA 15 M	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

Notification of Withheld Information and Confidentiality Statement

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Claimant ID	6	Amount Paid	\$ 169,299
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
C17.0	MALIGNANT NEOPLASM OF DUODENUM	36415	COLL VENOUS BLD VENIPUNCTURE	02/10/2023
C78.01	SECONDARY MALIG NEOPLASM RT LUNG	71260	CT THORAX DX C+	03/06/2023
I10	ESSENTIAL PRIMARY HYPERTENSION	74177	CT ABD & PELVIS W/CONTRAST	12/14/2023
J02.9	ACUTE PHARYNGITIS UNSPECIFIED	81003	URINALYSIS, AUTO, W/O SCOPE	02/05/2024
Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMO	82565	ASSAY OF CREATININE	02/19/2024
		85025	COMPLETE CBC W/AUTO DIFF WBC	03/04/2024
		86945	BLOOD PRODUCT/IRRADIATION	03/14/2024
		96361	HYDRATE IV INFUSION, ADD-ON	03/15/2024
		96366	THER/PROPH/DIAG IV INF ADDON	03/18/2024
		96367	TX/PROPH/DG ADDL SEQ IV INF	03/28/2024
		96372	THER/PROPH/DIAG INJ, SC/IM	04/01/2024
		96401	CHEMO, ANTI-NEOPL, SQ/IM	04/12/2024
		96411	CHEMO, IV PUSH, ADDL DRUG	04/15/2024
		96413	CHEMO, IV INFUSION, 1 HR	04/26/2024
		99213	OFFICE O/P EST LOW 20 MIN	05/01/2024
		99214	OFFICE O/P EST MOD 30 MIN	05/10/2024
		J0640	INJ LEUCOVORIN CALCIUM PER 50 MG	05/13/2024
		J0696	INJ CEFTRIAXONE SODIUM PER 250 MG	05/31/2024
		J1453	INJECTION FOSAPREPITANT 1 MG	06/03/2024

Claimant ID	6	Amount Paid	\$ 169,299
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
		J3490	UNCLASSIFIED DRUGS	06/13/2024
		J7050	INFUS NORMAL SALINE SOLUTION 250 CC	06/14/2024
		J9190	INJECTION FLUOROURACIL 500 MG	06/17/2024
		J9206	INJECTION IRINOTECAN 20 MG	06/24/2024
		J9263	INJECTION OXALIPLATIN 0.5 MG	06/28/2024
		Q5107	INJ BEVACIZUMAB-AWWB BIOSIMLR 10 MG	07/01/2024
		Q5126	INJ BEVACIZUMAB-MALY BIOSIMIL 10 MG	07/12/2024
		Q9967	LOCM 300-399 MG/ML I CONC PER ML	07/15/2024
				07/26/2024
				08/09/2024
				08/12/2024
				08/23/2024
				08/29/2024
				09/05/2024
				09/06/2024
				09/09/2024
				09/20/2024
				09/27/2024
				10/02/2024
				10/18/2024
				10/21/2024
				11/01/2024
				11/05/2024
				11/15/2024
				11/19/2024
				11/27/2024
				12/03/2024
				12/06/2024
				12/10/2024
				12/20/2024
				12/23/2024
				12/26/2024
				12/27/2024
				01/10/2025
				01/13/2025
				01/17/2025
				01/23/2025
				01/27/2025

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
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Claimant ID	7	Amount Paid	\$ 158,407
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
A41.9	SEPSIS UNSPECIFIED ORGANISM	33508	ENDOSCOPIC VEIN HARVEST	03/05/2024
B35.1	TINEA UNGUIUM	33517	CABG, ARTERY-VEIN, SINGLE	03/28/2024
E11.59	TYP 2 DM W/CIRC COMPLICATIONS	33518	CABG, ARTERY-VEIN, TWO	05/06/2024
E11.65	TYPE 2 DM W/HYPERGLYCEMIA	33533	CABG, ARTERIAL, SINGLE	06/06/2024
E87.79	OTHER FLUID OVERLOAD	36415	COLL VENOUS BLD VENIPUNCTURE	06/13/2024
G47.9	SLEEP DISORDER UNSPECIFIED	70450	CT HEAD/BRAIN W/O DYE	07/29/2024
I10	ESSENTIAL PRIMARY HYPERTENSION	71045	X-RAY EXAM CHEST 1 VIEW	09/24/2024
I11.0	HTN HEART DISEASE W/HEART FAIL	71275	CT ANGIOGRAPHY, CHEST	09/27/2024
I20.9	ANGINA PECTORIS UNSPECIFIED	72125	CT NECK SPINE W/O DYE	09/28/2024
I21.19	ST ELEVATION MI COR ART INF WALL	75563	CARD MRI W/STRESS IMG & DYE	09/29/2024
I21.21	ST ELEVATION MI LT CIRCUMFLEX CA	75565	CARD MRI VELOC FLOW MAPPING	09/30/2024
I21.3	ST ELEVATION MI UNSPECIFIED SITE	80053	COMPREHEN METABOLIC PANEL	10/01/2024
I24.1	DRESSLERS SYNDROME	80061	LIPID PANEL	10/02/2024
I25.10	ASHD NATIVE CA W/O ANGINA PECTORIS	81000	URINALYSIS, NONAUTO W/SCOPE	10/03/2024
I25.111	ASHD NATIVE CA W/AP W/DOC SPASM	83036	HEMOGLOBIN GLYCOSYLATED A1C	10/04/2024
I25.5	ISCHEMIC CARDIOMYOPATHY	85018	HEMOGLOBIN	10/05/2024
I26.93	SNGL SBSG THRMB PE WO AC COR PLMNAL	85025	COMPLETE CBC W/AUTO DIFF WBC	10/06/2024

Claimant ID	7	Amount Paid	\$ 158,407
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Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
I26.99	OTH PULM EMBO W/O AC COR PULMONALE	92928	PRQ CARD STENT W/ANGIO 1 VSL	10/08/2024
I31.39	OTH PERICARDIAL EFFUSION NONINFLAMM	93000	ELECTROCARDIOGRAM, COMPLETE	10/09/2024
I34.0	NONRHEUMATIC MITRAL INSUFFICIENCY	93010	ELECTROCARDIOGRAM REPORT	10/10/2024
I35.8	OTH NONRHEUMATIC AORTIC VALVE D/O	93018	CARDIOVASCULAR STRESS TEST	10/11/2024
I45.2	BIFASCICULAR BLOCK	93306	TTE W/DOPPLER, COMPLETE	10/12/2024
I50.20	UNSPECIFIED SYSTOLIC HEART FAILURE	93308	TTE, F-UP OR LMTD	10/17/2024
I50.21	ACUTE SYSTOLIC HEART FAILURE	93321	DOPPLER ECHO F-UP/LMTD STD	10/20/2024
I50.23	ACUTE CHRON SYSTOLIC HEART FAILURE	93325	DOPPLER ECHO COLOR FLOW MAPG	10/21/2024
I50.30	UNSPECIFIED DIASTOLIC HEART FAILURE	93451	RIGHT HEART CATH	10/22/2024
I50.42	CHRON COMB SYSTOLIC & DIASTOLIC CHF	93458	L HRT ARTERY/VENTRICLE ANGIO	10/23/2024
I65.23	OCCLUSION & STENOS BIL CAROTID ART	93880	EXTRACRANIAL BILAT STUDY	10/24/2024
I77.1	STRICTURE OF ARTERY	93931	UPPER EXTREMITY STUDY	10/29/2024
I87.2	VENOUS INSUFF CHRONIC PERIPHERAL	93970	EXTREMITY STUDY	10/31/2024
J44.9	COPD UNSPECIFIED	94010	BREATHING CAPACITY TEST	11/05/2024
J90	PLEURAL EFFUSION NEC	94060	EVALUATION OF WHEEZING	11/06/2024
J96.01	ACUTE RESPIRATORY FAIL W/HYPOXIA	94618	PULMONARY STRESS TESTING	11/09/2024
R00.0	TACHYCARDIA UNSPECIFIED	94726	PULM FUNCT TST PLETHYSMOGRAP	11/10/2024
R06.02	SHORTNESS OF BREATH	94729	CO/MEMBRANE DIFFUSE CAPACITY	11/11/2024
R07.9	CHEST PAIN UNSPECIFIED	96372	THER/PROPH/DIAG INJ. SC/IM	11/12/2024
R20.0	ANESTHESIA OF SKIN	99152	MOD SED SAME PHYS/QHP 5/>YRS	11/13/2024
R20.2	PARESTHESIA OF SKIN	99204	OFFICE O/P NEW MOD 45 MIN	11/17/2024
R22.43	LOC SWELL MASS LUMP LOW LIMB BIL	99212	OFFICE O/P EST SF 10 MIN	11/18/2024
R35.1	NOCTURIA	99213	OFFICE O/P EST LOW 20 MIN	11/22/2024
R42	DIZZINESS AND GIDDINESS	99214	OFFICE O/P EST MOD 30 MIN	11/23/2024
R59.0	LOCALIZED ENLARGED LYMPH NODES	99215	OFFICE O/P EST HI 40 MIN	11/25/2024
R91.8	OTH NONSPECIFIC ABN FIND LNG FIELD	99221	1ST HOSP IP/OBS SF/LOW 40	12/02/2024
R94.31	ABNORMAL ELECTROCARDIOGRAM	99222	1ST HOSP IP/OBS MODERATE 55	12/09/2024
Z01.818	ENCOUNTER OTHER PREPROCEDURAL EXAM	99223	1ST HOSP IP/OBS HIGH 75	12/11/2024
Z09	ENC F/U EX AFTR CMPL TX NOT MAL NEO	99231	SBSQ HOSP IP/OBS SF/LOW 25	12/17/2024
Z46.82	END FIT & ADJUST NON-VASCULAR CATH	99232	SBSQ HOSP IP/OBS MODERATE 35	12/19/2024
Z48.812	ENC SURG AFTRCARE FLW SURG CIRC SYS	99233	SBSQ HOSP IP/OBS HIGH 50	12/23/2024
Z95.811	PRESENCE OF HEART ASSIST DEVICE	99239	HOSP IP/OBS DSCHRG MGMT >30	12/26/2024
		99284	EMERGENCY DEPT VISIT MOD MDM	01/02/2025

Claimant ID	7	Amount Paid	\$ 158,407
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Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
		99291	CRITICAL CARE, FIRST HOUR	01/06/2025
		E1390	O2 CONC 85% / > O2 CONC PRSC FLW RATE	01/07/2025
		E1392	PORTABLE OXYGEN CONCENTRATOR RENTAL	01/08/2025
		G0508	TH C CC INT PHYS 60 M CMNCT PT&PROV	01/09/2025
		J0696	INJ CEFTRIAXONE SODIUM PER 250 MG	01/10/2025
		K0606	AED W/INTGR ECG ANALY GARMNT TYPE	01/11/2025
		Q9967	LOCM 300-399 MG/ML I CONC PER ML	01/12/2025
		S9123	NRS CARE HOM; REGISTERED NURSE-HOUR	01/13/2025
		S9131	PHYSICAL THERAPY; HOME PER DIEM	01/14/2025
				01/15/2025
				01/16/2025
				01/17/2025
				01/18/2025
				01/19/2025
				01/20/2025
				01/23/2025
				01/24/2025
				01/29/2025
				02/04/2025
				02/05/2025
				02/10/2025
				02/11/2025
				02/12/2025
				02/18/2025
				02/23/2025

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

Notification of Withheld Information and Confidentiality Statement

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- Utilization review related records including individual medical records, personal information, or other confidential information about a patient obtained in the performance of utilization review per Texas Insurance Code section 4201-552.
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- Records related to AIDS and HIV test results per Texas Health & Safety Code Section 81.101 et seq.
- Genetic information, if any, per Texas Insurance Code Section 546.102.

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Claimant ID	8	Amount Paid	\$ 128,514
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
D12.6	BENIGN NEOPLASM COLON UNSPECIFIED	00812	ANES LWR INTST SCR COLSC	01/18/2024
D64.9	ANEMIA UNSPECIFIED	01844	ANESTH. VASCULAR SHUNT SURG	01/26/2024
E11.29	TYPE 2 DM W/DIABETIC KIDNEY COMP	36215	PLACE CATHETER IN ARTERY	02/12/2024
E11.69	TYPE 2 DM W/OTHER SPEC COMPLICATION	36415	COLL VENOUS BLD VENIPUNCTURE	02/19/2024
E11.9	TYPE 2 DM WITHOUT COMPLICATIONS	36902	INTRO CATH DIALYSIS CIRCUIT	02/26/2024
E78.49	OTHER HYPERLIPIDEMIA	36905	THRMBC/NFS DIALYSIS CIRCUIT	03/01/2024
N18.6	END STAGE RENAL DISEASE	45384	COLONOSCOPY W/LESION REMOVAL	03/04/2024
N39.0	UTI SITE NOT SPECIFIED	45385	COLONOSCOPY W/LESION REMOVAL	03/11/2024
R10.9	UNSPECIFIED ABDOMINAL PAIN	74018	RADEX ABDOMEN 1 VIEW	03/18/2024
T82.858A	STENOSIS VASC PROSTH DEVC GFT INIT	75710	ARTERY X-RAYS, ARM/LEG	03/25/2024
T82.868A	THROMB DT VAS PROS DEV IMPL GFT INT	80053	COMPREHEN METABOLIC PANEL	04/01/2024
Z01.818	ENCOUNTER OTHER PREPROCEDURAL EXAM	80061	LIPID PANEL	04/08/2024
Z02.79	ENC ISSUE OTH MEDICAL CERTIFICATE	83036	HEMOGLOBIN GLYCOSYLATED A1C	04/15/2024
Z12.11	ENC SCREEN MALIG NEOPLASM COLON	84439	ASSAY OF FREE THYROXINE	04/22/2024
Z23	ENCOUNTER FOR IMMUNIZATION	84443	ASSAY THYROID STIM HORMONE	04/26/2024
Z71.2	PERS CNSLT EXPLANATN EXAM/TEST FIND	85027	COMPLETE CBC, AUTOMATED	04/29/2024

Claimant ID	8	Amount Paid	\$ 128,514
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
		87086	URINE CULTURE/COLONY COUNT	05/01/2024
		87088	URINE BACTERIA CULTURE	05/03/2024
		88305	TISSUE EXAM BY PATHOLOGIST	05/06/2024
		90688	IIV4 VACCINE SPLT 0.5 ML IM	05/13/2024
		90961	ESRD SRV, 2-3 VSTS P MO, 20+	05/20/2024
		90962	ESRD SERV, 1 VISIT P MO, 20+	05/23/2024
		90999	UNLISTED DIALYSIS PROCEDURE	05/27/2024
		93005	ELECTROCARDIOGRAM, TRACING	06/03/2024
		93010	ELECTROCARDIOGRAM REPORT	06/10/2024
		99203	OFFICE O/P NEW LOW 30 MIN	06/17/2024
		99211	OFF/OP EST MAY X REQ PHY/QHP	06/24/2024
		99213	OFFICE O/P EST LOW 20 MIN	07/01/2024
		99214	OFFICE O/P EST MOD 30 MIN	07/07/2024
		G0008	ADMINISTRATION INFLUENZA VIRUS VACC	07/15/2024
				07/22/2024
				07/29/2024
				08/01/2024
				08/02/2024
				08/05/2024
				08/12/2024
				08/16/2024
				08/19/2024
				08/23/2024
				08/26/2024
				08/30/2024
				09/02/2024
				09/04/2024
				09/09/2024
				09/16/2024
				09/18/2024
				09/23/2024
				09/30/2024
				10/04/2024
				10/07/2024
				10/16/2024
				10/21/2024
				10/28/2024
				11/01/2024
				11/05/2024
				11/06/2024
				11/11/2024
				11/18/2024
				11/19/2024
				11/24/2024
				11/26/2024
				12/01/2024
				12/02/2024
				12/06/2024
				12/09/2024
				12/16/2024
				12/22/2024
				12/26/2024

Claimant ID	8	Amount Paid	\$ 128,514
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
				12/29/2024
				01/03/2025
				01/06/2025
				01/13/2025
				01/19/2025
				01/29/2025
				02/01/2025
				02/03/2025
				02/10/2025

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

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- Records related to AIDS and HIV test results per Texas Health & Safety Code Section 81.101 et seq.
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Claimant ID	9	Amount Paid	\$ 99,557
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
G35	MULTIPLE SCLEROSIS	12001	RPR S/N/AX/GEN/TRNK 2.5CM/<	04/09/2024
I70.0	ATHEROSCLEROSIS OF AORTA	31624	DX BRONCHOSCOPE/LAVAGE	05/22/2024
J18.8	OTHER PNEUMONIA UNSPECIFIED	31625	BRONCHOSCOPY W/BIOPSY(S)	06/20/2024
J18.9	PNEUMONIA UNSPECIFIED	36415	COLL VENOUS BLD VENIPUNCTURE	09/20/2024
J84.116	CRYPTOGENIC ORGANIZING PNEUMONIA	70450	CT HEAD/BRAIN W/O DYE	09/23/2024
J96.01	ACUTE RESPIRATORY FAIL W/HYPOXIA	70496	CT ANGIOGRAPHY, HEAD	09/26/2024
J96.11	CHRONIC RESPIRATORY FAIL W/HYPOXIA	70498	CT ANGIOGRAPHY, NECK	09/27/2024
J98.11	ATELECTASIS	70553	MRI BRAIN STEM W/O & W/DYE	09/29/2024
J98.4	OTHER DISORDERS OF LUNG	71045	X-RAY EXAM CHEST 1 VIEW	09/30/2024
M79.671	PAIN IN RIGHT FOOT	71046	X-RAY EXAM CHEST 2 VIEWS	10/01/2024
R06.00	DYSPNEA UNSPECIFIED	71250	CT THORAX DX C-	10/02/2024
R06.02	SHORTNESS OF BREATH	71275	CT ANGIOGRAPHY, CHEST	10/03/2024
R09.02	HYPOXEMIA	80053	COMPREHEN METABOLIC PANEL	10/04/2024
R51.9	HEADACHE UNSPECIFIED	84439	ASSAY OF FREE THYROXINE	10/05/2024
R53.83	OTHER FATIGUE	84443	ASSAY THYROID STIM HORMONE	10/06/2024
R60.0	LOCALIZED EDEMA	85027	COMPLETE CBC, AUTOMATED	10/08/2024
R91.1	SOLITARY PULMONARY NODULE	88305	TISSUE EXAM BY PATHOLOGIST	10/23/2024
R91.8	OTH NONSPECIFIC ABN FIND LNG FIELD	93000	ELECTROCARDIOGRAM, COMPLETE	10/24/2024
S61.212A	LAC W/O FB RT MF W/O DMG NAIL INIT	93306	TTE W/DOPPLER, COMPLETE	11/01/2024

Claimant ID	9	Amount Paid	\$ 99,557
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Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
		93971	EXTREMITY STUDY	11/08/2024
		94060	EVALUATION OF WHEEZING	11/21/2024
		94618	PULMONARY STRESS TESTING	11/25/2024
		94726	PULM FUNCT TST PLETHYSMOGRAP	12/02/2024
		94729	CO/MEMBRANE DIFFUSE CAPACITY	12/08/2024
		95012	NITRIC OXIDE EXP GAS DETER	12/20/2024
		99203	OFFICE O/P NEW LOW 30 MIN	12/30/2024
		99204	OFFICE O/P NEW MOD 45 MIN	01/08/2025
		99213	OFFICE O/P EST LOW 20 MIN	01/30/2025
		99214	OFFICE O/P EST MOD 30 MIN	02/08/2025
		99222	1ST HOSP IP/OBS MODERATE 55	
		99232	SBSQ HOSP IP/OBS MODERATE 35	
		99233	SBSQ HOSP IP/OBS HIGH 50	
		99238	HOSP IP/OBS DSCHRG MGMT 30/<	
		99284	EMERGENCY DEPT VISIT MOD MDM	
		99601	HOME NFS VISIT <2 HRS	
		99602	HOME NFS VISIT EACH ADDL HR	
		A0425	GROUND MILEAGE PER STATUTE MILE	
		A0427	AMB SRVC ALS EMERG TRANSPORT LEVL 1	
		A7003	ADMN SET SM VOL NONFILTR NEB DISPBL	
		A7013	FILTER DISP W/AREO COMPRESS/US GEN	
		A9579	INJ GADOLINIUM MR CONTRAST NOS ML	
		E0570	NEBULIZER WITH COMPRESSOR	
		E1390	O2 CONC 85%/>02 CONC PRSC FLW RATE	
		J2350	INJECTION OCRELIZUMAB 1 MG	
		K0738	PORT GASEOUS O2 SYS RNTL;HOM COMPRS	
		Q9967	LOCM 300-399 MG/ML I CONC PER ML	
		S9379	HOME INFUS TX INFUSION TX NOC; DIEM	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

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Claimant ID	10	Amount Paid	\$ 85,012
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
999.999	OTHER DIAGNOSIS	01992	ANESTH. N BLOCK/INJ. PRONE	02/26/2024
G89.29	OTHER CHRONIC PAIN	0241U	NFCT DS VIR RESP RNA 4 TRGT	03/06/2024
J20.9	ACUTE BRONCHITIS UNSPECIFIED	36415	COLL VENOUS BLD VENIPUNCTURE	03/08/2024
J40	BRONCHITIS NOT SPEC AS ACUTE/CHRON	64493	INJ PARAVERT F JNT L/S 1 LEV	03/12/2024
J45.901	UNS ASTHMA W/ACUTE EXACERBATION	64494	INJ PARAVERT F JNT L/S 2 LEV	03/29/2024
K86.1	OTHER CHRONIC PANCREATITIS	64635	DESTROY LUMB/SAC FACET JNT	04/01/2024
M13.0	POLYARTHRITIS UNSPECIFIED	64636	DESTROY L/S FACET JNT ADDL	04/05/2024
M47.896	OTHER SPONDYLOSIS LUMBAR REGION	71046	X-RAY EXAM CHEST 2 VIEWS	04/26/2024
R05.3	CHRONIC COUGH	74183	MRI ABD W/O CNTR FLWD CNTR	04/30/2024
Z00.00	ENC GEN ADULT EXAM W/O ABNORM FIND	80053	COMPREHEN METABOLIC PANEL	05/02/2024
Z23	ENCOUNTER FOR IMMUNIZATION	80061	LIPID PANEL	05/22/2024
Z79.891	LONG TERM CURRNT USE OPIATE ANALGES	80305	DRUG TEST PRSMV DIR OPT OBS	06/18/2024
Z79.899	OTH LONG TERM CURRENT DRUG THERAPY	81374	HLA I TYPING 1 ANTIGEN LR	06/26/2024
		83036	HEMOGLOBIN GLYCOSYLATED A1C	06/28/2024
		84439	ASSAY OF FREE THYROXINE	07/31/2024
		85025	COMPLETE CBC W/AUTO DIFF WBC	08/21/2024
		85652	RBC SED RATE, AUTOMATED	09/12/2024
		86038	ANTINUCLEAR ANTIBODIES	10/03/2024
		86140	C-REACTIVE PROTEIN	10/16/2024
		86160	COMPLEMENT, ANTIGEN	10/22/2024

Claimant ID	10	Amount Paid	\$ 85,012
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Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
		86200	CCP ANTIBODY	10/28/2024
		86225	DNA ANTIBODY NATIVE	11/01/2024
		86235	NUCLEAR ANTIGEN ANTIBODY	11/20/2024
		86317	IMMUNOASSAY,INFECTIOUS AGENT	12/05/2024
		86376	MICROSOMAL ANTIBODY EACH	12/11/2024
		86431	RHEUMATOID FACTOR, QUANT	12/29/2024
		86480	TB TEST, CELL IMMUN MEASURE	01/04/2025
		86800	THYROGLOBULIN ANTIBODY	01/17/2025
		86803	HEPATITIS C AB TEST	02/04/2025
		87340	HEPATITIS B SURFACE AG IA	02/07/2025
		87651	STREP A, DNA, AMP PROBE	02/18/2025
		90471	IMMUNIZATION ADMIN	
		90656	IIV3 VACC NO PRSV 0.5 ML IM	
		90792	PSYCH DIAG EVAL W/MED SRVCS	
		90833	PSYTX W PT W E/M 30 MIN	
		96372	THER/PROPH/DIAG INJ, SC/IM	
		99204	OFFICE O/P NEW MOD 45 MIN	
		99205	OFFICE O/P NEW HI 60 MIN	
		99213	OFFICE O/P EST LOW 20 MIN	
		99214	OFFICE O/P EST MOD 30 MIN	
		A9575	INJ GADOTERATE MEGLUMINE 0.1 ML	
		G0482	DR TST DEFN DR ID M P D 15-21 DR CL	
		G2211	VISIT CPLX INHERENT E&M ASSOC MCS	
		G2212	PROLNG OF/OP E&M BYND RT;EA AD 15 M	
		J1100	INJ DEXMETHOSON SODIM PHOSHATE 1 MG	
		J1885	INJ KETOROLAC TROMETHAMINE 15 MG	
		J7613	ALBUTEROL INHAL NON-CP U DOSE 1 MG	
		J7644	IPRATROPIUM BROM INHAL NON-CP U MG	
		Q9966	LOCM 200-299 MG/ML I CONC PER ML	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

Notification of Withheld Information and Confidentiality Statement

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- Records related to AIDS and HIV test results per Texas Health & Safety Code Section 81.101 et seq.
- Genetic information, if any, per Texas Insurance Code Section 546.102.

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Claimant ID	11	Amount Paid	\$ 81,405
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
999.999	OTHER DIAGNOSIS	69210	REMOVE IMPACTED EAR WAX UNI	02/15/2024
H61.23	IMPACTED CERUMEN BILATERAL	87428	SARSCOV & INF VIR A&B AG IA	03/06/2024
J01.90	ACUTE SINUSITIS UNSPECIFIED	87880	STREP A ASSAY W/OPTIC	03/08/2024
J10.1	FLU D/T OTH ID FLU VIR OTH RSP MANF	90471	IMMUNIZATION ADMIN	03/12/2024
J20.9	ACUTE BRONCHITIS UNSPECIFIED	90472	IMMUNIZATION ADMIN, EACH ADD	04/11/2024
K02.9	DENTAL CARIES UNSPECIFIED	90619	MENACWY-TT VACCINE IM	04/29/2024
Z00.129	ENC RTN CHLD HLTH EX W/O ABNRM FIND	90715	TDAP VACCINE 7 YRS/> IM	05/03/2024
Z01.818	ENCOUNTER OTHER PREPROCEDURAL EXAM	90785	PSYTX COMPLEX INTERACTIVE	06/14/2024
Z23	ENCOUNTER FOR IMMUNIZATION	90837	PSYTX W PT 60 MINUTES	07/10/2024
		92551	PURE TONE HEARING TEST, AIR	07/25/2024
		99213	OFFICE O/P EST LOW 20 MIN	08/05/2024
		99393	PREV VISIT, EST, AGE 5-11	08/20/2024
		G0330	FS DNTL REHAB PROC PT RQRS MON ANES	10/14/2024
				12/16/2024
				01/04/2025
				01/22/2025
				02/05/2025

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

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Claimant ID	12	Amount Paid	\$ 79,845
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
E55.9	VITAMIN D DEFICIENCY UNSPECIFIED	00731	ANES UPR GI NDSC PX NOS	05/20/2024
E78.2	MIXED HYPERLIPIDEMIA	36415	COLL VENOUS BLD VENIPUNCTURE	05/21/2024
E78.6	LIPOPROTEIN DEFICIENCY	43239	EGD BIOPSY SINGLE/MULTIPLE	06/18/2024
J45.20	MILD INTERMIT ASTHMA UNCOMPLICATED	43249	ESOPH EGD DILATION <30 MM	06/19/2024
K20.0	EOSINOPHILIC ESOPHAGITIS	72100	X-RAY EXAM L-S SPINE 2/3 VWS	06/26/2024
K22.2	ESOPHAGEAL OBSTRUCTION	78264	GASTRIC EMPTYING IMAG STUDY	07/02/2024
R13.10	DYSPHAGIA UNSPECIFIED	88305	TISSUE EXAM BY PATHOLOGIST	07/10/2024
R93.3	ABN FND DX IMAG OTH PRT DGSTV TRACT	88312	SPECIAL STAINS GROUP 1	07/15/2024
S39.012A	STRAIN MUSC FASC TENDON LW BACK INT	88342	IMHCHEM/IMCYTCHM 1ST ANTB	08/01/2024
S39.92XA	UNS INJURY LOWER BACK INITIAL	93000	ELECTROCARDIOGRAM, COMPLETE	08/09/2024
Z03.89	ENC OBS OTH SUSP DZ COND RULED OUT	94010	BREATHING CAPACITY TEST	08/14/2024
		95004	PERQ TESTS W/ALRGNC XTRCS	08/30/2024
		95012	NITRIC OXIDE EXP GAS DETER	09/06/2024
		95024	IQ TESTS W/ALLERGENIC XTRCS	09/21/2024
		99204	OFFICE O/P NEW MOD 45 MIN	09/27/2024
		99205	OFFICE O/P NEW HI 60 MIN	10/11/2024
		99212	OFFICE O/P EST SF 10 MIN	10/16/2024
		99213	OFFICE O/P EST LOW 20 MIN	
		99214	OFFICE O/P EST MOD 30 MIN	
		99285	EMERGENCY DEPT VISIT HI MDM	
		99385	PREV VISIT, NEW, AGE 18-39	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

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Claimant ID	13	Amount Paid	\$ 76,832
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
C18.9	MALIGNANT NEOPLASM OF COLON UNS	00812	ANES LWR INTST SCR COLSC	01/05/2024
C20	MALIGNANT NEOPLASM OF RECTUM	36247	INS CATH ABD/L-EXT ART 3RD	05/03/2024
G47.33	OBSTRUCTIVE SLEEP APNEA	36415	COLL VENOUS BLD VENIPUNCTURE	05/10/2024
K51.511	LEFT SIDED COLITIS W/RECTAL BLEED	37244	VASC EMBOLIZE/OCCLUDE BLEED	05/14/2024
K64.9	UNSPECIFIED HEMORRHOIDS	45300	PROCTOSIGMOIDOSCOPY DX	06/08/2024
K92.1	MELENA	45385	COLONOSCOPY W/LESION REMOVAL	06/10/2024
L98.9	DISORDER SKIN & SUBQ TISSUE UNS	72197	MRI PELVIS W/O & W/DYE	06/18/2024
M66.871	SPONT RUPTURE OTH TEND RT ANK FOOT	73718	MRI LOWER EXTREMITY W/O DYE	06/20/2024
M76.71	PERONEAL TENDINITIS RIGHT LEG	74178	CT ABD&PLV WO CNTR FLWD CNTR	06/27/2024
M79.671	PAIN IN RIGHT FOOT	76937	US GUIDE VASCULAR ACCESS	07/02/2024
R73.03	PREDIABETES	77014	CT SCAN FOR THERAPY GUIDE	07/03/2024
Z12.11	ENC SCREEN MALIG NEOPLASM COLON	77263	THER RADIOLOGY TX PLNG CPLX	07/09/2024
Z48.812	ENC SURG AFTRCARE FLW SURG CIRC SYS	77300	RADIATION THERAPY DOSE PLAN	07/11/2024
		77301	RADIOTHERAPY DOSE PLAN, IMRT	07/12/2024
		77334	RADIATION TREATMENT AID(S)	07/22/2024
		77338	DESIGN MLC DEVICE FOR IMRT	07/24/2024
		77386	NTSTY MODUL RAD TX DLVR CPLX	07/25/2024
		77412	RADIATION TX DELIVERY COMPLX	09/04/2024
		77427	RADIATION TX MANAGEMENT, X5	09/12/2024

Claimant ID	13	Amount Paid	\$ 76,832
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
		78815	PET IMAGE W/CT, SKULL-THIGH	09/16/2024
		80048	METABOLIC PANEL TOTAL CA	10/01/2024
		80053	COMPREHEN METABOLIC PANEL	10/09/2024
		80061	LIPID PANEL	10/22/2024
		80076	HEPATIC FUNCTION PANEL	10/30/2024
		81432	HRDTRY BRST CA-RLATD DO 5+	11/01/2024
		82105	ALPHA-FETOPROTEIN, SERUM	11/04/2024
		82378	CARCINOEMBRYONIC ANTIGEN	11/11/2024
		82977	ASSAY OF GGT	11/12/2024
		83036	HEMOGLOBIN GLYCOSYLATED A1C	11/23/2024
		83735	ASSAY OF MAGNESIUM	11/24/2024
		84270	ASSAY OF SEX HORMONE GLOBUL	11/25/2024
		84403	ASSAY OF TOTAL TESTOSTERONE	11/26/2024
		85025	COMPLETE CBC W/AUTO DIFF WBC	12/02/2024
		85027	COMPLETE CBC, AUTOMATED	12/03/2024
		85610	PROTHROMBIN TIME	12/05/2024
		86300	IMMUNOASSAY, TUMOR, CA 15-3	12/10/2024
		86301	IMMUNOASSAY, TUMOR, CA 19-9	12/16/2024
		86304	IMMUNOASSAY, TUMOR, CA 125	12/17/2024
		88305	TISSUE EXAM BY PATHOLOGIST	12/18/2024
		97110	THERAPEUTIC EXERCISES	12/19/2024
		97112	NEUROMUSCULAR REEDUCATION	12/20/2024
		97140	MANUAL THERAPY 1/> REGIONS	12/23/2024
		97161	PT EVAL LOW COMPLEX 20 MIN	12/24/2024
		99152	MOD SED SAME PHYS/QHP 5/>YRS	12/26/2024
		99153	MOD SED SAME PHYS/QHP EA	12/27/2024
		99202	OFFICE O/P NEW SF 15 MIN	12/30/2024
		99203	OFFICE O/P NEW LOW 30 MIN	12/31/2024
		99204	OFFICE O/P NEW MOD 45 MIN	01/02/2025
		99205	OFFICE O/P NEW HI 60 MIN	01/03/2025
		99212	OFFICE O/P EST SF 10 MIN	01/06/2025
		99213	OFFICE O/P EST LOW 20 MIN	01/07/2025
		99214	OFFICE O/P EST MOD 30 MIN	01/08/2025
		A9552	FDG F-18 FDG DX UP TO 45 MCI	02/10/2025
		A9575	INJ GADOTERATE MEGLUMINE 0.1 ML	
		Q9967	LOCM 300-399 MG/ML I CONC PER ML	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

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Claimant ID	14	Amount Paid	\$ 75,493
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
E11.69	TYPE 2 DM W/OTHER SPEC COMPLICATION	00790	ANES IPER UPR ABD NOS	04/24/2024
I82.412	ACUTE EMBO THROMBOS LT FEMORAL VEIN	36415	COLL VENOUS BLD VENIPUNCTURE	04/25/2024
I82.429	AC EMB THROM UNS DV UNS DIST LW EXT	47563	LAPARO CHOLECYSTECTOMY/GRAPH	06/25/2024
K80.10	CALCU GB W/CHRON CHOLECYST W/O OBST	74018	RADEX ABDOMEN 1 VIEW	07/02/2024
K80.50	CALC BD NO CHOLANG/CHOLCYST NO OBST	74177	CT ABD & PELVIS W/CONTRAST	07/03/2024
K83.09	OTHER CHOLANGITIS	74181	MRI ABDOMEN W/O CONTRAST	07/10/2024
O09.211	SUP PREG W/HX PRE-TERM LABR 1ST TRI	76376	3D RENDER W/INTRP POSTPROCES	10/02/2024
O09.212	SUP PREG W/HX PRE-TERM LABR 2ND TRI	76705	ECHO EXAM OF ABDOMEN	11/27/2024
O09.891	SUP OTH HIGH RISK PREGNANCY 1ST TRI	76801	OB US < 14 WKS, SINGLE FETUS	12/05/2024
O09.91	SUP HIGH RISK PREGNANCY UNS 1ST TRI	76805	OB US >= 14 WKS, SNGL FETUS	12/06/2024
O09.92	SUP HIGH RISK PREGNANCY UNS 2ND TRI	76815	OB US, LIMITED, FETUS(S)	12/07/2024
O20.8	OTHER HEMORRHAGE IN EARLY PREGNANCY	76817	TRANSVAGINAL US, OBSTETRIC	12/10/2024
O26.611	LIVER & BIL TRACT D/O PREG 1ST TRI	81003	URINALYSIS, AUTO, W/O SCOPE	12/19/2024

Claimant ID	14	Amount Paid	\$ 75,493
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Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
O26.891	OTH SPEC PREG RELATED COND 1ST TRI	82962	GLUCOSE BLOOD TEST	01/09/2025
O26.90	PREGNANCY RELATED COND UNS UNS TRI	87400	INFLUENZA A/B EACH AG IA	01/14/2025
O99.891	OTH SPCF DIS/COND COMPL PREGNANCY	87899	AGENT NOS ASSAY W/OPTIC	01/28/2025
R06.02	SHORTNESS OF BREATH	88304	TISSUE EXAM BY PATHOLOGIST	02/04/2025
R10.11	RIGHT UPPER QUADRANT PAIN	93971	EXTREMITY STUDY	02/12/2025
R10.9	UNSPECIFIED ABDOMINAL PAIN	99203	OFFICE O/P NEW LOW 30 MIN	
R11.2	NAUSEA WITH VOMITING UNSPECIFIED	99204	OFFICE O/P NEW MOD 45 MIN	
R17	UNSPECIFIED JAUNDICE	99213	OFFICE O/P EST LOW 20 MIN	
Z02.1	ENCOUNTER FOR PRE-EMPLOYMENT EXAM	99214	OFFICE O/P EST MOD 30 MIN	
Z03.89	ENC OBS OTH SUSP DZ COND RULED OUT	99223	1ST HOSP IP/OBS HIGH 75	
Z36.89	ENCTR OTH SPEC ANTENATAL SCREENING	99231	SBSQ HOSP IP/OBS SF/LOW 25	
Z86.718	PERS HX OTH VENOUS THROMBOSIS&EMBO	99238	HOSP IP/OBS DSCHRG MGMT 30/<	
		99284	EMERGENCY DEPT VISIT MOD MDM	
		99285	EMERGENCY DEPT VISIT HI MDM	
		A0398	ALS ROUTINE DISPOSABLE SUPPLIES	
		A0425	GROUND MILEAGE PER STATUTE MILE	
		A0427	AMB SRVC ALS EMERG TRANSPORT LEVL 1	
		J3490	UNCLASSIFIED DRUGS	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

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Claimant ID	15	Amount Paid	\$ 73,981
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
E13.9	OTHER SPEC DM W/O COMPLICATIONS	20611	DRAIN/INJ JOINT/BURSA W/US	10/05/2023
E78.5	HYPERLIPIDEMIA UNSPECIFIED	36415	COLL VENOUS BLD VENIPUNCTURE	12/17/2023
J06.9	ACUTE UP RESPIRATORY INFECTION UNS	73564	X-RAY EXAM, KNEE, 4 OR MORE	02/27/2024
M17.12	UNI PRIM OSTEOARTHRITIS LT KNEE	73590	X-RAY EXAM OF LOWER LEG	03/13/2024
M22.42	CHONDROMALACIA PATELLAE LEFT KNEE	80050	GENERAL HEALTH PANEL	04/03/2024
M25.562	PAIN IN LEFT KNEE	80061	LIPID PANEL	04/04/2024
M32.9	SYSTEMIC LUPUS ERYTHMATOSUS UNS	81001	URINALYSIS, AUTO W/SCOPE	04/08/2024
M79.662	PAIN IN LEFT LOWER LEG	81003	URINALYSIS, AUTO, W/O SCOPE	04/10/2024
S80.11XA	CONTUSION RIGHT LOWER LEG INITIAL	83036	HEMOGLOBIN GLYCOSYLATED A1C	04/29/2024
		84153	ASSAY OF PSA, TOTAL	05/08/2024
		86140	C-REACTIVE PROTEIN	06/10/2024
		86160	COMPLEMENT, ANTIGEN	06/28/2024
		86225	DNA ANTIBODY NATIVE	07/10/2024
		96413	CHEMO, IV INFUSION, 1 HR	08/08/2024
		99204	OFFICE O/P NEW MOD 45 MIN	08/21/2024
		99213	OFFICE O/P EST LOW 20 MIN	09/18/2024
		99214	OFFICE O/P EST MOD 30 MIN	10/01/2024
		99283	EMERGENCY DEPT VISIT LOW MDM	10/21/2024
		J0490	INJECTION BELIMUMAB 10 MG	12/16/2024
		J7318	HYALN/DERIV DUROLANE IA INJ 1 MG	12/30/2024

Claimant ID	15	Amount Paid	\$ 73,981
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
		L1820	KO ELAS W/ CONDYLE PADS & JO	01/13/2025
				01/27/2025

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

Notification of Withheld Information and Confidentiality Statement

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- Utilization review related records including individual medical records, personal information, or other confidential information about a patient obtained in the performance of utilization review per Texas Insurance Code section 4201-552.
- Records related to the diagnosis, evaluation, or treatment of a mental or emotional disorder, including alcoholism or drug addiction, per Chapter 611 of the Texas Health & Safety Code.
- Records related to AIDS and HIV test results per Texas Health & Safety Code Section 81.101 et seq.
- Genetic information, if any, per Texas Insurance Code Section 546.102.

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Claimant ID	16	Amount Paid	\$ 69,611
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
999.999	OTHER DIAGNOSIS	00402	ANESTH. SURGERY OF BREAST	02/28/2024
C50.919	MAL NEO UNS SITE UNS FEMALE BREAST	14301	TIS TRNFR ANY 30.1-60 SQ CM	02/29/2024
D24.1	BENIGN NEOPLASM OF RIGHT BREAST	14302	TIS TRNFR ADDL 30 SQ CM	03/27/2024
D48.61	NEOPLASM UNCERTAIN BHV RIGHT BREAST	15777	ACELLULAR DERM MATRIX IMPLT	04/24/2024
D68.2	HEREDITARY DEF OTH CLOTTING FACTORS	19083	BX BREAST 1ST LESION US IMAG	05/09/2024
E16.2	HYPOGLYCEMIA UNSPECIFIED	19085	BX BREAST 1ST LESION MR IMAG	05/16/2024
E55.9	VITAMIN D DEFICIENCY UNSPECIFIED	19303	MAST, SIMPLE, COMPLETE	05/24/2024
E78.00	PURE HYPERCHOLESTEROLEMIA UNSPEC	19350	NIPPLE/AREOLA RECONSTRUCTION	06/12/2024
G43.709	CHR MIGR W/O AURA NOT INTRCT W/O SM	19357	TISS XPNDR PLMT BRST RCNSTJ	06/25/2024
L08.9	LOCAL INFECT SKIN SUBQ TISSUE UNS	36415	COLL VENOUS BLD VENIPUNCTURE	07/01/2024
N63.11	UNS LUMP IN RT BREAST UP OUTR QUAD	73130	X-RAY EXAM OF HAND	07/04/2024
R35.0	FREQUENCY OF MICTURITION	76642	ULTRASOUND BREAST LIMITED	07/09/2024
R60.0	LOCALIZED EDEMA	77049	MRI BREAST C-+ W/CAD BI	07/17/2024
R92.30	DENSE BREASTS UNSPECIFIED	77063	BREAST TOMOSYNTHESIS BI	07/19/2024
R92.8	OTH ABN INCONCL FIND DX IMAG BREAST	77065	DX MAMMO INCL CAD UNI	08/23/2024

Claimant ID	16	Amount Paid	\$ 69,611
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
S61.451A	OPEN BITE RIGHT HAND INITIAL ENC	77067	SCR MAMMO BI INCL CAD	08/28/2024
Z12.31	ENC SCR MAMMO MALIG NEOPLASM BREAST	80050	GENERAL HEALTH PANEL	08/29/2024
Z40.01	ENC FOR PROPHYLACTIC REMOVAL BREAST	80053	COMPREHEN METABOLIC PANEL	09/17/2024
Z42.1	ENC BREAST RECON FOLLOW MASTECT	80061	LIPID PANEL	10/02/2024
Z80.3	FAMILY HX MALIG NEOPLASM OF BREAST	81001	URINALYSIS, AUTO W/SCOPE	10/18/2024
Z90.13	ACQUIRED ABSENCE BIL BREAST&NIPPLES	81479	UNLISTED MOLECULAR PATHOLOGY	10/21/2024
		82043	UR ALBUMIN QUANTITATIVE	10/23/2024
		82306	VITAMIN D, 25 HYDROXY	10/24/2024
		82570	ASSAY OF URINE CREATININE	11/07/2024
		82627	DEHYDROEPIANDROSTERONE	11/20/2024
		82670	ASSAY OF TOTAL ESTRADIOL	11/25/2024
		83036	HEMOGLOBIN GLYCOSYLATED A1C	11/26/2024
		83525	ASSAY OF INSULIN	12/16/2024
		84144	ASSAY OF PROGESTERONE	12/17/2024
		84270	ASSAY OF SEX HORMONE GLOBUL	01/29/2025
		84403	ASSAY OF TOTAL TESTOSTERONE	02/20/2025
		84439	ASSAY OF FREE THYROXINE	
		84443	ASSAY THYROID STIM HORMONE	
		84481	FREE ASSAY (FT-3)	
		84588	ASSAY OF VASOPRESSIN	
		85025	COMPLETE CBC W/AUTO DIFF WBC	
		86376	MICROSOMAL ANTIBODY EACH	
		86800	THYROGLOBULIN ANTIBODY	
		87086	URINE CULTURE/COLONY COUNT	
		88305	TISSUE EXAM BY PATHOLOGIST	
		88307	TISSUE EXAM BY PATHOLOGIST	
		90792	PSYCH DIAG EVAL W/MED SRVCS	
		97110	THERAPEUTIC EXERCISES	
		99203	OFFICE O/P NEW LOW 30 MIN	
		99204	OFFICE O/P NEW MOD 45 MIN	
		99205	OFFICE O/P NEW HI 60 MIN	
		99214	OFFICE O/P EST MOD 30 MIN	
		99215	OFFICE O/P EST HI 40 MIN	
		99284	EMERGENCY DEPT VISIT MOD MDM	
		A9579	INJ GADOLINIUM MR CONTRAST NOS ML	
		G0279	DX DIGTL BRST TOMOSYNTHESIS UNI/BIL	
		Q4128	FLEXHD OR ALLOPATCHHD PER SQ CM	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

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Claimant ID	17	Amount Paid	\$ 68,340
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
I21.09	ST ELEV MI OTH COR ART ANT WALL	71045	X-RAY EXAM CHEST 1 VIEW	03/28/2024
I21.11	ST ELEVATION MI INVOLVING RCA	74018	RADEX ABDOMEN 1 VIEW	03/29/2024
I21.19	ST ELEVATION MI COR ART INF WALL	92941	PRQ CARD REVASC MI 1 VSL	03/30/2024
I21.3	ST ELEVATION MI UNSPECIFIED SITE	93000	ELECTROCARDIOGRAM, COMPLETE	04/05/2024
I25.10	ASHD NATIVE CA W/O ANGINA PECTORIS	93010	ELECTROCARDIOGRAM REPORT	11/02/2024
I25.118	ASHD NATIVE CA W/OTH FORMS AP	93306	TTE W/DOPPLER, COMPLETE	11/21/2024
J06.9	ACUTE UP RESPIRATORY INFECTION UNS	93458	L HRT ARTERY/VENTRICLE ANGIO	01/26/2025
J10.1	FLU D/T OTH ID FLU VIR OTH RSP MANF	96361	HYDRATE IV INFUSION, ADD-ON	
J81.1	CHRONIC PULMONARY EDEMA	96372	THER/PROPH/DIAG INJ. SC/IM	
R00.1	BRADYCARDIA UNSPECIFIED	99214	OFFICE O/P EST MOD 30 MIN	
R10.32	LEFT LOWER QUADRANT PAIN	99222	1ST HOSP IP/OBS MODERATE 55	
R91.8	OTH NONSPECIFIC ABN FIND LNG FIELD	99223	1ST HOSP IP/OBS HIGH 75	
R94.31	ABNORMAL ELECTROCARDIOGRAM	99232	SBSQ HOSP IP/OBS MODERATE 35	
T82.855A	STENOSIS CORONARY ARTERY STENT INIT	99239	HOSP IP/OBS DSCHRG MGMT >30	
		99283	EMERGENCY DEPT VISIT LOW MDM	
		99284	EMERGENCY DEPT VISIT MOD MDM	

Claimant ID	17	Amount Paid	\$ 68,340
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
		99291	CRITICAL CARE, FIRST HOUR	
		A0431	ROTARY WING AIR TRANSPORT	
		A0436	ROTARY WING AIR MILEAGE-STATUT MILE	
		J3420	INJ VIT B-12 CYNOCOBLMN TO 1000 MCG	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

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Claimant ID	18	Amount Paid	\$ 47,837
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
H10.022	OTH MUCOPURULNT CONJUNCTIVIT LT EYE	36416	COLLJ CAPILLARY BLOOD SPEC	06/10/2024
I45.9	CONDUCTION DISORDER UNSPECIFIED	71045	X-RAY EXAM CHEST 1 VIEW	06/11/2024
K59.00	CONSTIPATION UNSPECIFIED	74018	RADEX ABDOMEN 1 VIEW	06/12/2024
L20.9	ATOPIC DERMATITIS UNSPECIFIED	76506	ECHO EXAM OF HEAD	06/13/2024
N39.0	UTI SITE NOT SPECIFIED	76770	US EXAM ABDO BACK WALL, COMP	06/14/2024
P07.30	PRETERM NEWBORN UNS WEEKS GESTATION	81003	URINALYSIS, AUTO, W/O SCOPE	06/15/2024
P22.0	RESPIRATORY DISTRESS SYN NEWBORN	82016	ACYLCARNITINES, QUAL	06/16/2024
P92.8	OTHER FEEDING PROBLEMS OF NEWBORN	87086	URINE CULTURE/COLONY COUNT	06/17/2024
Q21.12	PATENT FORAMEN OVALE	90381	RSV MONOC ANTIB SEASN 1 ML IM	06/18/2024
Z00.111	HEALTH EXAM NEWBORN 8-28 DAYS OLD	90460	IM ADMIN 1ST/ONLY COMPONENT	06/19/2024
Z00.121	ENC RTN CHLD HLTH EXAM W/ABNRM FIND	90461	IM ADMIN EACH ADDL COMPONENT	06/21/2024
Z00.129	ENC RTN CHLD HLTH EX W/O ABNRM FIND	90671	PCV15 VACCINE IM	07/02/2024
Z01.89	ENCOUNTER OTHER SPEC SPECIAL EXAMS	90680	RV5 VACC 3 DOSE LIVE ORAL	07/10/2024
Z23	ENCOUNTER FOR IMMUNIZATION	90686	IIV4 VACC NO PRSV 0.5 ML IM	08/12/2024
Z38.01	SINGLE LIVEBORN INFANT DELIV C-SECT	90697	DTAP-IPV-HIB-HEPB VACCINE IM	08/14/2024

Claimant ID	18	Amount Paid \$	47,837
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Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
		90698	DTAP-IPV/HIB VACCINE IM	08/29/2024
		90744	HEPB VACC 3 DOSE PED/ADOL IM	08/31/2024
		93005	ELECTROCARDIOGRAM, TRACING	09/05/2024
		93010	ELECTROCARDIOGRAM REPORT	09/16/2024
		93303	ECHO TRANSTHORACIC	10/10/2024
		93308	TTE, F-UP OR LMTD	10/18/2024
		93320	DOPPLER ECHO COMPLETE	12/13/2024
		93321	DOPPLER ECHO F-UP/LMTD STD	01/10/2025
		93325	DOPPLER ECHO COLOR FLOW MAPG	01/17/2025
		99051	MED SERV, EVE/WKEND/HOLIDAY	01/24/2025
		99213	OFFICE O/P EST LOW 20 MIN	02/10/2025
		99238	HOSP IP/OBS DSCHRG MGMT 30/<	02/17/2025
		99381	INIT PM E/M NEW PAT INFANT	
		99391	PER PM REEVAL EST PAT INFANT	
		99464	ATTENDANCE AT DELIVERY	
		99468	NEONATE CRIT CARE, INITIAL	
		99469	NEONATE CRIT CARE, SUBSQ	
		99479	IC LBW INF 1500-2500 G SUBSQ	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

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Claimant ID	19	Amount Paid	\$ 46,021
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
B34.9	VIRAL INFECTION UNSPECIFIED	01967	NEURAXL LBR ANES VAG DLVR	11/18/2023
M25.532	PAIN IN LEFT WRIST	25290	INCISE WRIST/FOREARM TENDON	02/01/2024
M25.632	STIFFNESS LEFT WRIST NEC	25400	REPAIR RADIUS OR ULNA	03/22/2024
O09.893	SUP OTH HIGH RISK PREGNANCY 3RD TRI	25405	REPAIR/GRAFT RADIUS OR ULNA	04/23/2024
O09.93	SUP HIGH RISK PREGNANCY UNS 3RD TRI	25605	CLTX DST RDL FX/EPHYS SEP W/	04/25/2024
O26.893	OTH SPEC PREG RELATED COND 3RD TRI	36415	COLL VENOUS BLD VENIPUNCTURE	05/01/2024
O36.8330	MTRN CARE ABN FHR/R 3RD TRI NA/UNS	59400	OBSTETRICAL CARE	05/08/2024
O36.8390	MTRN CARE ABN FHR/R UNS TRI NA/UNS	73100	X-RAY EXAM OF WRIST	05/31/2024
O47.1	FALSE LABOR AT/AFTR 37 CMPL WK GEST	73110	X-RAY EXAM OF WRIST	06/02/2024
O62.0	PRIMARY INADEQUATE CONTRACTIONS	76811	OB US, DETAILED, SNGL FETUS	06/12/2024
O70.0	FIRST DEG PERINEAL LAC DUR DELIV	76815	OB US, LIMITED, FETUS(S)	06/19/2024
O76	ABN FETL HEART RATE RHYTHM COMP L&D	76816	OB US, FOLLOW-UP, PER FETUS	06/20/2024
O80	ENCOUNTR FULL-TERM UNCOMPLICATD DEL	76819	FETAL BIOPHYS PROFIL W/O NST	07/11/2024
S52.502A	UNS FX LOW LT RADIUS INIT CLOS FX	76825	ECHO EXAM OF FETAL HEART	08/01/2024

Claimant ID	19	Amount Paid	\$ 46,021
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
S52.502D	UNS FX LOW LT RADUS SUB CLOS FX RTN	76826	ECHO EXAM OF FETAL HEART	08/07/2024
S52.502P	UNS FX LOW LT RADIUS SUB CLOS FX MU	76827	ECHO EXAM OF FETAL HEART	08/12/2024
Z01.818	ENCOUNTER OTHER PREPROCEDURAL EXAM	76828	ECHO EXAM OF FETAL HEART	08/19/2024
Z23	ENCOUNTER FOR IMMUNIZATION	77071	MNL APPL STRS JT RADIOGRAPHY	09/18/2024
Z30.09	ENC OTH GEN CNS& ADVICE CONTRACEPT	80048	METABOLIC PANEL TOTAL CA	10/11/2024
Z34.82	ENC SUPV OTH NORMAL PREG SECOND TRI	82950	GLUCOSE TEST	11/01/2024
Z34.83	ENC SUPV OTH NORMAL PREG THIRD TRI	85025	COMPLETE CBC W/AUTO DIFF WBC	11/06/2024
Z36.83	ENCTR FETAL SCR CONGENITAL CARD ABN	86592	SYPHILIS TEST NON-TREP QUAL	12/02/2024
Z39.1	ENC CARE AND EXAM LACTATING MOTHER	86850	RBC ANTIBODY SCREEN	12/17/2024
		86900	BLOOD TYPING SEROLOGIC ABO	12/27/2024
		87389	HIV-1 AG W/HIV-1 & -2 AB AG IA	01/10/2025
		87653	STREP B, DNA, AMP PROBE	02/07/2025
		87807	RSV ASSAY W/OPTIC	
		90471	IMMUNIZATION ADMIN	
		90715	TDAP VACCINE 7 YRS/> IM	
		93325	DOPPLER ECHO COLOR FLOW MAPG	
		96360	HYDRATION IV INFUSION. INIT	
		97010	HOT OR COLD PACKS THERAPY	
		97032	APPL MODALITY 1+ESTIM EA 15	
		97110	THERAPEUTIC EXERCISES	
		99152	MOD SED SAME PHYS/QHP 5/>YRS	
		99153	MOD SED SAME PHYS/QHP EA	
		99203	OFFICE O/P NEW LOW 30 MIN	
		99204	OFFICE O/P NEW MOD 45 MIN	
		99212	OFFICE O/P EST SF 10 MIN	
		99213	OFFICE O/P EST LOW 20 MIN	
		99214	OFFICE O/P EST MOD 30 MIN	
		99221	1ST HOSP IP/OBS SF/LOW 40	
		99281	EMR DPT VST MAYX REQ PHY/QHP	
		99283	EMERGENCY DEPT VISIT LOW MDM	
		99284	EMERGENCY DEPT VISIT MOD MDM	
		99285	EMERGENCY DEPT VISIT HI MDM	
		E0603	BREAST PUMP ELECTRIC ANY TYPE	
		L3670	SHOULDER ORTHOS ACROMIO/CLAV PREFAB	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

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Claimant ID	20	Amount Paid	\$ 45,694
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
K29.50	UNS CHRONIC GASTRITIS W/O BLEEDING	00731	ANES UPR GI NDSC PX NOS	03/06/2024
K29.80	DUODENITIS WITHOUT BLEEDING	43239	EGD BIOPSY SINGLE/MULTIPLE	07/01/2024
K59.00	CONSTIPATION UNSPECIFIED	71046	X-RAY EXAM CHEST 2 VIEWS	08/16/2024
K90.0	CELIAC DISEASE	80053	COMPREHEN METABOLIC PANEL	12/16/2024
Q21.0	VENTRICULAR SEPTAL DEFECT	82728	ASSAY OF FERRITIN	12/17/2024
Q90.9	DOWN SYNDROME UNSPECIFIED	83516	IMMUNOASSAY, NONANTIBODY	01/14/2025
R76.8	OTH SPEC ABN IMMUNLGIC FIND SERUM	88305	TISSUE EXAM BY PATHOLOGIST	02/07/2025
R89.4	ABN IMMUNLG FIND OTH ORGN SYS TISS	88342	IMHCHEM/IMCYTCHM 1ST ANTB	
		93304	ECHO TRANSTHORACIC	
		93321	DOPPLER ECHO F-UP/LMTD STD	
		93325	DOPPLER ECHO COLOR FLOW MAPG	
		99204	OFFICE O/P NEW MOD 45 MIN	
		99211	OFF/OP EST MAY X REQ PHY/QHP	
		99212	OFFICE O/P EST SF 10 MIN	
		99213	OFFICE O/P EST LOW 20 MIN	
		99214	OFFICE O/P EST MOD 30 MIN	
		J1100	INJ DEXMETHOSON SODIM PHOSHATE 1 MG	
		J2405	INJECTION ONDANSETRON HCL PER 1 MG	
		J3010	INJECTION FENTANYL CITRATE 0.1 MG	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

Notification of Withheld Information and Confidentiality Statement

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- Records related to AIDS and HIV test results per Texas Health & Safety Code Section 81.101 et seq.
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Claimant ID	21	Amount Paid	\$ 42,570
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
G47.62	SLEEP RELATED LEG CRAMPS	01916	ANESTH, DX ARTERIOGRAPHY	02/13/2024
I21.4	NON-ST ELEVATION MYOCARDIAL INFARCT	36620	INSERTION CATHETER, ARTERY	02/15/2024
I60.9	NONTRAUMATIC SUBARACH HEMORR UNS	70450	CT HEAD/BRAIN W/O DYE	03/12/2024
I63.512	CEREB INFARCT UNS OCCL/STEN LT MCA	70496	CT ANGIOGRAPHY, HEAD	04/12/2024
I63.9	CEREBRAL INFARCTION UNSPECIFIED	70498	CT ANGIOGRAPHY, NECK	04/15/2024
I66.02	OCCLUSION & STENOSIS LEFT MCA	71045	X-RAY EXAM CHEST 1 VIEW	05/05/2024
I70.213	ATHSC NATV ART EXT INTRMT CLAUD BIL	74177	CT ABD & PELVIS W/CONTRAST	05/06/2024
I87.2	VENOUS INSUFF CHRONIC PERIPHERAL	93000	ELECTROCARDIOGRAM, COMPLETE	05/08/2024
K52.89	OTH SPEC NONINFECTIVE GE & COLITIS	93228	REMOTE 30 DAY ECG REV/REPORT	06/04/2024
R00.2	PALPITATIONS	93229	REMOTE 30 DAY ECG TECH SUPP	06/30/2024
R01.1	CARDIAC MURMUR UNSPECIFIED	93306	TTE W/DOPPLER, COMPLETE	07/01/2024
R10.9	UNSPECIFIED ABDOMINAL PAIN	93923	UPR/LXTR ART STDY 3+ LVLS	07/02/2024
R41.82	ALTERED MENTAL STATUS UNSPECIFIED	99214	OFFICE O/P EST MOD 30 MIN	
R91.8	OTH NONSPECIFIC ABN FIND LNG FIELD	99231	SBSQ HOSP IP/OBS SF/LOW 25	
R94.31	ABNORMAL ELECTROCARDIOGRAM	99232	SBSQ HOSP IP/OBS MODERATE 35	

Claimant ID	21	Amount Paid	\$ 42,570
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
		99238	HOSP IP/OBS DSCHRG MGMT 30/<	
		99291	CRITICAL CARE, FIRST HOUR	
		99497	ADVNCN CARE PLAN 30 MIN	
		A0431	ROTARY WING AIR TRANSPORT	
		A0436	ROTARY WING AIR MILEAGE-STATUT MILE	
		S9126	HOSPICE CARE IN THE HOME PER DIEM	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

Notification of Withheld Information and Confidentiality Statement

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Claimant ID	22	Amount Paid	\$ 39,933
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
999.999	OTHER DIAGNOSIS	0312U	AI DS SLE ALYS 8 IGG AUTOANT	02/14/2024
B34.9	VIRAL INFECTION UNSPECIFIED	36415	COLL VENOUS BLD VENIPUNCTURE	03/09/2024
D89.89	OTH SPEC D/O INVOLV IMMUNE MECH NEC	70450	CT HEAD/BRAIN W/O DYE	04/02/2024
H02.844	EDEMA LEFT UPPER EYELID	71045	X-RAY EXAM CHEST 1 VIEW	04/03/2024
H02.846	EDEMA LEFT EYE UNSPECIFIED EYELID	72125	CT NECK SPINE W/O DYE	04/05/2024
J00	ACUTE NASOPHARYNGITIS COMMON COLD	80050	GENERAL HEALTH PANEL	04/09/2024
J02.0	STREPTOCOCCAL PHARYNGITIS	80053	COMPREHEN METABOLIC PANEL	04/23/2024
J18.9	PNEUMONIA UNSPECIFIED ORGANISM	80061	LIPID PANEL	04/30/2024
J30.1	ALLERGIC RHINITIS DUE TO POLLEN	80074	ACUTE HEPATITIS PANEL	05/01/2024
J30.89	OTHER ALLERGIC RHINITIS	81001	URINALYSIS. AUTO W/SCOPE	05/21/2024
J45.20	MILD INTERMIT ASTHMA UNCOMPLICATED	81003	URINALYSIS. AUTO, W/O SCOPE	05/26/2024
L50.1	IDIOPATHIC URTICARIA	81025	URINE PREGNANCY TEST	05/27/2024
L50.8	OTHER URTICARIA	82306	VITAMIN D. 25 HYDROXY	06/03/2024
L50.9	URTICARIA UNSPECIFIED	82570	ASSAY OF URINE CREATININE	06/04/2024
N39.0	UTI SITE NOT SPECIFIED	82955	ASSAY OF G6PD ENZYME	06/11/2024
N76.0	ACUTE VAGINITIS	83001	ASSAY OF GONADOTROPIN (FSH)	06/13/2024
R06.02	SHORTNESS OF BREATH	83036	HEMOGLOBIN GLYCOSYLATED A1C	07/10/2024
R22.0	LOCALIZED SWELLING MASS & LUMP HEAD	83516	IMMUNOASSAY, NONANTIBODY	07/16/2024
R60.0	LOCALIZED EDEMA	83520	IMMUNOASSAY QUANT NOS NONAB	08/07/2024

Claimant ID	22	Amount Paid	\$ 39,933
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
R76.9	ABNORM IMMUNLGIC FINDING SERUM UNS	84146	ASSAY OF PROLACTIN	08/12/2024
S06.0X0A	CONCUSSION WITHOUT LOC INITIAL ENC	84156	ASSAY OF PROTEIN URINE	08/14/2024
T78.3XXA	ANGIONEUROTIC EDEMA INITIAL ENCNTR	84436	ASSAY OF TOTAL THYROXINE	09/04/2024
T78.3XXD	ANGIONEUROTIC EDEMA SUBSEQUENT ENC	84443	ASSAY THYROID STIM HORMONE	09/11/2024
T78.40XA	ALLERGY UNSPECIFIED INITIAL ENCNTR	85025	COMPLETE CBC W/AUTO DIFF WBC	09/19/2024
T78.49XA	OTHER ALLERGY INITIAL ENCOUNTER	85652	RBC SED RATE, AUTOMATED	09/20/2024
U07.1	COVID-19	86038	ANTINUCLEAR ANTIBODIES	09/23/2024
Z04.1	ENC EXAM&OBSERV FLW TRANSPORT ACC	86039	ANTINUCLEAR ANTIBODIES (ANA)	09/30/2024
Z13.1	ENCOUNTER FOR SCREENING FOR DM	86140	C-REACTIVE PROTEIN	10/02/2024
Z13.6	ENC FOR SCREENING FOR CV DISORDERS	86146	BETA-2 GLYCOPROTEIN ANTIBODY	10/03/2024
Z20.2	CONTCT W EXPOS INFECT SEXUAL TRNSMS	86147	CARDIOLIPIN ANTIBODY EA IG	10/04/2024
Z30.09	ENC OTH GEN CNS& ADVICE CONTRACEPT	86160	COMPLEMENT, ANTIGEN	10/17/2024
Z71.89	OTHER SPECIFIED COUNSELING	86235	NUCLEAR ANTIGEN ANTIBODY	10/20/2024
		86376	MICROSOMAL ANTIBODY EACH	10/30/2024
		86431	RHEUMATOID FACTOR, QUANT	11/12/2024
		86780	TREPONEMA PALLIDUM	12/08/2024
		86800	THYROGLOBULIN ANTIBODY	12/10/2024
		87389	HIV-1 AG W/HIV-1 & -2 AB AG IA	12/26/2024
		87491	CHYLM D TRACH, DNA, AMP PROBE	01/10/2025
		87591	N.GONORRHOEAE, DNA, AMP PROB	01/19/2025
		87661	TRICHOMONAS VAGINALIS AMPLIF	01/23/2025
		90791	PSYCH DIAGNOSTIC EVALUATION	01/27/2025
		90834	PSYTX W PT 45 MINUTES	02/05/2025
		94010	BREATHING CAPACITY TEST	
		95004	PERQ TESTS W/ALRGNC XTRCS	
		95024	IQ TESTS W/ALLERGENIC XTRCS	
		96372	THER/PROPH/DIAG INJ, SC/IM	
		96401	CHEMO, ANTI-NEOPL, SQ/IM	
		99000	SPECIMEN HANDLING OFFICE-LAB	
		99204	OFFICE O/P NEW MOD 45 MIN	
		99213	OFFICE O/P EST LOW 20 MIN	
		99214	OFFICE O/P EST MOD 30 MIN	
		99283	EMERGENCY DEPT VISIT LOW MDM	
		99284	EMERGENCY DEPT VISIT MOD MDM	
		A0425	GROUND MILEAGE PER STATUTE MILE	
		A0427	AMB SRVC ALS EMERG TRANSPORT LEVL 1	
		G0475	HIV ANTIGEN/ANTIBODY COMB ASSAY SCR	
		J0696	INJ CEFTRIAXONE SODIUM PER 250 MG	

Claimant ID	22	Amount Paid	\$ 39,933
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
		J2357	INJECTION OMALIZUMAB 5 MG	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

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Claimant ID	23	Amount Paid	\$ 39,574
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
999.999	OTHER DIAGNOSIS	36415	COLL VENOUS BLD VENIPUNCTURE	08/05/2024
E78.5	HYPERLIPIDEMIA UNSPECIFIED	80050	GENERAL HEALTH PANEL	08/20/2024
R53.1	WEAKNESS	80053	COMPREHEN METABOLIC PANEL	09/09/2024
R74.01	ELEV LVLS LIVER TRANSAMINASE LVLS	80061	LIPID PANEL	10/17/2024
Z20.822	CONTACT W/AND (SUSP) EXPOS COVID-19	81003	URINALYSIS, AUTO, W/O SCOPE	10/18/2024
		82105	ALPHA-FETOPROTEIN, SERUM	
		83036	HEMOGLOBIN GLYCOSYLATED A1C	
		84153	ASSAY OF PSA, TOTAL	
		84439	ASSAY OF FREE THYROXINE	
		84481	FREE ASSAY (FT-3)	
		86361	T CELL, ABSOLUTE COUNT	
		86592	SYPHILIS TEST NON-TREP QUAL	
		87400	INFLUENZA A/B EACH AG IA	
		87491	CHYLM D TRACH, DNA, AMP PROBE	
		87517	HEPATITIS B, DNA, QUANT	
		87536	HIV-1 QUANT&REVERSE TRNSCRPJ	
		87591	N.GONORRHOEAE, DNA, AMP PROB	
		87811	SARS-COV-2 COVID19 W/OPTIC	
		87899	AGENT NOS ASSAY W/OPTIC	
		96372	THER/PROPH/DIAG INJ, SC/IM	
		99203	OFFICE O/P NEW LOW 30 MIN	
		99213	OFFICE O/P EST LOW 20 MIN	
		99214	OFFICE O/P EST MOD 30 MIN	
		J0696	INJ CEFTRIAXONE SODIUM PER 250 MG	

Claimant ID	23	Amount Paid	\$ 39,574
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
		J1100	INJ DEXMETHOSON SODIM PHOSHATE 1 MG	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
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 Service (incurred) Dates: ALL

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Claimant ID	24	Amount Paid	\$ 37,499
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
999.999	OTHER DIAGNOSIS	0312U	AI DS SLE ALYS 8 IGG AUTOANT	09/29/2023
E05.90	THYROTOXICOS UNS NO THYROTOX CRISIS	36415	COLL VENOUS BLD VENIPUNCTURE	03/05/2024
E23.6	OTHER DISORDERS OF PITUITARY GLAND	70486	CT MAXILLOFACIAL W/O DYE	04/08/2024
E28.2	POLYCYSTIC OVARIAN SYNDROME	70553	MRI BRAIN STEM W/O & W/DYE	04/10/2024
E78.1	PURE HYPERGLYCERIDEMIA	72040	X-RAY EXAM NECK SPINE 2-3 VW	04/24/2024
G43.109	MIGRAINE W/AURA NOT INTRACT W/O SE	72072	X-RAY EXAM THORAC SPINE 3VWS	05/04/2024
G47.33	OBSTRUCTIVE SLEEP APNEA	72100	X-RAY EXAM L-S SPINE 2/3 VWS	05/06/2024
J01.90	ACUTE SINUSITIS UNSPECIFIED	72202	X-RAY EXAM SI JOINTS 3/> VWS	05/08/2024
J02.9	ACUTE PHARYNGITIS UNSPECIFIED	73523	X-RAY EXAM HIPS BI 5/> VIEWS	05/22/2024
J33.9	NASAL POLYP UNSPECIFIED	80050	GENERAL HEALTH PANEL	07/09/2024
J34.89	OTH SPEC D/O NOSE NASAL SINUSES	80053	COMPREHEN METABOLIC PANEL	07/15/2024
J45.41	MOD PERSIST ASTHMA ACUTE EXACERBAT	80061	LIPID PANEL	07/30/2024
R19.7	DIARRHEA UNSPECIFIED	82043	UR ALBUMIN QUANTITATIVE	08/09/2024
R51.9	HEADACHE UNSPECIFIED	82085	ASSAY OF ALDOLASE	08/14/2024
R52	PAIN UNSPECIFIED	82306	VITAMIN D, 25 HYDROXY	08/15/2024
R76.8	OTH SPEC ABN IMMUNLGIC FIND SERUM	82550	ASSAY OF CK (CPK)	08/26/2024
Z00.00	ENC GEN ADULT EXAM W/O ABNORM FIND	82570	ASSAY OF URINE CREATININE	08/27/2024

Claimant ID	24	Amount Paid	\$ 37,499
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
Z23	ENCOUNTER FOR IMMUNIZATION	82607	VITAMIN B-12	09/10/2024
		82746	ASSAY OF FOLIC ACID SERUM	09/25/2024
		83036	HEMOGLOBIN GLYCOSYLATED A1C	09/26/2024
		83516	IMMUNOASSAY, NONANTIBODY	09/30/2024
		84182	PROTEIN, WESTERN BLOT TEST	10/02/2024
		84403	ASSAY OF TOTAL TESTOSTERONE	10/17/2024
		84439	ASSAY OF FREE THYROXINE	10/28/2024
		84443	ASSAY THYROID STIM HORMONE	11/19/2024
		84480	ASSAY, TRIIODOTHYRONINE (T3)	11/20/2024
		85025	COMPLETE CBC W/AUTO DIFF WBC	12/02/2024
		86038	ANTINUCLEAR ANTIBODIES	12/19/2024
		86140	C-REACTIVE PROTEIN	12/27/2024
		86146	BETA-2 GLYCOPROTEIN ANTIBODY	12/30/2024
		86147	CARDIOLIPIN ANTIBODY EA IG	02/07/2025
		86160	COMPLEMENT, ANTIGEN	02/11/2025
		86225	DNA ANTIBODY NATIVE	
		86235	NUCLEAR ANTIGEN ANTIBODY	
		86256	FLUORESCENT ANTIBODY, TITER	
		86376	MICROSOMAL ANTIBODY EACH	
		86431	RHEUMATOID FACTOR, QUANT	
		86800	THYROGLOBULIN ANTIBODY	
		87811	SARS-COV-2 COVID19 W/OPTIC	
		90837	PSYTX W PT 60 MINUTES	
		95811	POLYSOM 6/>YRS CPAP 4/> PARM	
		96372	THER/PROPH/DIAG INJ, SC/IM	
		99202	OFFICE O/P NEW SF 15 MIN	
		99204	OFFICE O/P NEW MOD 45 MIN	
		99213	OFFICE O/P EST LOW 20 MIN	
		99214	OFFICE O/P EST MOD 30 MIN	
		99215	OFFICE O/P EST HI 40 MIN	
		A7033	PILLW NASL CANNULA TYPE INTF REPL	
		A7034	NASL INTERFCE POS ARWAY PRSS DEVC	
		A7035	HEADGEAR USED W/POS ARWAY PRSS DEVC	
		A7037	TUBING USED W/POS ARWAY PRESS DEVC	
		A7039	FLTR NON DISPBL POS ARWAY PRSS DEVC	
		A9579	INJ GADOLINIUM MR CONTRAST NOS ML	
		E0562	HUMDIFIR HEAT USED W/POS ARWAY PRSS	
		E0601	CONTINUOUS POS AIRWAY PRESSURE DEVC	
		G2211	VISIT CPLX INHERENT E&M ASSOC MCS	
		J0696	INJ CEFTRIAXONE SODIUM PER 250 MG	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

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Claimant ID	25	Amount Paid	\$ 36,024
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
N28.81	HYPERTROPHY OF KIDNEY	71045	X-RAY EXAM CHEST 1 VIEW	02/27/2024
P22.0	RESPIRATORY DISTRESS SYN NEWBORN	74018	RADEX ABDOMEN 1 VIEW	02/28/2024
P84	OTHER PROBLEMS WITH NEWBORN	76775	US EXAM ABDO BACK WALL, LIM	02/29/2024
P92.8	OTHER FEEDING PROBLEMS OF NEWBORN	90460	IM ADMIN 1ST/ONLY COMPONENT	03/01/2024
Q21.12	PATENT FORAMEN OVALE	90461	IM ADMIN EACH ADDL COMPONENT	03/02/2024
R91.8	OTH NONSPECIFIC ABN FIND LNG FIELD	90671	PCV15 VACCINE IM	03/03/2024
Z00.110	HEALTH EXAM NEWBRN UNDER 8 DAYS OLD	90680	RV5 VACC 3 DOSE LIVE ORAL	03/04/2024
Z00.111	HEALTH EXAM NEWBORN 8-28 DAYS OLD	90698	DTAP-IPV/HIB VACCINE IM	03/05/2024
Z00.129	ENC RTN CHLD HLTH EX W/O ABNRM FIND	90744	HEPB VACC 3 DOSE PED/ADOL IM	03/06/2024
Z38.2	1 LIVEBRN INFANT UNS AS PLACE BRTH	93005	ELECTROCARDIOGRAM, TRACING	03/08/2024
Z46.82	END FIT & ADJUST NON-VASCULAR CATH	93010	ELECTROCARDIOGRAM REPORT	03/13/2024
		93306	TTE W/DOPPLER, COMPLETE	03/27/2024
		99203	OFFICE O/P NEW LOW 30 MIN	04/30/2024
		99213	OFFICE O/P EST LOW 20 MIN	06/27/2024
		99221	1ST HOSP IP/OBS SF/LOW 40	08/27/2024
		99238	HOSP IP/OBS DSCHRG MGMT 30/<	12/09/2024
		99381	INIT PM E/M NEW PAT INFANT	12/20/2024

Claimant ID	25	Amount Paid	\$ 36,024
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
		99391	PER PM REEVAL EST PAT INFANT	
		99468	NEONATE CRIT CARE, INITIAL	
		99469	NEONATE CRIT CARE, SUBSQ	
		99480	IC INF PBW 2501-5000 G SUBSQ	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

Notification of Withheld Information and Confidentiality Statement

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- Genetic information, if any, per Texas Insurance Code Section 546.102.

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Claimant ID	26	Amount Paid	\$ 35,334
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
D64.9	ANEMIA UNSPECIFIED	01961	ANES CESAREAN DELIVERY ONLY	01/04/2024
G43.909	MIGRAINE UNS NOT INTRACT W/O SM	59510	CESAREAN DELIVERY	02/16/2024
I10	ESSENTIAL PRIMARY HYPERTENSION	59514	CESAREAN DELIVERY ONLY	02/23/2024
I16.0	HYPERTENSIVE URGENCY	70450	CT HEAD/BRAIN W/O DYE	03/15/2024
J18.9	PNEUMONIA UNSPECIFIED ORGANISM	71045	X-RAY EXAM CHEST 1 VIEW	04/18/2024
J96.90	RESP FAIL UNS UNS HYPOX/HYPERCAPNIA	74177	CT ABD & PELVIS W/CONTRAST	04/19/2024
K57.32	DVTRCLI LG INT NO PERF/ABSC W/O BL	76805	OB US >= 14 WKS, SNGL FETUS	04/29/2024
K57.92	DVTRCLI PRT UNS NO PERF/ABSC W/O BL	76815	OB US, LIMITED, FETUS(S)	05/03/2024
N89.8	OTH SPEC NONINFLAMMATORY D/O VAGINA	76816	OB US, FOLLOW-UP, PER FETUS	05/17/2024
N92.1	EXCESS & FREQ MEN W/IRREG CYCLE	76819	FETAL BIOPHYS PROFIL W/O NST	05/20/2024
O09.512	SUP ELDER PRIMIGRAVIDA SECOND TRI	80053	COMPREHEN METABOLIC PANEL	05/23/2024
O09.513	SUP ELDER PRIMIGRAVIDA THIRD TRI	80061	LIPID PANEL	05/31/2024
O09.523	SUP ELDER MULTIGRAVIDA THIRD TRI	81001	URINALYSIS, AUTO W/SCOPE	06/03/2024
O09.892	SUP OTH HIGH RISK PREGNANCY 2ND TRI	81003	URINALYSIS, AUTO, W/O SCOPE	06/06/2024

Claimant ID	26	Amount Paid	\$ 35,334
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
O09.893	SUP OTH HIGH RISK PREGNANCY 3RD TRI	82575	CREATININE CLEARANCE TEST	06/07/2024
O10.012	PRE-EXIST ESS HTN COMP PREG 2ND TRI	82950	GLUCOSE TEST	06/10/2024
O10.013	PRE-EXIST ESS HTN COMP PREG 3RD TRI	84156	ASSAY OF PROTEIN URINE	06/11/2024
O11.4	PRE-EXISTING HTN PRE-ECLAMP COMP CB	84443	ASSAY THYROID STIM HORMONE	06/13/2024
O13.4	GESTATIONAL HTN W/O SIGN PU COMP CB	84550	ASSAY OF BLOOD/URIC ACID	06/14/2024
O14.13	SEVERE PRE-ECLAMPSIA 3RD TRIMESTER	85025	COMPLETE CBC W/AUTO DIFF WBC	06/18/2024
O14.14	SEVERE PRE-ECLAMPSIA COMPLICATNG CB	85027	COMPLETE CBC, AUTOMATED	07/15/2024
O14.15	SEVERE PRE-ECLAMP COMP PUERPERIUM	86780	TREPONEMA PALLIDUM	08/08/2024
O26.852	SPOTTING COMP PREGNANCY SECOND TRI	87088	URINE BACTERIA CULTURE	08/14/2024
O26.891	OTH SPEC PREG RELATED COND 1ST TRI	87480	CANDIDA, DNA, DIR PROBE	08/28/2024
O43.90	UNS PLACENTAL DISORDER UNS TRI	87510	GARDNER VAG, DNA, DIR PROBE	09/12/2024
O99.013	ANEMIA COMP PREGNANCY THIRD TRI	87661	TRICHOMONAS VAGINALIS AMPLIF	10/03/2024
R06.02	SHORTNESS OF BREATH	88305	TISSUE EXAM BY PATHOLOGIST	11/24/2024
R30.0	DYSURIA	88307	TISSUE EXAM BY PATHOLOGIST	12/03/2024
R51.9	HEADACHE UNSPECIFIED	90471	IMMUNIZATION ADMIN	
R91.8	OTH NONSPECIFIC ABN FIND LNG FIELD	90715	TDAP VACCINE 7 YRS/> IM	
Z00.00	ENC GEN ADULT EXAM W/O ABNORM FIND	93000	ELECTROCARDIOGRAM, COMPLETE	
Z23	ENCOUNTER FOR IMMUNIZATION	93005	ELECTROCARDIOGRAM, TRACING	
Z30.42	ENC SURVEILLANCE INJ CONTRACEPTION	93976	VASCULAR STUDY	
Z36.2	ENCOUNTER FOR OTH ANTENATAL SCR F/U	96372	THER/PROPH/DIAG INJ, SC/IM	
Z36.3	ENCOUNTER A/T SCREEN MALFORMATIONS	99204	OFFICE O/P NEW MOD 45 MIN	
Z39.1	ENC CARE AND EXAM LACTATING MOTHER	99213	OFFICE O/P EST LOW 20 MIN	
		99233	SBSQ HOSP IP/OBS HIGH 50	
		99284	EMERGENCY DEPT VISIT MOD MDM	
		99285	EMERGENCY DEPT VISIT HI MDM	
		99395	PREV VISIT, EST, AGE 18-39	
		E0603	BREAST PUMP ELECTRIC ANY TYPE	
		G0378	HOSPITAL OBSERVATN SERVICE PER HOUR	
		J1050	INJ MEDROXYPROGESTERONE ACETATE 1 MG	
		J7050	INFUS NORMAL SALINE SOLUTION 250 CC	
		J7120	RINGERS LACTATE INFUSION TO 1000 CC	

Claimant ID	26	Amount Paid	\$ 35,334
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Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
		Q9967	LOCM 300-399 MG/ML I CONC PER ML	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

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- Records related to AIDS and HIV test results per Texas Health & Safety Code Section 81.101 et seq.
- Genetic information, if any, per Texas Insurance Code Section 546.102.

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Claimant ID	27	Amount Paid	\$ 35,041
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
S61.211A	LAC W/O FB LT IF W/O DMG NAIL INIT	26356	REPAIR FINGER/HAND TENDON	08/06/2024
S61.211D	LAC W/O FB LT IF W/O DMG NAIL SUB	26540	REPAIR HAND JOINT	01/02/2025
S66.121A	LAC FLX M&T LT IF WRIST HAND INIT	73140	X-RAY EXAM OF FINGER(S)	01/03/2025
Z00.129	ENC RTN CHLD HLTH EX W/O ABNRM FIND	90460	IM ADMIN 1ST/ONLY COMPONENT	01/07/2025
Z47.89	ENC FOR OTHER ORTHOPEDIC AFTERCARE	90619	MENACWY-TT VACCINE IM	02/04/2025
		90621	MENB-FHBP VACC 2/3 DOSE IM	
		99211	OFF/OP EST MAY X REQ PHY/QHP	
		99233	SBSQ HOSP IP/OBS HIGH 50	
		99285	EMERGENCY DEPT VISIT HI MDM	
		99394	PREV VISIT. EST. AGE 12-17	
		L3670	SHOULDER ORTHOS ACROMIO/CLAV PREFAB	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

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Claimant ID	28	Amount Paid	\$ 34,240
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
E78.2	MIXED HYPERLIPIDEMIA	12001	RPR S/N/AX/GEN/TRNK 2.5CM/<	08/01/2023
I10	ESSENTIAL PRIMARY HYPERTENSION	36415	COLL VENOUS BLD VENIPUNCTURE	03/08/2024
I25.10	ASHD NATIVE CA W/O ANGINA PECTORIS	70450	CT HEAD/BRAIN W/O DYE	05/23/2024
I25.110	ASHD NATIVE CA W/UNSTABLE AP	71045	X-RAY EXAM CHEST 1 VIEW	05/29/2024
I25.810	ATS CA BP GRAFT NO ANGINA PECTORIS	73140	X-RAY EXAM OF FINGER(S)	06/01/2024
I34.0	NONRHEUMATIC MITRAL INSUFFICIENCY	75625	CONTRAST EXAM ABDOMINL AORTA	06/07/2024
I47.20	VENTRICULAR TACHYCARDIA UNSPECIFIED	76937	US GUIDE VASCULAR ACCESS	06/28/2024
I50.22	CHRONIC SYSTOLIC HEART FAILURE	78452	HT MUSCLE IMAGE SPECT, MULT	06/29/2024
I50.9	HEART FAILURE UNSPECIFIED	80048	METABOLIC PANEL TOTAL CA	06/30/2024
I51.7	CARDIOMEGALY	80050	GENERAL HEALTH PANEL	07/01/2024
I87.2	VENOUS INSUFF CHRONIC PERIPHERAL	80061	LIPID PANEL	07/02/2024
J02.9	ACUTE PHARYNGITIS UNSPECIFIED	84153	ASSAY OF PSA, TOTAL	07/03/2024
J44.9	COPD UNSPECIFIED	84439	ASSAY OF FREE THYROXINE	07/09/2024
J81.1	CHRONIC PULMONARY EDEMA	84481	FREE ASSAY (FT-3)	07/22/2024
R00.0	TACHYCARDIA UNSPECIFIED	93000	ELECTROCARDIOGRAM, COMPLETE	08/15/2024
R07.2	PRECARDIAL PAIN	93010	ELECTROCARDIOGRAM REPORT	08/17/2024
R07.9	CHEST PAIN UNSPECIFIED	93016	CARDIOVASCULAR STRESS TEST	08/20/2024

Claimant ID	28	Amount Paid	\$ 34,240
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
R35.0	FREQUENCY OF MICTURITION	93018	CARDIOVASCULAR STRESS TEST	08/26/2024
R42	DIZZINESS AND GIDDINESS	93284	PRGRMG EVAL IMPLANTABLE DFB	08/27/2024
R53.1	WEAKNESS	93295	DEV INTERROG REMOTE 1/2/MLT	08/31/2024
R990002	UNKNOWN DIAGNOSIS	93296	REM INTERROG EVL PM/IDS	09/10/2024
S00.01XA	ABRASION OF SCALP INITIAL ENCOUNTER	93297	REM INTERROG DEV EVAL ICPMS	09/11/2024
S61.211A	LAC W/O FB LT IF W/O DMG NAIL INIT	93306	TTE W/DOPPLER, COMPLETE	09/26/2024
S69.92XA	UNS INJ LT WRIST HAND FINGERS INIT	93461	R&L HRT ART/VENTRICLE ANGIO	10/01/2024
S90.861A	INSECT BITE NONVENOM RT FOOT INIT	93567	NJX CAR CTH SPRVLV AORTGRPHY	10/08/2024
T82.118A	BREAKDOWN OTH CARD ELEC DEVC INIT	96156	HLTH BHV ASSMT/REASSESSMENT	10/09/2024
Z71.9	COUNSELING UNSPECIFIED	98960	EDU&TRN PT SELF-MGMT NQHP 1	10/24/2024
Z95.810	PRESENCE AUTO IMPLANT CARDIAC DEFIB	99152	MOD SED SAME PHYS/QHP 5/>YRS	11/04/2024
Z95.818	PRESENCE OTH CARD IMPLANTS & GRAFTS	99204	OFFICE O/P NEW MOD 45 MIN	11/09/2024
		99213	OFFICE O/P EST LOW 20 MIN	12/10/2024
		99214	OFFICE O/P EST MOD 30 MIN	12/17/2024
		99223	1ST HOSP IP/OBS HIGH 75	01/07/2025
		99232	SBSQ HOSP IP/OBS MODERATE 35	01/08/2025
		99233	SBSQ HOSP IP/OBS HIGH 50	01/11/2025
		99283	EMERGENCY DEPT VISIT LOW MDM	01/22/2025
		99284	EMERGENCY DEPT VISIT MOD MDM	
		99291	CRITICAL CARE, FIRST HOUR	
		A0425	GROUND MILEAGE PER STATUTE MILE	
		A0427	AMB SRVC ALS EMERG TRANSPORT LEVL 1	
		A9270	NONCOVERED ITEM OR SERVICE	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

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Claimant ID	29	Amount Paid	\$ 33,879
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
999.999	OTHER DIAGNOSIS	51600	INJECTION FOR BLADDER X-RAY	02/08/2024
A79.9	RICKETTSIOSIS UNSPECIFIED	71046	X-RAY EXAM CHEST 2 VIEWS	05/07/2024
J06.9	ACUTE UP RESPIRATORY INFECTION UNS	74455	X-RAY, URETHRA/BLADDER	05/10/2024
J18.9	PNEUMONIA UNSPECIFIED ORGANISM	76770	US EXAM ABDO BACK WALL, COMP	06/29/2024
J20.9	ACUTE BRONCHITIS UNSPECIFIED	78708	K FLOW/FUNCT IMAGE W/DRUG	07/02/2024
N39.0	UTI SITE NOT SPECIFIED	80053	COMPREHEN METABOLIC PANEL	07/03/2024
Q60.0	RENAL AGENESIS UNILATERAL	81001	URINALYSIS, AUTO W/SCOPE	07/05/2024
Q60.2	RENAL AGENESIS UNSPECIFIED	81003	URINALYSIS, AUTO, W/O SCOPE	07/08/2024
Q61.4	RENAL DYSPLASIA	87086	URINE CULTURE/COLONY COUNT	07/15/2024
R01.1	CARDIAC MURMUR UNSPECIFIED	90837	PSYTX W PT 60 MINUTES	07/24/2024
R01.2	OTHER CARDIAC SOUNDS	90847	FAMILY PSYTX W/PT 50 MIN	07/30/2024
R31.9	HEMATURIA UNSPECIFIED	92551	PURE TONE HEARING TEST, AIR	08/15/2024
R50.9	FEVER UNSPECIFIED	93005	ELECTROCARDIOGRAM, TRACING	08/28/2024
R82.81	PYURIA	93010	ELECTROCARDIOGRAM REPORT	09/11/2024
Z00.121	ENC RTN CHLD HLTH EXAM W/ABNRM FIND	93303	ECHO TRANSTHORACIC	10/01/2024
Z90.5	ACQUIRED ABSENCE OF KIDNEY	93306	TTE W/DOPPLER, COMPLETE	10/17/2024
		93320	DOPPLER ECHO COMPLETE	10/29/2024
		93325	DOPPLER ECHO COLOR FLOW MAPG	11/05/2024
		96110	DEVELOPMENTAL SCREEN W/SCORE	11/15/2024
		97112	NEUROMUSCULAR REEDUCATION	12/03/2024
		97161	PT EVAL LOW COMPLEX 20 MIN	01/13/2025
		97530	THERAPEUTIC ACTIVITIES	02/20/2025
		99051	MED SERV, EVE/WKEND/HOLIDAY	
		99204	OFFICE O/P NEW MOD 45 MIN	

Claimant ID	29	Amount Paid \$	33,879
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Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
		99212	OFFICE O/P EST SF 10 MIN	
		99213	OFFICE O/P EST LOW 20 MIN	
		99214	OFFICE O/P EST MOD 30 MIN	
		99393	PREV VISIT, EST, AGE 5-11	
		C1758	CATHETER URETERAL	
		J1940	INJECTION FUROSEMIDE UP TO 20 MG	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
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Claimant ID	30	Amount Paid \$	32,536
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
D45	POLYCYTHEMIA VERA	10061	I&D ABSCESS COMP/MULTIPLE	02/05/2024
I10	ESSENTIAL PRIMARY HYPERTENSION	36415	COLL VENOUS BLD VENIPUNCTURE	02/06/2024
I21.4	NON-ST ELEVATION MYOCARDIAL INFARCT	71275	CT ANGIOGRAPHY, CHEST	02/09/2024
I25.10	ASHD NATIVE CA W/O ANGINA PECTORIS	80050	GENERAL HEALTH PANEL	02/26/2024
J18.1	LOBAR PNEUMONIA UNS ORGANISM	80053	COMPREHEN METABOLIC PANEL	03/14/2024
J96.01	ACUTE RESPIRATORY FAIL W/HYPOXIA	80061	LIPID PANEL	04/04/2024
L02.11	CUTANEOUS ABSCESS OF NECK	81002	URINALYSIS NONAUTO W/O SCOPE	04/08/2024
L03.221	CELLULITIS OF NECK	83036	HEMOGLOBIN GLYCOSYLATED A1C	05/14/2024
R06.02	SHORTNESS OF BREATH	83615	LACTATE (LD) (LDH) ENZYME	05/30/2024
R53.1	WEAKNESS	84153	ASSAY OF PSA, TOTAL	06/12/2024
R94.31	ABNORMAL ELECTROCARDIOGRAM	84439	ASSAY OF FREE THYROXINE	06/26/2024
Z79.899	OTH LONG TERM CURRENT DRUG THERAPY	84481	FREE ASSAY (FT-3)	10/09/2024
		85025	COMPLETE CBC W/AUTO DIFF WBC	10/29/2024
		93000	ELECTROCARDIOGRAM, COMPLETE	
		93010	ELECTROCARDIOGRAM REPORT	
		93975	VASCULAR STUDY	
		99203	OFFICE O/P NEW LOW 30 MIN	
		99214	OFFICE O/P EST MOD 30 MIN	
		99232	SBSQ HOSP I/OBS MODERATE 35	

Claimant ID	30	Amount Paid \$	32,536
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
		99284	EMERGENCY DEPT VISIT MOD MDM	
		99291	CRITICAL CARE, FIRST HOUR	
		99292	CRITICAL CARE, ADDL 30 MIN	
		A0425	GROUND MILEAGE PER STATUTE MILE	
		A0427	AMB SRVC ALS EMERG TRANSPORT LEVL 1	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

Notification of Withheld Information and Confidentiality Statement

The Texas Insurance Code section 1215.003(d) provides that protected health information may be withheld from this claims report if subject to privacy restrictions more stringent than HIPAA. This constitutes notice that the following categories of claims information for specified individuals is withheld from this report:

- Utilization review related records including individual medical records, personal information, or other confidential information about a patient obtained in the performance of utilization review per Texas Insurance Code section 4201-552.
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- Records related to AIDS and HIV test results per Texas Health & Safety Code Section 81.101 et seq.
- Genetic information, if any, per Texas Insurance Code Section 546.102.

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Claimant ID	31	Amount Paid	\$ 31,187
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
E78.2	MIXED HYPERLIPIDEMIA	00145	ANESTH. VITREORETINAL SURG	01/31/2024
G89.4	CHRONIC PAIN SYNDROME	00300	ANESTH. HEAD/NECK/PTRUNK	02/21/2024
H01.02A	SQUAM BLEPHRITIS RT EYE UP & LW LID	36415	COLL VENOUS BLD VENIPUNCTURE	03/04/2024
H04.123	DRY EYE SYNDROME BIL LACRIML GLANDS	64483	NJX AA&STRD TFRM EPI L/S 1	03/07/2024
H27.01	APHAKIA RIGHT EYE	64484	NJX AA&STRD TFRM EPI L/S EA	03/20/2024
H27.111	SUBLUXATION OF LENS RIGHT EYE	64772	INCISION OF SPINAL NERVE	04/03/2024
H40.1131	PRIM OPEN-ANG GLAUC BIL MILD STAGE	66985	INSERT LENS PROSTHESIS	04/05/2024
H40.1132	PRIMARY OPN-ANG GLAUC BIL MOD STAGE	67036	REMOVAL OF INNER EYE FLUID	04/09/2024
H40.1133	PRIMARY OPN-ANG GLAUC BIL SVR STAGE	67121	REMOVE EYE IMPLANT MATERIAL	04/25/2024
M43.16	SPONDYLOLISTHESIS LUMBAR REGION	68761	CLOSE TEAR DUCT OPENING	05/08/2024
M47.16	OTH SPONDYLOSIS W/MYELOPATHY LUMB	71046	X-RAY EXAM CHEST 2 VIEWS	06/03/2024
M47.816	SPONDYLS W/O MYELO-/RADICULOP LUMB	72110	X-RAY EXAM L-2 SPINE 4/>VWS	06/11/2024
M54.16	RADICULOPATHY LUMBAR REGION	76519	ECHO EXAM OF EYE	06/26/2024
M85.852	OTH D/O BONE DEN STRUCT LT THIGH	77080	DXA BONE DENSITY, AXIAL	07/02/2024

Claimant ID	31	Amount Paid	\$ 31,187
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
M96.1	POSTLAMINECTOMY SYNDROME NEC	80053	COMPREHEN METABOLIC PANEL	08/06/2024
R53.1	WEAKNESS	80061	LIPID PANEL	08/08/2024
S32.009A	UNS FX UNS LUMBAR VERT INIT CLOS FX	80307	DRUG TEST PRSMV CHEM ANALYZR	08/13/2024
T85.22XA	DISPLACEMENT INTRAOCULR LENS INIT	84439	ASSAY OF FREE THYROXINE	08/27/2024
T85.22XD	DISPLACEMENT INTRAOCULR LENS SUBSQ	84481	FREE ASSAY (FT-3)	08/31/2024
Z01.811	ENCOUNTER PREPROCEDURAL RESP EXAM	85025	COMPLETE CBC W/AUTO DIFF WBC	09/03/2024
Z01.818	ENCOUNTER OTHER PREPROCEDURAL EXAM	92014	COMPRE OPH EXAM EST PT 1/>	09/09/2024
Z79.899	OTH LONG TERM CURRENT DRUG THERAPY	92134	CPTRZ OPH DX IMG PST SGM RTA	09/20/2024
		93000	ELECTROCARDIOGRAM, COMPLETE	10/01/2024
		93005	ELECTROCARDIOGRAM, TRACING	10/09/2024
		97110	THERAPEUTIC EXERCISES	10/31/2024
		99204	OFFICE O/P NEW MOD 45 MIN	11/01/2024
		99212	OFFICE O/P EST SF 10 MIN	11/12/2024
		99213	OFFICE O/P EST LOW 20 MIN	11/20/2024
		99214	OFFICE O/P EST MOD 30 MIN	11/30/2024
		99215	OFFICE O/P EST HI 40 MIN	12/04/2024
		99221	1ST HOSP IP/OBS SF/LOW 40	12/13/2024
		99232	SBSQ HOSP IP/OBS MODERATE 35	12/30/2024
		99442	PHONE E/M PHYS/QHP 11-20 MIN	01/09/2025
		99443	PHONE E/M PHYS/QHP 21-30 MIN	01/10/2025
		99490	CHRONC CARE MGMT STAFF 1ST 20	01/21/2025
		G0481	DR TST DEFIN DR ID M P D 8-14 DR CL	01/22/2025
				02/11/2025

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

Notification of Withheld Information and Confidentiality Statement

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- Utilization review related records including individual medical records, personal information, or other confidential information about a patient obtained in the performance of utilization review per Texas Insurance Code section 4201-552.
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- Records related to AIDS and HIV test results per Texas Health & Safety Code Section 81.101 et seq.
- Genetic information, if any, per Texas Insurance Code Section 546.102.

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Claimant ID	32	Amount Paid	\$ 30,930
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
999.999	OTHER DIAGNOSIS	36415	COLL VENOUS BLD VENIPUNCTURE	05/12/2023
E11.649	TYP 2 DM W/HYPOGLYCEMIA W/O COMA	36475	ENDOVENOUS RF, 1ST VEIN	02/05/2024
E11.65	TYPE 2 DM W/HYPERGLYCEMIA	71045	X-RAY EXAM CHEST 1 VIEW	02/08/2024
E11.9	TYPE 2 DM WITHOUT COMPLICATIONS	71275	CT ANGIOGRAPHY, CHEST	04/20/2024
G97.82	OTH POSTPROC COMPLICATIONS D/O NS	80050	GENERAL HEALTH PANEL	05/21/2024
I10	ESSENTIAL PRIMARY HYPERTENSION	80053	COMPREHEN METABOLIC PANEL	06/19/2024
I20.9	ANGINA PECTORIS UNSPECIFIED	80061	LIPID PANEL	07/01/2024
I47.20	VENTRICULAR TACHYCARDIA UNSPECIFIED	82306	VITAMIN D, 25 HYDROXY	07/10/2024
I80.9	PHLEBITIS THROMBOPHLEBITIS UNS SITE	83036	HEMOGLOBIN GLYCOSYLATED A1C	07/14/2024
I87.2	VENOUS INSUFF CHRONIC PERIPHERAL	84270	ASSAY OF SEX HORMONE GLOBUL	07/18/2024
J10.1	FLU D/T OTH ID FLU VIR OTH RSP MANF	84403	ASSAY OF TOTAL TESTOSTERONE	07/31/2024
M25.461	EFFUSION RIGHT KNEE	87804	INFLUENZA ASSAY W/OPTIC	08/08/2024
M25.561	PAIN IN RIGHT KNEE	93010	ELECTROCARDIOGRAM REPORT	08/12/2024
M96.89	OTH IO POSTPROC COMP D/O MSK SYS	93015	CARDIOVASCULAR STRESS TEST	10/06/2024
R00.2	PALPITATIONS	93228	REMOTE 30 DAY ECG REV/REPORT	10/09/2024
R06.00	DYSPNEA UNSPECIFIED	93229	REMOTE 30 DAY ECG TECH SUPP	10/23/2024
R06.02	SHORTNESS OF BREATH	93971	EXTREMITY STUDY	11/03/2024

Claimant ID	32	Amount Paid	\$ 30,930
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
R07.89	OTHER CHEST PAIN	99204	OFFICE O/P NEW MOD 45 MIN	11/06/2024
R07.9	CHEST PAIN UNSPECIFIED	99213	OFFICE O/P EST LOW 20 MIN	11/07/2024
R55	SYNCOPE AND COLLAPSE	99214	OFFICE O/P EST MOD 30 MIN	11/14/2024
R60.0	LOCALIZED EDEMA	99283	EMERGENCY DEPT VISIT LOW MDM	12/04/2024
R990002	UNKNOWN DIAGNOSIS	99284	EMERGENCY DEPT VISIT MOD MDM	01/05/2025
S22.31XA	FX 1 RIB RT SIDE INITIAL CLOS FX	99285	EMERGENCY DEPT VISIT HI MDM	
T67.5XXA	HEAT EXHAUSTION UNS INITIAL ENCNR	A0425	GROUND MILEAGE PER STATUTE MILE	
		A0427	AMB SRVC ALS EMERG TRANSPORT LEVL 1	
		E0114	CRTCHES UNDARM OTH THAN WOOD PAIR	
		J1885	INJ KETOROLAC TROMETHAMINE 15 MG	
		L1830	KNEE ORTHOSIS IMMOBLIZER PREFAB	
		Q9967	LOCM 300-399 MG/ML I CONC PER ML	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

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- Records related to AIDS and HIV test results per Texas Health & Safety Code Section 81.101 et seq.
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Claimant ID	33	Amount Paid	\$ 30,820
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
G35	MULTIPLE SCLEROSIS	36415	COLL VENOUS BLD VENIPUNCTURE	04/26/2024
H72.03	CNTRL PERF TYMP MEMBRANE BILATERAL	69210	REMOVE IMPACTED EAR WAX UNI	06/21/2024
H81.10	BENIGN PAROXYSMAL VERTIGO UNS EAR	70450	CT HEAD/BRAIN W/O DYE	06/25/2024
H81.11	BENIGN PAROXYSMAL VERTIGO RIGHT EAR	70553	MRI BRAIN STEM W/O & W/DYE	06/29/2024
H81.13	BENIGN PAROXYSMAL VERTIGO BILATERAL	80050	GENERAL HEALTH PANEL	07/22/2024
H90.0	CONDUCTIVE HEARING LOSS BILATERAL	80061	LIPID PANEL	07/25/2024
H90.5	UNS SENSORINEURAL HEARING LOSS	84439	ASSAY OF FREE THYROXINE	07/26/2024
H92.03	OTALGIA BILATERAL	84481	FREE ASSAY (FT-3)	08/01/2024
J30.9	ALLERGIC RHINITIS UNSPECIFIED	87426	SARSCOV CORONAVIRUS AG IA	08/02/2024
M79.605	PAIN IN LEFT LEG	92557	COMPREHENSIVE HEARING TEST	08/06/2024
M79.662	PAIN IN LEFT LOWER LEG	93000	ELECTROCARDIOGRAM, COMPLETE	08/07/2024
R11.2	NAUSEA WITH VOMITING UNSPECIFIED	93971	EXTREMITY STUDY	08/08/2024
R42	DIZZINESS AND GIDDINESS	96374	THER/PROPH/DIAG INJ, IV PUSH	08/15/2024
R51.9	HEADACHE UNSPECIFIED	97112	NEUROMUSCULAR REEDUCATION	08/16/2024
R53.1	WEAKNESS	99204	OFFICE O/P NEW MOD 45 MIN	08/20/2024
R53.83	OTHER FATIGUE	99213	OFFICE O/P EST LOW 20 MIN	08/22/2024
U07.1	COVID-19	99214	OFFICE O/P EST MOD 30 MIN	08/28/2024
		99215	OFFICE O/P EST HI 40 MIN	09/04/2024
		99284	EMERGENCY DEPT VISIT MOD MDM	09/12/2024

Claimant ID	33	Amount Paid	\$ 30,820
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
		A0425	GROUND MILEAGE PER STATUTE MILE	09/20/2024
		A0427	AMB SRVC ALS EMERG TRANSPORT LEVL 1	10/01/2024
		A9573	INJECTION GADOPICLENOL 1 ML	10/03/2024
		V5257	HEARING AID DIGITAL MONAURAL BTE	12/11/2024
				12/12/2024
				01/16/2025
				02/17/2025

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

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- Records related to AIDS and HIV test results per Texas Health & Safety Code Section 81.101 et seq.
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Claimant ID	34	Amount Paid	\$ 28,121
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
E11.29	TYPE 2 DM W/DIABETIC KIDNEY COMP	71046	X-RAY EXAM CHEST 2 VIEWS	03/30/2024
G47.33	OBSTRUCTIVE SLEEP APNEA	80050	GENERAL HEALTH PANEL	08/17/2024
J01.90	ACUTE SINUSITIS UNSPECIFIED	80053	COMPREHEN METABOLIC PANEL	09/06/2024
J06.9	ACUTE UP RESPIRATORY INFECTION UNS	80061	LIPID PANEL	10/30/2024
		82024	ASSAY OF ACTH	01/25/2025
		82043	UR ALBUMIN QUANTITATIVE	01/30/2025
		82533	TOTAL CORTISOL	02/04/2025
		82570	ASSAY OF URINE CREATININE	
		83002	ASSAY OF GONADOTROPIN (LH)	
		83036	HEMOGLOBIN GLYCOSYLATED A1C	
		84146	ASSAY OF PROLACTIN	
		84270	ASSAY OF SEX HORMONE GLOBUL	
		84305	ASSAY OF SOMATOMEDIN	
		84402	ASSAY OF FREE TESTOSTERONE	
		84403	ASSAY OF TOTAL TESTOSTERONE	
		84439	ASSAY OF FREE THYROXINE	
		84443	ASSAY THYROID STIM HORMONE	
		84681	ASSAY OF C-PEPTIDE	
		87804	INFLUENZA ASSAY W/OPTIC	
		87811	SARS-COV-2 COVID19 W/OPTIC	
		95251	CONT GLUC MNTR ANALYSIS I&R	
		96372	THER/PROPH/DIAG INJ, SC/IM	
		99203	OFFICE O/P NEW LOW 30 MIN	
		99213	OFFICE O/P EST LOW 20 MIN	
		99214	OFFICE O/P EST MOD 30 MIN	

Claimant ID	34	Amount Paid \$	28,121
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
		99215	OFFICE O/P EST HI 40 MIN	
		J0696	INJ CEFTRIAXONE SODIUM PER 250 MG	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

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- Records related to AIDS and HIV test results per Texas Health & Safety Code Section 81.101 et seq.
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Claimant ID	35	Amount Paid	\$ 27,750
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
D25.0	SUBMUCOUS LEIOMYOMA OF UTERUS	00840	ANESTH, SURG LOWER ABDOMEN	03/11/2024
D25.9	LEIOMYOMA OF UTERUS UNSPECIFIED	36415	COLL VENOUS BLD VENIPUNCTURE	04/10/2024
M32.9	SYSTEMIC LUPUS ERYTHMATOSUS UNS	80050	GENERAL HEALTH PANEL	04/15/2024
N80.00	ENDOMETRIOSIS UTERUS UNSPECIFIED	80053	COMPREHEN METABOLIC PANEL	05/09/2024
Z01.818	ENCOUNTER OTHER PREPROCEDURAL EXAM	80061	LIPID PANEL	06/18/2024
Z11.59	ENC SCREENING FOR OTH VIRAL DZ	81003	URINALYSIS, AUTO, W/O SCOPE	08/01/2024
Z71.9	COUNSELING UNSPECIFIED	83036	HEMOGLOBIN GLYCOSYLATED A1C	08/02/2024
		85025	COMPLETE CBC W/AUTO DIFF WBC	08/06/2024
		85610	PROTHROMBIN TIME	02/13/2025
		85730	THROMBOPLASTIN TIME, PARTIAL	02/18/2025
		86140	C-REACTIVE PROTEIN	
		86160	COMPLEMENT, ANTIGEN	
		86225	DNA ANTIBODY NATIVE	
		88302	TISSUE EXAM BY PATHOLOGIST	
		88307	TISSUE EXAM BY PATHOLOGIST	
		96156	HLTH BHV ASSMT/REASSESSMENT	
		96413	CHEMO, IV INFUSION, 1 HR	
		98960	EDU&TRN PT SELF-MGMT NQHP 1	
		99213	OFFICE O/P EST LOW 20 MIN	
		99214	OFFICE O/P EST MOD 30 MIN	

Claimant ID	35	Amount Paid \$	27,750
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
		99395	PREV VISIT, EST, AGE 18-39	
		J0490	INJECTION BELIMUMAB 10 MG	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

Notification of Withheld Information and Confidentiality Statement

The Texas Insurance Code section 1215.003(d) provides that protected health information may be withheld from this claims report if subject to privacy restrictions more stringent than HIPAA. This constitutes notice that the following categories of claims information for specified individuals is withheld from this report:

- Utilization review related records including individual medical records, personal information, or other confidential information about a patient obtained in the performance of utilization review per Texas Insurance Code section 4201-552.
- Records related to the diagnosis, evaluation, or treatment of a mental or emotional disorder, including alcoholism or drug addiction, per Chapter 611 of the Texas Health & Safety Code.
- Records related to AIDS and HIV test results per Texas Health & Safety Code Section 81.101 et seq.
- Genetic information, if any, per Texas Insurance Code Section 546.102.

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Claimant ID	36	Amount Paid	\$ 27,357
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
G89.18	OTHER ACUTE POSTPROCEDURAL PAIN	0054T	BONE SRGRY CMPTR FLUOR IMAGE	08/20/2023
I10	ESSENTIAL PRIMARY HYPERTENSION	01991	ANESTH, NERVE BLOCK/INJ	12/21/2023
M21.862	OTH SPEC ACQ DEFORMITIES LT LOW LEG	20610	DRAIN/INJ JOINT/BURSA W/O US	01/25/2024
M54.12	RADICULOPATHY CERVICAL REGION	23472	RECONSTRUCT SHOULDER JOINT	03/27/2024
M54.2	CERVICALGIA	36415	COLL VENOUS BLD VENIPUNCTURE	04/08/2024
M54.50	LOW BACK PAIN, UNSPECIFIED	64415	NJX AA&/STRD BRCH PLXS IMG	04/19/2024
M75.121	CMPL ROT CUFF TEAR/RUPT RT SHOULDR	71046	X-RAY EXAM CHEST 2 VIEWS	05/31/2024
M75.81	OTHER SHOULDER LESIONS RT SHOULDER	72040	X-RAY EXAM NECK SPINE 2-3 VW	06/14/2024
R10.10	UPPER ABDOMINAL PAIN, UNSPECIFIED	73030	X-RAY EXAM OF SHOULDER	06/18/2024
R10.13	EPIGASTRIC PAIN	73200	CT UPPER EXTREMITY W/O DYE	06/20/2024
R10.84	GENERALIZED ABDOMINAL PAIN	73221	MRI JOINT UPR EXTREM W/O DYE	06/24/2024
R73.9	HYPERGLYCEMIA UNSPECIFIED	73721	MRI JNT OF LWR EXTRE W/O DYE	06/27/2024
Z01.818	ENCOUNTER OTHER PREPROCEDURAL EXAM	74176	CT ABD & PELVIS W/O CONTRAST	07/01/2024
Z01.89	ENCOUNTER OTHER SPEC SPECIAL EXAMS	76700	US EXAM, ABDOM, COMPLETE	07/03/2024
Z12.31	ENC SCR MAMMO MALIG NEOPLASM BREAST	77063	BREAST TOMOSYNTHESIS BI	07/08/2024
		77067	SCR MAMMO BI INCL CAD	07/11/2024

Claimant ID	36	Amount Paid	\$ 27,357
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
		80048	METABOLIC PANEL TOTAL CA	07/22/2024
		80050	GENERAL HEALTH PANEL	07/26/2024
		80061	LIPID PANEL	07/29/2024
		81001	URINALYSIS, AUTO W/SCOPE	08/07/2024
		82040	ASSAY OF SERUM ALBUMIN	08/13/2024
		82306	VITAMIN D, 25 HYDROXY	08/20/2024
		83013	H PYLORI (C-13), BREATH	08/28/2024
		83036	HEMOGLOBIN GLYCOSYLATED A1C	10/02/2024
		85025	COMPLETE CBC W/AUTO DIFF WBC	12/09/2024
		85610	PROTHROMBIN TIME	12/16/2024
		85730	THROMBOPLASTIN TIME, PARTIAL	01/02/2025
		87070	CULTURE OTHR SPECIMN AEROBIC	01/06/2025
		87147	CULTURE TYPE, IMMUNOLOGIC	01/11/2025
		90471	IMMUNIZATION ADMIN	02/17/2025
		90688	IIV4 VACCINE SPLT 0.5 ML IM	
		93000	ELECTROCARDIOGRAM, COMPLETE	
		97110	THERAPEUTIC EXERCISES	
		99204	OFFICE O/P NEW MOD 45 MIN	
		99213	OFFICE O/P EST LOW 20 MIN	
		99214	OFFICE O/P EST MOD 30 MIN	
		99215	OFFICE O/P EST HI 40 MIN	
		C1776	JOINT DEVICE	
		G0480	DR TST DEFIN DR ID M P D 1-7 DR CL	
		J1010	INJ METHYLPREDNISOLONE ACETATE 1 MG	
		L0120	CERVICAL FLEX NONADJUSTABLE PREFAB	
		L3960	SEWHO ABDUCT PSTN AIRPLANE DESIGN	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

Notification of Withheld Information and Confidentiality Statement

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- Utilization review related records including individual medical records, personal information, or other confidential information about a patient obtained in the performance of utilization review per Texas Insurance Code section 4201-552.
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- Records related to AIDS and HIV test results per Texas Health & Safety Code Section 81.101 et seq.
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Claimant ID	37	Amount Paid \$	23,996
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
I10	ESSENTIAL PRIMARY HYPERTENSION	00732	ANES UPR GI NDSC PX ERCP	02/08/2024
K80.13	CALCU GB W/AC CHR CHOLECYST W/OBST	00790	ANES IPER UPR ABD NOS	02/09/2024
K80.20	CALCU GB W/O CHOLECYST W/O OBST	43262	ENDO CHOLANGIOPANCREATOGRAPH	02/10/2024
K80.42	CALCULUS BD W/AC CHOLCYST W/O OBST	43264	ERCP REMOVE DUCT CALCULI	02/11/2024
K80.50	CALC BD NO CHOLANG/CHOLCYST NO OBST	71045	X-RAY EXAM CHEST 1 VIEW	02/12/2024
K80.67	CALC GB BD W/AC CHR CHOLCYST W/OBST	74176	CT ABD & PELVIS W/O CONTRAST	08/21/2024
K81.0	ACUTE CHOLECYSTITIS	74181	MRI ABDOMEN W/O CONTRAST	10/07/2024
M54.50	LOW BACK PAIN, UNSPECIFIED	76376	3D RENDER W/INTRP POSTPROCES	
N20.1	CALCULUS OF URETER	76705	ECHO EXAM OF ABDOMEN	
R07.9	CHEST PAIN UNSPECIFIED	99213	OFFICE O/P EST LOW 20 MIN	
R10.9	UNSPECIFIED ABDOMINAL PAIN	99232	SBSQ HOSP IP/OBS MODERATE 35	
		99233	SBSQ HOSP IP/OBS HIGH 50	
		99238	HOSP IP/OBS DSCHRG MGMT 30/<	
		99284	EMERGENCY DEPT VISIT MOD MDM	
		99285	EMERGENCY DEPT VISIT HI MDM	
		A0425	GROUND MILEAGE PER STATUTE MILE	
		A0427	AMB SRVC ALS EMERG TRANSPORT LEVL 1	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

Notification of Withheld Information and Confidentiality Statement

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Claimant ID	38	Amount Paid	\$ 23,927
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
J02.9	ACUTE PHARYNGITIS UNSPECIFIED	20611	DRAIN/INJ JOINT/BURSA W/US	02/13/2024
J06.9	ACUTE UP RESPIRATORY INFECTION UNS	36415	COLL VENOUS BLD VENIPUNCTURE	03/22/2024
K91.2	POSTSURGICAL MALABSORPTION NEC	73130	X-RAY EXAM OF HAND	04/02/2024
L50.9	URTICARIA UNSPECIFIED	73562	X-RAY EXAM OF KNEE, 3	04/21/2024
M05.79	RA W/RH FACTOR MX SITE NO ORGAN/SYS	73630	X-RAY EXAM OF FOOT	04/22/2024
M06.9	RHEUMATOID ARTHRITIS UNSPECIFIED	80053	COMPREHEN METABOLIC PANEL	05/01/2024
M17.11	UNI PRIM OSTEOARTHRITIS RT KNEE	81490	AUTOIMMUNE RA ALYS 12 BMRK	06/19/2024
R09.89	OTH SPEC SX SIGNS INVLV CIRC RS	85025	COMPLETE CBC W/AUTO DIFF WBC	06/26/2024
R63.2	POLYPHAGIA	85652	RBC SED RATE, AUTOMATED	07/17/2024
R94.31	ABNORMAL ELECTROCARDIOGRAM	86140	C-REACTIVE PROTEIN	07/31/2024
S61.412A	LACERATION W/O FB LT HAND INITIAL	86481	TB AG RESPONSE T-CELL SUSP	08/06/2024
Z23	ENCOUNTER FOR IMMUNIZATION	86704	HEP B CORE ANTIBODY, TOTAL	08/21/2024
		86706	HEP B SURFACE ANTIBODY	09/19/2024
		86803	HEPATITIS C AB TEST	10/01/2024
		87340	HEPATITIS B SURFACE AG IA	10/22/2024
		90715	TDAP VACCINE 7 YRS/> IM	10/24/2024
		93306	TTE W/DOPPLER, COMPLETE	11/08/2024

Claimant ID	38	Amount Paid	\$ 23,927
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
		93880	EXTRACRANIAL BILAT STUDY	11/14/2024
		96413	CHEMO, IV INFUSION, 1 HR	01/16/2025
		99213	OFFICE O/P EST LOW 20 MIN	01/18/2025
		99214	OFFICE O/P EST MOD 30 MIN	02/03/2025
		J1010	INJ METHYLPREDNISOLONE ACETATE 1 MG	
		J1602	INJECTION GOLIMUMAB 1 MG FOR IV USE	
		J7318	HYALN/DERIV DUROLANE IA INJ 1 MG	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

Notification of Withheld Information and Confidentiality Statement

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Claimant ID	39	Amount Paid	\$ 23,793
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
E11.9	TYPE 2 DM WITHOUT COMPLICATIONS	36415	COLL VENOUS BLD VENIPUNCTURE	03/02/2024
H04.123	DRY EYE SYNDROME BIL LACRIML GLANDS	71045	X-RAY EXAM CHEST 1 VIEW	03/13/2024
J01.90	ACUTE SINUSITIS UNSPECIFIED	74177	CT ABD & PELVIS W/CONTRAST	03/15/2024
J06.9	ACUTE UP RESPIRATORY INFECTION UNS	76642	ULTRASOUND BREAST LIMITED	03/18/2024
K29.00	ACUTE GASTRITIS WITHOUT BLEEDING	77062	BREAST TOMOSYNTHESIS BI	03/19/2024
K43.0	INCISION HERNIA W/OBST W/O GANGRENE	77066	DX MAMMO INCL CAD BI	03/20/2024
K44.9	DIAPH HERNIA W/O OBST/GANGRENE	80050	GENERAL HEALTH PANEL	03/21/2024
K52.9	NONINFECTIVE GE & COLITIS UNS	80053	COMPREHEN METABOLIC PANEL	03/22/2024
K76.0	FATTY CHANGE LIVER NEC	80061	LIPID PANEL	04/23/2024
M25.50	PAIN IN UNSPECIFIED JOINT	81002	URINALYSIS NONAUTO W/O SCOPE	05/09/2024
N39.0	UTI SITE NOT SPECIFIED	82306	VITAMIN D, 25 HYDROXY	05/29/2024
N63.23	UNS LUMP IN LT BREAST LW OUTR QUAD	83036	HEMOGLOBIN GLYCOSYLATED A1C	08/02/2024
N64.89	OTHER SPECIFIED DISORDERS OF BREAST	83516	IMMUNOASSAY, NONANTIBODY	08/04/2024
R10.0	ACUTE ABDOMEN	84550	ASSAY OF BLOOD/URIC ACID	08/09/2024
R10.9	UNSPECIFIED ABDOMINAL PAIN	85025	COMPLETE CBC W/AUTO DIFF WBC	10/13/2024
R91.8	OTH NONSPECIFIC ABN FIND LNG FIELD	85652	RBC SED RATE, AUTOMATED	11/29/2024
R92.2	INCONCLUSIVE MAMMOGRAM	86038	ANTINUCLEAR ANTIBODIES	12/05/2024

Claimant ID	39	Amount Paid	\$ 23,793
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
Z01.411	ENC GYN EXAM GEN RTN W/ABNORM FIND	86225	DNA ANTIBODY NATIVE	12/07/2024
Z12.4	ENC SCREENING MALIG NEOPLASM CERV	86235	NUCLEAR ANTIGEN ANTIBODY	12/23/2024
Z23	ENCOUNTER FOR IMMUNIZATION	86431	RHEUMATOID FACTOR, QUANT	
Z79.899	OTH LONG TERM CURRENT DRUG THERAPY	87077	CULTURE AEROBIC IDENTIFY	
		87086	URINE CULTURE/COLONY COUNT	
		87426	SARSCOV CORONAVIRUS AG IA	
		87624	HPV HI-RISK TYP POOLED RSLT	
		87804	INFLUENZA ASSAY W/OPTIC	
		87811	SARS-COV-2 COVID19 W/OPTIC	
		87880	STREP A ASSAY W/OPTIC	
		88141	CYTOPATH, C/V, INTERPRET	
		88175	CYTOPATH C/V AUTO FLUID REDO	
		90471	IMMUNIZATION ADMIN	
		90686	IIV4 VACC NO PRSV 0.5 ML IM	
		96365	THER/PROPH/DIAG IV INF, INIT	
		96372	THER/PROPH/DIAG INJ, SC/IM	
		99213	OFFICE O/P EST LOW 20 MIN	
		99214	OFFICE O/P EST MOD 30 MIN	
		99223	1ST HOSP IP/OBS HIGH 75	
		99233	SBSQ HOSP IP/OBS HIGH 50	
		99239	HOSP IP/OBS DSCHRG MGMT >30	
		99284	EMERGENCY DEPT VISIT MOD MDM	
		99396	PREV VISIT, EST, AGE 40-64	
		99497	ADVNCN CARE PLAN 30 MIN	
		A0425	GROUND MILEAGE PER STATUTE MILE	
		A0427	AMB SRVC ALS EMERG TRANSPORT LEVL 1	
		G0279	DX DIGTL BRST TOMOSYNTHESIS UNI/BIL	
		J1885	INJ KETOROLAC TROMETHAMINE 15 MG	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

Notification of Withheld Information and Confidentiality Statement

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Claimant ID	40	Amount Paid	\$ 23,591
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
E11.65	TYPE 2 DM W/HYPERGLYCEMIA	36415	COLL VENOUS BLD VENIPUNCTURE	08/24/2023
E78.2	MIXED HYPERLIPIDEMIA	49593	RPR AA HRN 1ST 3-10 RDC	01/19/2024
I20.89	OTHER FORMS OF ANGINA PECTORIS	78452	HT MUSCLE IMAGE SPECT, MULT	02/06/2024
I51.7	CARDIOMEGALY	80050	GENERAL HEALTH PANEL	03/20/2024
I65.23	OCCLUSION & STENOS BIL CAROTID ART	80053	COMPREHEN METABOLIC PANEL	03/21/2024
I70.213	ATHSC NATV ART EXT INTRMT CLAUD BIL	80061	LIPID PANEL	03/27/2024
K43.2	INCI HERNIA W/O OBSTRUCTION/GANGREN	82306	VITAMIN D, 25 HYDROXY	03/28/2024
R07.9	CHEST PAIN UNSPECIFIED	83036	HEMOGLOBIN GLYCOSYLATED A1C	06/27/2024
Z00.00	ENC GEN ADULT EXAM W/O ABNORM FIND	85025	COMPLETE CBC W/AUTO DIFF WBC	07/09/2024
		92552	PURE TONE AUDIOMETRY, AIR	08/20/2024
		93016	CARDIOVASCULAR STRESS TEST	11/08/2024
		93017	CARDIOVASCULAR STRESS TEST	11/14/2024
		93018	CARDIOVASCULAR STRESS TEST	11/20/2024
		93306	TTE W/DOPPLER, COMPLETE	02/07/2025
		93923	UPR/LXTR ART STDY 3+ LVLS	
		99214	OFFICE O/P EST MOD 30 MIN	
		99396	PREV VISIT, EST. AGE 40-64	
		99406	BEHAV CHNG SMOKING 3-10 MIN	
		A9502	TC-99M TETROFOSMIN DX - STUDY DOSE	

Claimant ID	40	Amount Paid \$	23,591
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
		G2211	VISIT CPLX INHERENT E&M ASSOC MCS	
		J2785	INJECTION REGADENOSON 0.1 MG	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

Notification of Withheld Information and Confidentiality Statement

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- Records related to AIDS and HIV test results per Texas Health & Safety Code Section 81.101 et seq.
- Genetic information, if any, per Texas Insurance Code Section 546.102.

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Claimant ID	41	Amount Paid	\$ 23,310
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
I08.0	RHEUMATIC D/O MITRAL AORTIC VALVES	36252	INS CATH REN ART 1ST BILAT	10/28/2023
I35.8	OTH NONRHEUMATIC AORTIC VALVE D/O	76937	US GUIDE VASCULAR ACCESS	10/31/2023
I51.7	CARDIOMEGALY	93000	ELECTROCARDIOGRAM, COMPLETE	03/05/2024
R06.02	SHORTNESS OF BREATH	93306	TTE W/DOPPLER, COMPLETE	03/15/2024
S61.111A	LAC W/O FB RT THUMB W/DMG NAIL INIT	93567	NJX CAR CTH SPRVLV AORTGRPHY	07/25/2024
Z23	ENCOUNTER FOR IMMUNIZATION	99152	MOD SED SAME PHYS/QHP 5/>YRS	09/20/2024
		99213	OFFICE O/P EST LOW 20 MIN	10/02/2024
		99214	OFFICE O/P EST MOD 30 MIN	10/21/2024
		99284	EMERGENCY DEPT VISIT MOD MDM	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

Notification of Withheld Information and Confidentiality Statement

The Texas Insurance Code section 1215.003(d) provides that protected health information may be withheld from this claims report if subject to privacy restrictions more stringent than HIPAA. This constitutes notice that the following categories of claims information for specified individuals is withheld from this report:

- Utilization review related records including individual medical records, personal information, or other confidential information about a patient obtained in the performance of utilization review per Texas Insurance Code section 4201-552.
- Records related to the diagnosis, evaluation, or treatment of a mental or emotional disorder, including alcoholism or drug addiction, per Chapter 611 of the Texas Health & Safety Code.
- Records related to AIDS and HIV test results per Texas Health & Safety Code Section 81.101 et seq.
- Genetic information, if any, per Texas Insurance Code Section 546.102.

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Claimant ID	42	Amount Paid	\$ 22,840
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
A08.4	VIRAL INTESTINAL INFECTION UNSPEC	01810	ANESTH, LOWER ARM SURGERY	07/26/2023
B35.2	TINEA MANUUM	36415	COLL VENOUS BLD VENIPUNCTURE	12/22/2023
E11.9	TYPE 2 DM WITHOUT COMPLICATIONS	64721	CARPAL TUNNEL SURGERY	01/06/2024
G47.33	OBSTRUCTIVE SLEEP APNEA	71045	X-RAY EXAM CHEST 1 VIEW	02/04/2024
G56.01	CARPAL TUNNEL SYND RIGHT UPPER LIMB	73130	X-RAY EXAM OF HAND	02/20/2024
G56.03	CARPAL TUNNEL SYND BIL UPPER LIMBS	73610	X-RAY EXAM OF ANKLE	02/27/2024
I10	ESSENTIAL PRIMARY HYPERTENSION	73630	X-RAY EXAM OF FOOT	03/08/2024
M25.571	PAIN IN RIGHT ANKLE	74177	CT ABD & PELVIS W/CONTRAST	03/29/2024
M54.41	LUMBAGO WITH SCIATICA RIGHT SIDE	78452	HT MUSCLE IMAGE SPECT, MULT	07/17/2024
M76.822	POSTERIOR TIBIAL TENDINITIS LT LEG	80050	GENERAL HEALTH PANEL	07/22/2024
M79.641	PAIN IN RIGHT HAND	80061	LIPID PANEL	08/06/2024
R07.2	PRECORDIAL PAIN	82671	ASSAY OF ESTROGENS	08/07/2024
R07.89	OTHER CHEST PAIN	82672	ASSAY OF ESTROGEN	08/08/2024
R07.9	CHEST PAIN UNSPECIFIED	83001	ASSAY OF GONADOTROPIN (FSH)	08/09/2024
R09.81	NASAL CONGESTION	83002	ASSAY OF GONADOTROPIN (LH)	08/14/2024
R10.10	UPPER ABDOMINAL PAIN, UNSPECIFIED	83036	HEMOGLOBIN GLYCOSYLATED A1C	09/10/2024
R10.13	EPIGASTRIC PAIN	84144	ASSAY OF PROGESTERONE	09/27/2024
R41.3	OTHER AMNESIA	84146	ASSAY OF PROLACTIN	10/11/2024

Claimant ID	42	Amount Paid	\$ 22,840
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
R50.9	FEVER UNSPECIFIED	84403	ASSAY OF TOTAL TESTOSTERONE	10/21/2024
R51.9	HEADACHE UNSPECIFIED	84443	ASSAY THYROID STIM HORMONE	10/30/2024
R73.9	HYPERGLYCEMIA UNSPECIFIED	87428	SARSCOV & INF VIR A&B AG IA	11/05/2024
S60.942A	UNS SUP INJURY RT MIDDLE FINGER INT	93000	ELECTROCARDIOGRAM, COMPLETE	11/07/2024
		93010	ELECTROCARDIOGRAM REPORT	11/21/2024
		93016	CARDIOVASCULAR STRESS TEST	01/17/2025
		93017	CARDIOVASCULAR STRESS TEST	01/20/2025
		93018	CARDIOVASCULAR STRESS TEST	
		93306	TTE W/DOPPLER, COMPLETE	
		94761	MEASURE BLOOD OXYGEN LEVEL	
		99203	OFFICE O/P NEW LOW 30 MIN	
		99205	OFFICE O/P NEW HI 60 MIN	
		99214	OFFICE O/P EST MOD 30 MIN	
		99283	EMERGENCY DEPT VISIT LOW MDM	
		99284	EMERGENCY DEPT VISIT MOD MDM	
		99285	EMERGENCY DEPT VISIT HI MDM	
		A0425	GROUND MILEAGE PER STATUTE MILE	
		A0427	AMB SRVC ALS EMERG TRANSPORT LEVL 1	
		A4604	TUBING W/INTGR HEAT ELEM W/PAP DEVC	
		A7030	FULL FCE MASK POS ARWAY PRSS DEV EA	
		A7031	FCE MASK INTERFCE REPL FULL MASK EA	
		A7033	PILLW NASL CANNULA TYPE INTF REPL	
		A7034	NASL INTERFCE POS ARWAY PRSS DEVC	
		A7035	HEADGEAR USED W/POS ARWAY PRSS DEVC	
		A7038	FLTR DISPBL W/POS ARWAY PRSS DEVC	
		A7039	FLTR NON DISPBL POS ARWAY PRSS DEVC	
		A9500	TC-99M SESTAMIBI DX PER STUDY DOSE	
		E0562	HUMDIFIR HEAT USED W/POS ARWAY PRSS	
		E0601	CONTINUOUS POS AIRWAY PRESSURE DEVC	
		J2785	INJECTION REGADENOSON 0.1 MG	
		L3908	WRST HND ORTHOS CNTRL COCK-UP PRFAB	
		L4361	WALKING BOOT PNEUMATIC AND/OR VAC	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

Notification of Withheld Information and Confidentiality Statement

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- Records related to AIDS and HIV test results per Texas Health & Safety Code Section 81.101 et seq.
- Genetic information, if any, per Texas Insurance Code Section 546.102.

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Claimant ID	43	Amount Paid	\$ 22,466
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
E03.9	HYPOTHYROIDISM UNSPECIFIED	36415	COLL VENOUS BLD VENIPUNCTURE	07/10/2024
E11.3512	TYPE 2 DIABETES MELLITUS PDR ME OS	67028	INJECTION EYE DRUG	07/16/2024
E11.3513	TYPE 2 DIABETES MELLITUS PDR ME BIL	67228	TREATMENT X10SV RETINOPATHY	07/18/2024
E11.3591	TYPE 2 DIAB MELLITUS PDR W/O ME OD	71046	X-RAY EXAM CHEST 2 VIEWS	08/19/2024
E11.9	TYPE 2 DM WITHOUT COMPLICATIONS	80048	METABOLIC PANEL TOTAL CA	08/21/2024
H33.301	UNSPEC RETINAL BREAK RIGHT EYE	80050	GENERAL HEALTH PANEL	09/04/2024
H90.3	SENSORINEURAL HEAR LOSS BILATERAL	80061	LIPID PANEL	09/05/2024
I10	ESSENTIAL PRIMARY HYPERTENSION	82306	VITAMIN D, 25 HYDROXY	09/19/2024
I25.10	ASHD NATIVE CA W/O ANGINA PECTORIS	83036	HEMOGLOBIN GLYCOSYLATED A1C	09/20/2024
I25.2	OLD MYOCARDIAL INFARCTION	84443	ASSAY THYROID STIM HORMONE	10/10/2024
R05.1	ACUTE COUGH	86328	IA NFCT AB SARS2 COVID19	11/20/2024
R05.9	COUGH, UNSPECIFIED	92012	INTRM OPH EXAM EST PATIENT	11/26/2024
R09.81	NASAL CONGESTION	92014	COMPRE OPH EXAM EST PT 1>	12/03/2024
		92134	CPTRZ OPH DX IMG PST SGM RTA	02/03/2025
		92235	FLUORESCIN ANGRPH MLTIFRAME	02/04/2025
		92250	FUNDUS PHOTOGRAPHY W/I&R	02/10/2025
		92557	COMPREHENSIVE HEARING TEST	
		92567	TYMPANOMETRY	

Claimant ID	43	Amount Paid	\$ 22,466
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
		93000	ELECTROCARDIOGRAM, COMPLETE	
		99203	OFFICE O/P NEW LOW 30 MIN	
		99213	OFFICE O/P EST LOW 20 MIN	
		99214	OFFICE O/P EST MOD 30 MIN	
		J9035	INJECTION BEVACIZUMAB 10 MG	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

Notification of Withheld Information and Confidentiality Statement

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Claimant ID	44	Amount Paid \$	22,018
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
E11.65	TYPE 2 DM W/HYPERGLYCEMIA	31238	NSL/SINS NDSC SRG NSL HEMRRG	12/04/2023
E11.9	TYPE 2 DM WITHOUT COMPLICATIONS	70450	CT HEAD/BRAIN W/O DYE	02/21/2024
E78.2	MIXED HYPERLIPIDEMIA	71045	X-RAY EXAM CHEST 1 VIEW	03/21/2024
H43.393	OTHER VITREOUS OPACITIES BILATERAL	73564	X-RAY EXAM, KNEE, 4 OR MORE	05/14/2024
H65.191	OTH AC NONSUPPURATIVE OM RT EAR	73721	MRI JNT OF LWR EXTRE W/O DYE	06/02/2024
J01.90	ACUTE SINUSITIS UNSPECIFIED	80050	GENERAL HEALTH PANEL	06/11/2024
J34.2	DEVIATED NASAL SEPTUM	80053	COMPREHEN METABOLIC PANEL	06/13/2024
M17.12	UNI PRIM OSTEOARTHRITIS LT KNEE	80061	LIPID PANEL	06/18/2024
M22.42	CHONDROMALACIA PATELLAE LEFT KNEE	82043	UR ALBUMIN QUANTITATIVE	07/02/2024
M25.562	PAIN IN LEFT KNEE	82570	ASSAY OF URINE CREATININE	07/05/2024
R05.9	COUGH, UNSPECIFIED	83036	HEMOGLOBIN GLYCOSYLATED A1C	07/09/2024
R07.9	CHEST PAIN UNSPECIFIED	84439	ASSAY OF FREE THYROXINE	07/16/2024
R51.9	HEADACHE UNSPECIFIED	87426	SARSCOV CORONAVIRUS AG IA	07/19/2024
U07.1	COVID-19	87804	INFLUENZA ASSAY W/OPTIC	09/26/2024
		87811	SARS-COV-2 COVID19 W/OPTIC	10/26/2024
		92250	FUNDUS PHOTOGRAPHY W/I&R	11/01/2024
		93000	ELECTROCARDIOGRAM, COMPLETE	11/04/2024
		93010	ELECTROCARDIOGRAM REPORT	11/13/2024
		95251	CONT GLUC MNTR ANALYSIS I&R	12/16/2024
		99204	OFFICE O/P NEW MOD 45 MIN	01/14/2025
		99213	OFFICE O/P EST LOW 20 MIN	01/30/2025
		99214	OFFICE O/P EST MOD 30 MIN	

Claimant ID	44	Amount Paid \$	22,018
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
		99243	OFF/OP CNSLTJ NEW/EST LOW 30	
		99283	EMERGENCY DEPT VISIT LOW MDM	
		99284	EMERGENCY DEPT VISIT MOD MDM	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

Notification of Withheld Information and Confidentiality Statement

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Claimant ID	45	Amount Paid	\$ 21,817
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
999.999	OTHER DIAGNOSIS	36415	COLL VENOUS BLD VENIPUNCTURE	11/09/2023
D72.829	ELEVATED WHITE BLOOD CELL COUNT UNS	73502	X-RAY EXAM HIP UNI 2-3 VIEWS	11/13/2023
E11.65	TYPE 2 DM W/HYPERGLYCEMIA	80048	METABOLIC PANEL TOTAL CA	11/30/2023
E11.9	TYPE 2 DM WITHOUT COMPLICATIONS	80050	GENERAL HEALTH PANEL	01/19/2024
E78.2	MIXED HYPERLIPIDEMIA	80061	LIPID PANEL	01/23/2024
E87.6	HYPOKALEMIA	81001	URINALYSIS, AUTO W/SCOPE	01/24/2024
G47.33	OBSTRUCTIVE SLEEP APNEA	82043	UR ALBUMIN QUANTITATIVE	02/15/2024
H54.7	UNSPECIFIED VISUAL LOSS	82570	ASSAY OF URINE CREATININE	02/26/2024
I10	ESSENTIAL PRIMARY HYPERTENSION	83036	HEMOGLOBIN GLYCOSYLATED A1C	03/15/2024
I25.10	ASHD NATIVE CA W/O ANGINA PECTORIS	84153	ASSAY OF PSA, TOTAL	04/08/2024
M16.11	UNI PRIM OSTEOARTHRITIS RT HIP	90791	PSYCH DIAGNOSTIC EVALUATION	04/15/2024
M25.752	OSTEOPHYTE LEFT HIP	90832	PSYTX W PT 30 MINUTES	05/14/2024
R06.83	SNORING	93000	ELECTROCARDIOGRAM, COMPLETE	05/15/2024
Z00.01	ENC GEN ADULT EXAM W/ABNORMAL FIND	93015	CARDIOVASCULAR STRESS TEST	05/22/2024
Z00.8	ENC FOR OTHER GENERAL EXAMINATION	94010	BREATHING CAPACITY TEST	05/28/2024
Z01.810	ENCOUNTER PREPROCEDURAL CV EXAM	94660	POS AIRWAY PRESSURE, CPAP	05/31/2024
Z01.89	ENCOUNTER OTHER SPEC SPECIAL EXAMS	95806	SLEEP STUDY UNATT&RESP EFFT	06/15/2024
		96127	BRIEF EMOTIONAL/BEHAV ASSMT	07/10/2024

Claimant ID	45	Amount Paid \$	21,817
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
		96160	PT-FOCUSED HLTH RISK ASSMT	07/15/2024
		97750	PHYSICAL PERFORMANCE TEST	08/15/2024
		99204	OFFICE O/P NEW MOD 45 MIN	09/15/2024
		99205	OFFICE O/P NEW HI 60 MIN	10/07/2024
		99214	OFFICE O/P EST MOD 30 MIN	10/10/2024
		99215	OFFICE O/P EST HI 40 MIN	10/15/2024
		99396	PREV VISIT, EST, AGE 40-64	11/14/2024
		99497	ADVNCd CARE PLAN 30 MIN	11/15/2024
		A7030	FULL FCE MASK POS ARWAY PRSS DEV EA	11/18/2024
		E0143	WALKER FOLD WHEELED ADJUSTBL/FIX HT	11/19/2024
		E0601	CONTINUOUS POS AIRWAY PRESSURE DEVC	12/15/2024
		G0399	HST TYPE III PRTBLE MON MIN 4 CH	12/19/2024
				01/14/2025
				01/15/2025

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

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Claimant ID	46	Amount Paid \$	20,911
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
E11.9	TYPE 2 DM WITHOUT COMPLICATIONS	01402	ANESTH, KNEE ARTHROPLASTY	11/08/2023
I10	ESSENTIAL PRIMARY HYPERTENSION	36415	COLL VENOUS BLD VENIPUNCTURE	12/04/2023
I80.3	PHLEBITIS THROMBOPHLEB LOW EXT UNS	36466	NJX NONCMPND SCLRSNT MLT VN	02/20/2024
I82.409	AC EMBO THROMB UNS DP VN UNS LW EXT	36475	ENDOVENOUS RF, 1ST VEIN	02/22/2024
I83.12	VARICOSE VEINS LT LOW EXTREM INFLAM	36476	ENDOVENOUS RF, VEIN ADD-ON	02/26/2024
I83.222	VARICOS VN LT LW EXT ULCR CALF INFL	64447	NJX AA&/STRD FEMORAL NRV IMG	03/22/2024
I83.891	VARICOSE VEINS RT LWR EXT OTH COMP	64450	NJX AA&/STRD OTHER PN/BRANCH	04/05/2024
I83.892	VARICOSE VEINS LT LWR EXT OTH COMP	64454	NJX AA&/STRD GNCLR NRV BRNCH	04/29/2024
I87.2	VENOUS INSUFF CHRONIC PERIPHERAL	76942	ECHO GUIDE FOR BIOPSY	05/17/2024
M17.12	UNI PRIM OSTEOARTHRITIS LT KNEE	80050	GENERAL HEALTH PANEL	05/31/2024
R07.9	CHEST PAIN UNSPECIFIED	80061	LIPID PANEL	06/12/2024
Z13.9	ENCOUNTER FOR SCREENING UNSPECIFIED	82306	VITAMIN D, 25 HYDROXY	06/21/2024
Z96.652	PRESENCE LEFT ARTIFICIAL KNEE JOINT	83036	HEMOGLOBIN GLYCOSYLATED A1C	07/05/2024

Claimant ID	46	Amount Paid \$	20,911
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
Z96.659	PRESENCE UNS ARTIFICIAL KNEE JOINT	84153	ASSAY OF PSA, TOTAL	07/19/2024
		84550	ASSAY OF BLOOD/URIC ACID	07/26/2024
		93000	ELECTROCARDIOGRAM, COMPLETE	08/02/2024
		93970	EXTREMITY STUDY	08/26/2024
		93971	EXTREMITY STUDY	08/27/2024
		97110	THERAPEUTIC EXERCISES	09/20/2024
		99203	OFFICE O/P NEW LOW 30 MIN	10/04/2024
		99205	OFFICE O/P NEW HI 60 MIN	10/11/2024
		99211	OFF/OP EST MAY X REQ PHY/QHP	10/15/2024
		99213	OFFICE O/P EST LOW 20 MIN	10/25/2024
		99214	OFFICE O/P EST MOD 30 MIN	11/08/2024
		G0482	DR TST DEFN DR ID M P D 15-21 DR CL	11/22/2024
				02/18/2025

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

Notification of Withheld Information and Confidentiality Statement

The Texas Insurance Code section 1215.003(d) provides that protected health information may be withheld from this claims report if subject to privacy restrictions more stringent than HIPAA. This constitutes notice that the following categories of claims information for specified individuals is withheld from this report:

- Utilization review related records including individual medical records, personal information, or other confidential information about a patient obtained in the performance of utilization review per Texas Insurance Code section 4201-552.
- Records related to the diagnosis, evaluation, or treatment of a mental or emotional disorder, including alcoholism or drug addiction, per Chapter 611 of the Texas Health & Safety Code.
- Records related to AIDS and HIV test results per Texas Health & Safety Code Section 81.101 et seq.
- Genetic information, if any, per Texas Insurance Code Section 546.102.

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Claimant ID	47	Amount Paid	\$ 20,729
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
D12.0	BENIGN NEOPLASM OF CECUM	00812	ANES LWR INTST SCR COLSC	12/18/2023
D31.31	BENIGN NEOPLASM OF RIGHT CHOROID	45380	COLONOSCOPY AND BIOPSY	02/14/2024
E11.65	TYPE 2 DM W/HYPERGLYCEMIA	77063	BREAST TOMOSYNTHESIS BI	02/20/2024
I10	ESSENTIAL PRIMARY HYPERTENSION	77067	SCR MAMMO BI INCL CAD	03/12/2024
I16.0	HYPERTENSIVE URGENCY	80048	METABOLIC PANEL TOTAL CA	03/19/2024
I25.10	ASHD NATIVE CA W/O ANGINA PECTORIS	80050	GENERAL HEALTH PANEL	04/30/2024
K44.9	DIAPH HERNIA W/O OBST/GANGRENE	80061	LIPID PANEL	05/07/2024
R09.81	NASAL CONGESTION	81001	URINALYSIS, AUTO W/SCOPE	08/19/2024
R21	RASH OTH NONSPECIFIC SKIN ERUPTION	81003	URINALYSIS, AUTO, W/O SCOPE	09/09/2024
R94.31	ABNORMAL ELECTROCARDIOGRAM	82043	UR ALBUMIN QUANTITATIVE	09/19/2024
Z12.11	ENC SCREEN MALIG NEOPLASM COLON	82088	ASSAY OF ALDOSTERONE	10/17/2024
Z12.31	ENC SCR MAMMO MALIG NEOPLASM BREAST	82570	ASSAY OF URINE CREATININE	12/09/2024
		83036	HEMOGLOBIN GLYCOSYLATED A1C	12/18/2024
		83835	ASSAY OF METANEPHRINES	01/16/2025
		84156	ASSAY OF PROTEIN URINE	01/23/2025
		84244	ASSAY OF RENIN	
		84439	ASSAY OF FREE THYROXINE	
		84443	ASSAY THYROID STIM HORMONE	

Claimant ID	47	Amount Paid \$	20,729
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
		88305	TISSUE EXAM BY PATHOLOGIST	
		92250	FUNDUS PHOTOGRAPHY W/I&R	
		93000	ELECTROCARDIOGRAM, COMPLETE	
		93016	CARDIOVASCULAR STRESS TEST	
		93017	CARDIOVASCULAR STRESS TEST	
		93018	CARDIOVASCULAR STRESS TEST	
		93306	TTE W/DOPPLER, COMPLETE	
		96372	THER/PROPH/DIAG INJ, SC/IM	
		99214	OFFICE O/P EST MOD 30 MIN	
		99284	EMERGENCY DEPT VISIT MOD MDM	
		J1010	INJ METHYLPREDNISOLONE ACETATE 1 MG	
		J1100	INJ DEXMETHOSON SODIM PHOSPHATE 1 MG	
		Q9967	LOCM 300-399 MG/ML I CONC PER ML	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

Notification of Withheld Information and Confidentiality Statement

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- Utilization review related records including individual medical records, personal information, or other confidential information about a patient obtained in the performance of utilization review per Texas Insurance Code section 4201-552.
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Claimant ID	48	Amount Paid	\$ 20,474
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
E78.49	OTHER HYPERLIPIDEMIA	01402	ANESTH, KNEE ARTHROPLASTY	02/21/2024
E78.89	OTHER LIPOPROTEIN METABOLISM D/O	17110	DESTRUCT B9 LESION, 1-14	02/29/2024
H40.033	ANATOMICAL NARROW ANGLE BILATERAL	27447	TOTAL KNEE ARTHROPLASTY	03/01/2024
I10	ESSENTIAL PRIMARY HYPERTENSION	36415	COLL VENOUS BLD VENIPUNCTURE	03/07/2024
J10.1	FLU D/T OTH ID FLU VIR OTH RSP MANF	71046	X-RAY EXAM CHEST 2 VIEWS	03/12/2024
L73.8	OTHER SPEC FOLLICULAR DISORDERS	73562	X-RAY EXAM OF KNEE, 3	03/13/2024
M17.11	UNI PRIM OSTEOARTHRITIS RT KNEE	80053	COMPREHEN METABOLIC PANEL	03/14/2024
R73.9	HYPERGLYCEMIA UNSPECIFIED	80061	LIPID PANEL	03/15/2024
Z01.818	ENCOUNTER OTHER PREPROCEDURAL EXAM	81003	URINALYSIS, AUTO, W/O SCOPE	03/19/2024
Z47.1	AFTERCARE FOLLOW JNT REPLACE SURG	83036	HEMOGLOBIN GLYCOSYLATED A1C	03/20/2024
Z96.651	PRESENCE RT ARTIFICIAL KNEE JOINT	84439	ASSAY OF FREE THYROXINE	03/21/2024
		84443	ASSAY THYROID STIM HORMONE	03/26/2024
		85025	COMPLETE CBC W/AUTO DIFF WBC	03/27/2024
		85027	COMPLETE CBC, AUTOMATED	03/28/2024
		85610	PROTHROMBIN TIME	04/02/2024
		85730	THROMBOPLASTIN TIME, PARTIAL	04/03/2024
		87636	SARSCOV2 & INF A&B AMP PRB	04/04/2024

Claimant ID	48	Amount Paid \$	20,474
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
		92014	COMPRE OPH EXAM EST PT 1/>	04/05/2024
		97016	VASOPNEUMATIC DEVICE THERAPY	04/09/2024
		97110	THERAPEUTIC EXERCISES	04/10/2024
		97112	NEUROMUSCULAR REEDUCATION	04/11/2024
		97140	MANUAL THERAPY 1/> REGIONS	04/15/2024
		97530	THERAPEUTIC ACTIVITIES	04/18/2024
		99203	OFFICE O/P NEW LOW 30 MIN	04/19/2024
		99213	OFFICE O/P EST LOW 20 MIN	04/24/2024
		E0143	WALKER FOLD WHEELED ADJUSTBL/FIX HT	06/27/2024
		E0650	PNEUMAT COMPRS NONSEG HOME MODEL	09/06/2024
		E0673	SEG GRAD PRSS PNUMAT APPLNC HLF LEG	10/04/2024
				10/09/2024
				10/11/2024
				02/09/2025

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

Notification of Withheld Information and Confidentiality Statement

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- Records related to AIDS and HIV test results per Texas Health & Safety Code Section 81.101 et seq.
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Claimant ID	49	Amount Paid	\$ 20,367
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
E10.65	TYPE 1 DM W/HYPERGLYCEMIA	80053	COMPREHEN METABOLIC PANEL	05/20/2024
		95251	CONT GLUC MNTR ANALYSIS I&R	
		99213	OFFICE O/P EST LOW 20 MIN	
		99215	OFFICE O/P EST HI 40 MIN	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

Notification of Withheld Information and Confidentiality Statement

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- Records related to AIDS and HIV test results per Texas Health & Safety Code Section 81.101 et seq.
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Claimant ID	50	Amount Paid	\$ 19,956
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
E11.65	TYPE 2 DM W/HYPERGLYCEMIA	80050	GENERAL HEALTH PANEL	04/23/2024
E11.9	TYPE 2 DM WITHOUT COMPLICATIONS	80061	LIPID PANEL	04/26/2024
E55.9	VITAMIN D DEFICIENCY UNSPECIFIED	82306	VITAMIN D, 25 HYDROXY	08/01/2024
I70.203	UNS ATHEROSCLR NATV ART EXT BIL LEG	83036	HEMOGLOBIN GLYCOSYLATED A1C	08/06/2024
I70.92	CHRONIC TOTAL OCCLUSION ART EXTREM	84153	ASSAY OF PSA, TOTAL	08/19/2024
I73.9	PERIPHERAL VASCULAR DISEASE UNS	93925	LOWER EXTREMITY STUDY	09/03/2024
R22.43	LOC SWELL MASS LUMP LOW LIMB BIL	93970	EXTREMITY STUDY	10/07/2024
R60.0	LOCALIZED EDEMA	99203	OFFICE O/P NEW LOW 30 MIN	10/14/2024
		99213	OFFICE O/P EST LOW 20 MIN	11/07/2024
		99214	OFFICE O/P EST MOD 30 MIN	01/15/2025
				01/20/2025

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

Notification of Withheld Information and Confidentiality Statement

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Claimant ID	51	Amount Paid	\$ 19,734
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
999.999	OTHER DIAGNOSIS	01967	NEURAXL LBR ANES VAG DLVR	01/30/2024
H10.413	CHRONIC GPC BILATERAL	36415	COLL VENOUS BLD VENIPUNCTURE	02/27/2024
I10	ESSENTIAL PRIMARY HYPERTENSION	57455	BIOPSY OF CERVIX W/SCOPE	03/07/2024
M54.2	CERVICALGIA	59410	OBSTETRICAL CARE	03/08/2024
N89.8	OTH SPEC NONINFLAMMATORY D/O VAGINA	59425	ANTEPARTUM CARE ONLY	03/12/2024
O09.92	SUP HIGH RISK PREGNANCY UNS 2ND TRI	70450	CT HEAD/BRAIN W/O DYE	04/08/2024
O14.13	SEVERE PRE-ECLAMPSIA 3RD TRIMESTER	70486	CT MAXILLOFACIAL W/O DYE	04/15/2024
O14.14	SEVERE PRE-ECLAMPSIA COMPLICATNG CB	71045	X-RAY EXAM CHEST 1 VIEW	04/17/2024
O16.4	UNSPECIFIED MATERNAL HTN COMP CB	72125	CT NECK SPINE W/O DYE	05/20/2024
O26.893	OTH SPEC PREG RELATED COND 3RD TRI	76700	US EXAM, ABDOM, COMPLETE	05/23/2024
O99.013	ANEMIA COMP PREGNANCY THIRD TRI	76805	OB US >= 14 WKS, SNGL FETUS	06/10/2024
O99.820	STREP B CARR STATE COMP PREGNANCY	76815	OB US, LIMITED, FETUS(S)	06/12/2024
O99.891	OTH SPCF DIS/COND COMPL PREGNANCY	80050	GENERAL HEALTH PANEL	06/17/2024
O9A.213	INJ POISON OTH EXT COMP PG 3RD TRI	80061	LIPID PANEL	06/24/2024
R06.02	SHORTNESS OF BREATH	81003	URINALYSIS, AUTO, W/O SCOPE	06/25/2024

Claimant ID	51	Amount Paid	\$ 19,734
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
R07.9	CHEST PAIN UNSPECIFIED	81050	URINALYSIS, VOLUME MEASURE	06/26/2024
R51.9	HEADACHE UNSPECIFIED	81511	FTL CGEN ABNOR FOUR ANAL	06/27/2024
R68.84	JAW PAIN	81514	NFCT DS BV&VAGINITIS DNA ALG	07/03/2024
R87.810	CERVICAL HIGH RISK HPV DNA TEST POS	82306	VITAMIN D, 25 HYDROXY	09/10/2024
Z00.00	ENC GEN ADULT EXAM W/O ABNORM FIND	82728	ASSAY OF FERRITIN	09/30/2024
Z01.30	ENCOUNTER EXAM BP W/O ABNORMAL FIND	82950	GLUCOSE TEST	10/10/2024
Z01.419	ENC GYN EX GEN RTN W/O ABNORM FIND	83036	HEMOGLOBIN GLYCOSYLATED A1C	10/14/2024
Z36.0	ENC A/N SCR CHROMOSOMAL ANOMALIES	83540	ASSAY OF IRON	10/17/2024
Z36.89	ENCTR OTH SPEC ANTENATAL SCREENING	83550	IRON BINDING TEST	11/11/2024
Z71.9	COUNSELING UNSPECIFIED	83615	LACTATE (LD) (LDH) ENZYME	11/13/2024
Z79.899	OTH LONG TERM CURRENT DRUG THERAPY	84156	ASSAY OF PROTEIN URINE	12/07/2024
		84436	ASSAY OF TOTAL THYROXINE	12/14/2024
		84550	ASSAY OF BLOOD/URIC ACID	12/21/2024
		85025	COMPLETE CBC W/AUTO DIFF WBC	12/28/2024
		87086	URINE CULTURE/COLONY COUNT	01/16/2025
		87147	CULTURE TYPE, IMMUNOLOGIC	02/06/2025
		87491	CHYLM D TRACH, DNA, AMP PROBE	
		87591	N.GONORRHOEAE, DNA, AMP PROB	
		87624	HPV HI-RISK TYP POOLED RSLT	
		87801	DETECT AGNT MULT, DNA, AMPLI	
		88175	CYTOPATH C/V AUTO FLUID REDO	
		90791	PSYCH DIAGNOSTIC EVALUATION	
		90792	PSYCH DIAG EVAL W/MED SRVCS	
		90837	PSYTX W PT 60 MINUTES	
		92004	COMPRE OPH EXAM NEW PT 1/>	
		93000	ELECTROCARDIOGRAM, COMPLETE	
		93010	ELECTROCARDIOGRAM REPORT	
		93306	TTE W/DOPPLER, COMPLETE	
		94010	BREATHING CAPACITY TEST	
		96156	HLTH BHV ASSMT/REASSESSMENT	
		96365	THER/PROPH/DIAG IV INF, INIT	
		99204	OFFICE O/P NEW MOD 45 MIN	
		99213	OFFICE O/P EST LOW 20 MIN	
		99214	OFFICE O/P EST MOD 30 MIN	
		99222	1ST HOSP IP/OBS MODERATE 55	
		99232	SBSQ HOSP IP/OBS MODERATE 35	
		99285	EMERGENCY DEPT VISIT HI MDM	
		99395	PREV VISIT, EST, AGE 18-39	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

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- Records related to AIDS and HIV test results per Texas Health & Safety Code Section 81.101 et seq.
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Claimant ID	52	Amount Paid	\$ 19,640
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
999.999	OTHER DIAGNOSIS	36415	COLL VENOUS BLD VENIPUNCTURE	10/07/2023
D50.9	IRON DEFICIENCY ANEMIA UNSPECIFIED	71045	X-RAY EXAM CHEST 1 VIEW	02/15/2024
E55.9	VITAMIN D DEFICIENCY UNSPECIFIED	71046	X-RAY EXAM CHEST 2 VIEWS	02/16/2024
G45.9	TRANS CERBRAL ISCHEMIC ATTACK UNS	72072	X-RAY EXAM THORAC SPINE 3VWS	02/22/2024
H66.93	OTITIS MEDIA UNSPECIFIED BILATERAL	72110	X-RAY EXAM L-2 SPINE 4/>VWS	03/19/2024
I10	ESSENTIAL PRIMARY HYPERTENSION	72170	X-RAY EXAM OF PELVIS	03/20/2024
I45.81	LONG QT SYNDROME	73564	X-RAY EXAM, KNEE, 4 OR MORE	04/13/2024
J01.90	ACUTE SINUSITIS UNSPECIFIED	74018	RADEX ABDOMEN 1 VIEW	04/22/2024
J45.901	UNS ASTHMA W/ACUTE EXACERBATION	80050	GENERAL HEALTH PANEL	04/25/2024
L50.0	ALLERGIC URTICARIA	80061	LIPID PANEL	05/20/2024
L50.1	IDIOPATHIC URTICARIA	81002	URINALYSIS NONAUTO W/O SCOPE	06/05/2024
L50.9	URTICARIA UNSPECIFIED	82306	VITAMIN D, 25 HYDROXY	07/23/2024
M25.561	PAIN IN RIGHT KNEE	83036	HEMOGLOBIN GLYCOSYLATED A1C	07/31/2024
M47.816	SPONDYLS W/O MYELO-/RADICULOP LUMB	93005	ELECTROCARDIOGRAM, TRACING	08/19/2024
M54.6	PAIN IN THORACIC SPINE	93010	ELECTROCARDIOGRAM REPORT	08/20/2024
M62.830	MUSCLE SPASM OF BACK	95004	PERQ TESTS W/ALRGNC XTRCS	09/03/2024
R05.9	COUGH, UNSPECIFIED	96156	HLTH BHV ASSMT/REASSESSMENT	09/17/2024
R06.00	DYSPNEA UNSPECIFIED	96372	THER/PROPH/DIAG INJ, SC/IM	09/26/2024
R06.02	SHORTNESS OF BREATH	96374	THER/PROPH/DIAG INJ, IV PUSH	10/08/2024

Claimant ID	52	Amount Paid	\$ 19,640
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
R07.89	OTHER CHEST PAIN	99203	OFFICE O/P NEW LOW 30 MIN	10/29/2024
R07.9	CHEST PAIN UNSPECIFIED	99204	OFFICE O/P NEW MOD 45 MIN	11/22/2024
R10.9	UNSPECIFIED ABDOMINAL PAIN	99213	OFFICE O/P EST LOW 20 MIN	12/05/2024
R20.2	PARESTHESIA OF SKIN	99214	OFFICE O/P EST MOD 30 MIN	12/17/2024
T78.1XXA	OTH ADVERSE FOOD REACTIONS NEC INIT	99233	SBSQ HOSP IP/OBS HIGH 50	01/27/2025
T78.2XXA	ANAPHYLACTIC SHOCK UNS INITIAL ENC	99284	EMERGENCY DEPT VISIT MOD MDM	02/11/2025
T78.40XA	ALLERGY UNSPECIFIED INITIAL ENCNTR	99291	CRITICAL CARE, FIRST HOUR	
T88.6XXA	ANAPHYL REACT AE CORR RX ADMN INIT	99496	TRANSJ CARE MGMT HIGH F2F 7D	
Z71.9	COUNSELING UNSPECIFIED	A0425	GROUND MILEAGE PER STATUTE MILE	
Z79.899	OTH LONG TERM CURRENT DRUG THERAPY	A0427	AMB SRVC ALS EMERG TRANSPORT LEVL 1	
		J0696	INJ CEFTRIAXONE SODIUM PER 250 MG	
		J1100	INJ DEXMETHOSON SODIM PHOSHATE 1 MG	
		J1885	INJ KETOROLAC TROMETHAMINE 15 MG	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

Notification of Withheld Information and Confidentiality Statement

The Texas Insurance Code section 1215.003(d) provides that protected health information may be withheld from this claims report if subject to privacy restrictions more stringent than HIPAA. This constitutes notice that the following categories of claims information for specified individuals is withheld from this report:

- Utilization review related records including individual medical records, personal information, or other confidential information about a patient obtained in the performance of utilization review per Texas Insurance Code section 4201-552.
- Records related to the diagnosis, evaluation, or treatment of a mental or emotional disorder, including alcoholism or drug addiction, per Chapter 611 of the Texas Health & Safety Code.
- Records related to AIDS and HIV test results per Texas Health & Safety Code Section 81.101 et seq.
- Genetic information, if any, per Texas Insurance Code Section 546.102.

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Claimant ID	53	Amount Paid \$	19,629
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
A41.9	SEPSIS UNSPECIFIED ORGANISM	71045	X-RAY EXAM CHEST 1 VIEW	12/08/2024
N39.0	UTI SITE NOT SPECIFIED	71046	X-RAY EXAM CHEST 2 VIEWS	12/09/2024
R05.9	COUGH, UNSPECIFIED	74177	CT ABD & PELVIS W/CONTRAST	12/10/2024
R06.02	SHORTNESS OF BREATH	76700	US EXAM, ABDOM, COMPLETE	12/11/2024
Z03.89	ENC OBS OTH SUSP DZ COND RULED OUT	87086	URINE CULTURE/COLONY COUNT	12/13/2024
		87088	URINE BACTERIA CULTURE	12/20/2024
		99239	HOSP IP/OBS DSCHRG MGMT >30	
		99285	EMERGENCY DEPT VISIT HI MDM	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

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Claimant ID	54	Amount Paid	\$ 19,423
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
E11.9	TYPE 2 DM WITHOUT COMPLICATIONS	36415	COLL VENOUS BLD VENIPUNCTURE	04/30/2024
E29.1	TESTICULAR HYPOFUNCTION	73030	X-RAY EXAM OF SHOULDER	05/06/2024
E66.9	OBESITY UNSPECIFIED	80053	COMPREHEN METABOLIC PANEL	07/15/2024
L65.9	NONSCARRING HAIR LOSS UNSPECIFIED	80061	LIPID PANEL	07/29/2024
M25.512	PAIN IN LEFT SHOULDER	81000	URINALYSIS, NONAUTO W/SCOPE	08/01/2024
N46.8	OTHER MALE INFERTILITY	82043	UR ALBUMIN QUANTITATIVE	08/06/2024
R11.2	NAUSEA WITH VOMITING UNSPECIFIED	82306	VITAMIN D, 25 HYDROXY	08/22/2024
Z11.52	ENCOUNT FOR SCREENING FOR COVID-19	82570	ASSAY OF URINE CREATININE	
Z20.2	CONTCT W EXPOS INFECT SEXUAL TRNSMS	83036	HEMOGLOBIN GLYCOSYLATED A1C	
		84403	ASSAY OF TOTAL TESTOSTERONE	
		85025	COMPLETE CBC W/AUTO DIFF WBC	
		86141	C-REACTIVE PROTEIN, HS	
		86592	SYPHILIS TEST NON-TREP QUAL	
		87389	HIV-1 AG W/HIV-1 & -2 AB AG IA	
		87591	N.GONORRHOEAE, DNA, AMP PROB	
		87811	SARS-COV-2 COVID19 W/OPTIC	
		99204	OFFICE O/P NEW MOD 45 MIN	
		99212	OFFICE O/P EST SF 10 MIN	
		99213	OFFICE O/P EST LOW 20 MIN	
		99214	OFFICE O/P EST MOD 30 MIN	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

Notification of Withheld Information and Confidentiality Statement

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- Records related to AIDS and HIV test results per Texas Health & Safety Code Section 81.101 et seq.
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Claimant ID	55	Amount Paid	\$ 19,138
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
E03.9	HYPOTHYROIDISM UNSPECIFIED	36415	COLL VENOUS BLD VENIPUNCTURE	03/22/2024
E11.69	TYPE 2 DM W/OTHER SPEC COMPLICATION	80050	GENERAL HEALTH PANEL	06/26/2024
E11.9	TYPE 2 DM WITHOUT COMPLICATIONS	80061	LIPID PANEL	10/11/2024
		82043	UR ALBUMIN QUANTITATIVE	01/24/2025
		82570	ASSAY OF URINE CREATININE	02/12/2025
		83036	HEMOGLOBIN GLYCOSYLATED A1C	
		84156	ASSAY OF PROTEIN URINE	
		99213	OFFICE O/P EST LOW 20 MIN	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

Notification of Withheld Information and Confidentiality Statement

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- Records related to AIDS and HIV test results per Texas Health & Safety Code Section 81.101 et seq.
- Genetic information, if any, per Texas Insurance Code Section 546.102.

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Claimant ID	56	Amount Paid	\$ 18,806
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
E11.9	TYPE 2 DM WITHOUT COMPLICATIONS	36415	COLL VENOUS BLD VENIPUNCTURE	04/23/2024
G56.23	LESION ULNAR NERVE BIL UPPER LIMBS	73130	X-RAY EXAM OF HAND	04/26/2024
I10	ESSENTIAL PRIMARY HYPERTENSION	80050	GENERAL HEALTH PANEL	05/03/2024
M71.342	OTHER BURSAL CYST LEFT HAND	80061	LIPID PANEL	05/07/2024
M79.641	PAIN IN RIGHT HAND	82306	VITAMIN D, 25 HYDROXY	05/10/2024
M99.03	SEG SOMATIC DYSF LUMBAR REGION	82610	CYSTATIN C	05/14/2024
U07.1	COVID-19	82962	GLUCOSE BLOOD TEST	05/17/2024
		83036	HEMOGLOBIN GLYCOSYLATED A1C	05/24/2024
		87400	INFLUENZA A/B EACH AG 1A	07/06/2024
		87811	SARS-COV-2 COVID19 W/OPTIC	11/01/2024
		87899	AGENT NOS ASSAY W/OPTIC	11/15/2024
		93000	ELECTROCARDIOGRAM, COMPLETE	11/22/2024
		95886	MUSC TEST DONE W/N TEST COMP	12/20/2024
		95911	NRV CNDJ TEST 9-10 STUDIES	
		96372	THER/PROPH/DIAG INJ, SC/IM	
		97110	THERAPEUTIC EXERCISES	
		98940	CHIROPRACT MANJ 1-2 REGIONS	
		99202	OFFICE O/P NEW SF 15 MIN	
		99203	OFFICE O/P NEW LOW 30 MIN	
		99204	OFFICE O/P NEW MOD 45 MIN	
		99213	OFFICE O/P EST LOW 20 MIN	
		99214	OFFICE O/P EST MOD 30 MIN	

Claimant ID	56	Amount Paid	\$ 18,806
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
		J1100	INJ DEXMETHOSON SODIM PHOSHATE 1 MG	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

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- Records related to AIDS and HIV test results per Texas Health & Safety Code Section 81.101 et seq.
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Claimant ID	57	Amount Paid	\$ 18,017
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
999.999	OTHER DIAGNOSIS	00731	ANES UPR GI NDSC PX NOS	03/05/2024
E55.9	VITAMIN D DEFICIENCY UNSPECIFIED	36415	COLL VENOUS BLD VENIPUNCTURE	03/07/2024
E78.2	MIXED HYPERLIPIDEMIA	43235	EGD DIAGNOSTIC BRUSH WASH	05/04/2024
I10	ESSENTIAL PRIMARY HYPERTENSION	71045	X-RAY EXAM CHEST 1 VIEW	06/04/2024
J01.90	ACUTE SINUSITIS UNSPECIFIED	71275	CT ANGIOGRAPHY, CHEST	06/05/2024
J06.9	ACUTE UP RESPIRATORY INFECTION UNS	72131	CT LUMBAR SPINE W/O DYE	06/27/2024
K21.9	GERD WITHOUT ESOPHAGITIS	73030	X-RAY EXAM OF SHOULDER	07/22/2024
M25.522	PAIN IN LEFT ELBOW	73080	X-RAY EXAM OF ELBOW	08/12/2024
M51.362	OTH IVD DEG LB W DISC BACK/LE PAIN	73620	X-RAY EXAM OF FOOT	09/23/2024
M51.369	OTH IVD DEG LB WO LB BACK/LE PAIN	73630	X-RAY EXAM OF FOOT	10/03/2024
M54.2	CERVICALGIA	76705	ECHO EXAM OF ABDOMEN	10/17/2024
M54.50	LOW BACK PAIN, UNSPECIFIED	78264	GASTRIC EMPTYING IMAG STUDY	11/04/2024
M54.6	PAIN IN THORACIC SPINE	80050	GENERAL HEALTH PANEL	11/19/2024
M77.12	LATERAL EPICONDYLITIS LEFT ELBOW	80053	COMPREHEN METABOLIC PANEL	12/10/2024
M79.672	PAIN IN LEFT FOOT	80061	LIPID PANEL	12/30/2024
N89.8	OTH SPEC NONINFLAMMATORY D/O VAGINA	81003	URINALYSIS, AUTO, W/O SCOPE	01/06/2025
R00.0	TACHYCARDIA UNSPECIFIED	82306	VITAMIN D, 25 HYDROXY	01/07/2025
R07.89	OTHER CHEST PAIN	83013	H PYLORI (C-13), BREATH	01/16/2025
R07.9	CHEST PAIN UNSPECIFIED	83036	HEMOGLOBIN GLYCOSYLATED A1C	01/23/2025

Claimant ID	57	Amount Paid	\$ 18,017
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
R10.11	RIGHT UPPER QUADRANT PAIN	85025	COMPLETE CBC W/AUTO DIFF WBC	02/15/2025
R14.2	ERUCTION	87077	CULTURE AEROBIC IDENTIFY	
R55	SYNCOPE AND COLLAPSE	87086	URINE CULTURE/COLONY COUNT	
R73.03	PREDIABETES	87088	URINE BACTERIA CULTURE	
R82.90	UNSPECIFIED ABNORMAL FINDINGS URINE	87186	MICROBE SUSCEPTIBLE, MIC	
R94.31	ABNORMAL ELECTROCARDIOGRAM	87491	CHYLM D TRACH, DNA, AMP PROBE	
S90.32XA	CONTUSION LEFT FOOT INITIAL ENC	87591	N.GONORRHOEA, DNA, AMP PROB	
S92.514A	NDSPL FX PR PHAL RT LSR TOE INIT CL	87661	TRICHOMONAS VAGINALIS AMPLIF	
S92.912A	UNS FX LT TOES INITIAL CLOS FX	87798	DETECT AGENT NOS, DNA, AMP	
U07.1	COVID-19	87801	DETECT AGNT MULT, DNA, AMPLI	
Z01.411	ENC GYN EXAM GEN RTN W/ABNORM FIND	93000	ELECTROCARDIOGRAM, COMPLETE	
Z13.810	ENCOUNTER SCREEN UPPER GI DISORDER	93005	ELECTROCARDIOGRAM, TRACING	
		93010	ELECTROCARDIOGRAM REPORT	
		96361	HYDRATE IV INFUSION, ADD-ON	
		99203	OFFICE O/P NEW LOW 30 MIN	
		99212	OFFICE O/P EST SF 10 MIN	
		99213	OFFICE O/P EST LOW 20 MIN	
		99214	OFFICE O/P EST MOD 30 MIN	
		99283	EMERGENCY DEPT VISIT LOW MDM	
		99284	EMERGENCY DEPT VISIT MOD MDM	
		99285	EMERGENCY DEPT VISIT HI MDM	
		99396	PREV VISIT, EST, AGE 40-64	
		99406	BEHAV CHNG SMOKING 3-10 MIN	
		A9541	TC-99M SULFUR COLL DX UP TO 20 MCI	
		J1010	INJ METHYLPREDNISOLONE ACETATE 1 MG	
		J1100	INJ DEXMETHOSON SODIM PHOSHATE 1 MG	
		L3260	SURGICAL BOOT/SHOE EACH	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

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Claimant ID	58	Amount Paid	\$ 17,524
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
999.999	OTHER DIAGNOSIS	01967	NEURAXL LBR ANES VAG DLVR	01/05/2024
M99.01	SEG SOMATIC DYSF CERVICAL REGION	59025	FETAL NON-STRESS TEST	01/21/2024
O09.93	SUP HIGH RISK PREGNANCY UNS 3RD TRI	59400	OBSTETRICAL CARE	01/23/2024
O13.3	GEST HTN NO SIG PROTEINURIA 3RD TRI	76815	OB US, LIMITED, FETUS(S)	01/25/2024
O24.419	GESTATIONAL DM PREG UNS CONTROL	76816	OB US, FOLLOW-UP, PER FETUS	02/01/2024
O24.425	GESTATIONAL DM CB CNTR ORAL HG RX	76819	FETAL BIOPHYS PROFIL W/O NST	02/09/2024
O36.8130	DECR FETAL MOVEMENTS 3RD TRI NA/UNS	81025	URINE PREGNANCY TEST	02/16/2024
Z32.02	ENC PREGNANCY TEST RESULT NEGATIVE	85025	COMPLETE CBC W/AUTO DIFF WBC	02/20/2024
Z34.03	ENC SUPV NORMAL FIRST PREG 3 TRI	86780	TREPONEMA PALLIDUM	02/23/2024
Z39.1	ENC CARE AND EXAM LACTATING MOTHER	87340	HEPATITIS B SURFACE AG IA	02/25/2024
		87389	HIV-1 AG W/HIV-1 & -2 AB AG IA	02/26/2024
		96136	PSYCL/NRPSYC TST PHY/QHP 1ST	02/27/2024
		98941	CHIROPRACT MANJ 3-4 REGIONS	04/01/2024
		99202	OFFICE O/P NEW SF 15 MIN	01/07/2025
		99212	OFFICE O/P EST SF 10 MIN	
		99213	OFFICE O/P EST LOW 20 MIN	
		99283	EMERGENCY DEPT VISIT LOW MDM	

Claimant ID	58	Amount Paid \$	17,524
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
		A4287	DSP COL&STG BG BRST MK ANY SZ/TY EA	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

Notification of Withheld Information and Confidentiality Statement

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- Utilization review related records including individual medical records, personal information, or other confidential information about a patient obtained in the performance of utilization review per Texas Insurance Code section 4201-552.
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- Records related to AIDS and HIV test results per Texas Health & Safety Code Section 81.101 et seq.
- Genetic information, if any, per Texas Insurance Code Section 546.102.

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Claimant ID	59	Amount Paid	\$ 16,849
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
J00	ACUTE NASOPHARYNGITIS COMMON COLD	00160	ANESTH, NOSE/SINUS SURGERY	03/01/2024
J01.00	ACUTE MAXILLARY SINUSITIS UNS	31233	NSL/SINS NDSC DX MAX SINUSC	03/07/2024
J30.1	ALLERGIC RHINITIS DUE TO POLLEN	31235	NSL/SINS NDSC DX SPHN SINUSC	04/04/2024
J30.9	ALLERGIC RHINITIS UNSPECIFIED	31237	NSL/SINS NDSC SURG BX POLYPC	06/06/2024
J31.0	CHRONIC RHINITIS	31254	NSL/SINS NDSC W/PRTL ETHMDCT	07/02/2024
J32.0	CHRONIC MAXILLARY SINUSITIS	31295	NSL/SINS NDSC SURG MAX SINS	07/03/2024
J32.1	CHRONIC FRONTAL SINUSITIS	31298	NSL/SINS NDSC SURG FRNT&SPHN	07/11/2024
J32.3	CHRONIC SPHENOIDAL SINUSITIS	70486	CT MAXILLOFACIAL W/O DYE	07/15/2024
M19.012	PRIMARY OSTEOARTHRITIS LT SHOULDER	71046	X-RAY EXAM CHEST 2 VIEWS	08/01/2024
M99.03	SEG SOMATIC DYSF LUMBAR REGION	71250	CT THORAX DX C-	08/06/2024
R05.9	COUGH, UNSPECIFIED	73030	X-RAY EXAM OF SHOULDER	08/19/2024
R06.02	SHORTNESS OF BREATH	80050	GENERAL HEALTH PANEL	08/28/2024
R09.89	OTH SPEC SX SIGNS INVLV CIRC RS	80061	LIPID PANEL	09/04/2024
R53.1	WEAKNESS	84153	ASSAY OF PSA, TOTAL	09/05/2024
R91.8	OTH NONSPECIFIC ABN FIND LNG FIELD	84439	ASSAY OF FREE THYROXINE	09/16/2024
		84481	FREE ASSAY (FT-3)	10/02/2024
		93000	ELECTROCARDIOGRAM, COMPLETE	10/03/2024
		93015	CARDIOVASCULAR STRESS TEST	10/09/2024
		93306	TTE W/DOPPLER, COMPLETE	10/10/2024
		93880	EXTRACRANIAL BILAT STUDY	10/16/2024

Claimant ID	59	Amount Paid	\$ 16,849
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
		95004	PERQ TESTS W/ALRGNC XTRCS	10/18/2024
		95024	IQ TESTS W/ALLERGENIC XTRCS	10/23/2024
		95117	IMMUNOTHERAPY INJECTIONS	10/25/2024
		95165	ANTIGEN THERAPY SERVICES	10/30/2024
		98941	CHIROPRACT MANJ 3-4 REGIONS	11/04/2024
		99202	OFFICE O/P NEW SF 15 MIN	11/06/2024
		99204	OFFICE O/P NEW MOD 45 MIN	11/07/2024
		99213	OFFICE O/P EST LOW 20 MIN	11/12/2024
		99214	OFFICE O/P EST MOD 30 MIN	11/13/2024
		G0283	E-STIM 1/>NOT WND CARE PART TX PLAN	11/18/2024
		J1010	INJ METHYLPREDNISOLONE ACETATE 1 MG	11/25/2024
				12/04/2024
				12/05/2024
				12/10/2024
				12/11/2024
				12/16/2024
				12/23/2024
				12/26/2024
				01/02/2025
				01/09/2025
				01/10/2025
				01/16/2025
				01/23/2025
				01/24/2025
				01/30/2025
				02/06/2025
				02/13/2025
				02/20/2025

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

Notification of Withheld Information and Confidentiality Statement

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Claimant ID	60	Amount Paid	\$ 16,435
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
999.999	OTHER DIAGNOSIS	36415	COLL VENOUS BLD VENIPUNCTURE	06/21/2024
K80.10	CALCU GB W/CHRON CHOLECYST W/O OBST	47563	LAPARO CHOLECYSTECTOMY/GRAPH	06/23/2024
K80.12	CALCU GB W/AC CHRN CHOLCYST NO OBST	71045	X-RAY EXAM CHEST 1 VIEW	07/07/2024
K80.20	CALCU GB W/O CHOLECYST W/O OBST	74177	CT ABD & PELVIS W/CONTRAST	07/19/2024
K81.0	ACUTE CHOLECYSTITIS	76705	ECHO EXAM OF ABDOMEN	08/16/2024
R10.11	RIGHT UPPER QUADRANT PAIN	88304	TISSUE EXAM BY PATHOLOGIST	11/07/2024
R10.84	GENERALIZED ABDOMINAL PAIN	90792	PSYCH DIAG EVAL W/MED SRVCS	11/08/2024
R10.9	UNSPECIFIED ABDOMINAL PAIN	90833	PSYTX W PT W E/M 30 MIN	11/21/2024
Z01.818	ENCOUNTER OTHER PREPROCEDURAL EXAM	99214	OFFICE O/P EST MOD 30 MIN	11/22/2024
		99232	SBSQ HOSP IP/OBS MODERATE 35	11/23/2024
		99239	HOSP IP/OBS DSCHRG MGMT >30	01/31/2025
		99284	EMERGENCY DEPT VISIT MOD MDM	
		99285	EMERGENCY DEPT VISIT HI MDM	
		Q9967	LOCM 300-399 MG/ML I CONC PER ML	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

Notification of Withheld Information and Confidentiality Statement

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Claimant ID	61	Amount Paid	\$ 16,316
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
B34.9	VIRAL INFECTION UNSPECIFIED	73562	X-RAY EXAM OF KNEE, 3	03/19/2024
M25.562	PAIN IN LEFT KNEE	73721	MRI JNT OF LWR EXTRE W/O DYE	07/28/2024
M60.009	INFECTIVE MYOSITIS UNSPECIFIED SITE	98940	CHIROPRACT MANJ 1-2 REGIONS	07/29/2024
M60.88	OTHER MYOSITIS OTHER SITE	98941	CHIROPRACT MANJ 3-4 REGIONS	07/31/2024
M99.01	SEG SOMATIC DYSF CERVICAL REGION	98943	CHIROPRACT MANJ XTRSPINL 1/>	10/22/2024
R50.9	FEVER UNSPECIFIED	99051	MED SERV. EVE/WKEND/HOLIDAY	10/25/2024
R55	SYNCOPE AND COLLAPSE	99204	OFFICE O/P NEW MOD 45 MIN	02/11/2025
S83.282A	OTH TEAR LAT MENS CUR LT KNEE INIT	99211	OFF/OP EST MAY X REQ PHY/QHP	02/13/2025
		99213	OFFICE O/P EST LOW 20 MIN	
		99223	1ST HOSP IP/OBS HIGH 75	
		99239	HOSP IP/OBS DSCHRG MGMT >30	
		99284	EMERGENCY DEPT VISIT MOD MDM	
		99285	EMERGENCY DEPT VISIT HI MDM	
		G0378	HOSPITAL OBSERVATN SERVICE PER HOUR	
		G2211	VISIT CPLX INHERENT E&M ASSOC MCS	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

Notification of Withheld Information and Confidentiality Statement

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- Records related to AIDS and HIV test results per Texas Health & Safety Code Section 81.101 et seq.
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Claimant ID	62	Amount Paid	\$ 16,214
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
E11.65	TYPE 2 DM W/HYPERGLYCEMIA	80050	GENERAL HEALTH PANEL	03/05/2024
H40.1112	PRIM OPEN-ANG GLAUC RT EYE MOD STG	80061	LIPID PANEL	05/01/2024
J04.0	ACUTE LARYNGITIS	81001	URINALYSIS, AUTO W/SCOPE	05/07/2024
R05.9	COUGH, UNSPECIFIED	81003	URINALYSIS, AUTO, W/O SCOPE	07/31/2024
U07.1	COVID-19	82043	UR ALBUMIN QUANTITATIVE	08/19/2024
Z23	ENCOUNTER FOR IMMUNIZATION	82570	ASSAY OF URINE CREATININE	09/12/2024
		83036	HEMOGLOBIN GLYCOSYLATED A1C	09/19/2024
		84153	ASSAY OF PSA, TOTAL	09/30/2024
		84403	ASSAY OF TOTAL TESTOSTERONE	12/13/2024
		87426	SARSCOV CORONAVIRUS AG IA	01/15/2025
		87804	INFLUENZA ASSAY W/OPTIC	01/23/2025
		90471	IMMUNIZATION ADMIN	
		90656	IIV3 VACC NO PRSV 0.5 ML IM	
		92083	EXTENDED VISUAL FIELD XM	
		92133	CPTRZD OPH DX IMG PST SGM ON	
		92250	FUNDUS PHOTOGRAPHY W/I&R	
		96372	THER/PROPH/DIAG INJ, SC/IM	
		99213	OFFICE O/P EST LOW 20 MIN	
		99214	OFFICE O/P EST MOD 30 MIN	
		J1010	INJ METHYLPREDNISOLONE ACETATE 1 MG	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

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Claimant ID	63	Amount Paid	\$ 15,780
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
D24.2	BENIGN NEOPLASM OF LEFT BREAST	00400	ANESTH, SKIN, EXT/PER/ATRUNK	02/14/2023
D48.62	NEOPLASM UNCERTAIN BHV LEFT BREAST	0312U	AI DS SLE ALYS 8 IGG AUTOANT	11/28/2023
D49.3	NEOPLASM UNS BEHAVIOR OF BREAST	19081	BX BREAST 1ST LESION STRTCTC	03/07/2024
E78.5	HYPERLIPIDEMIA UNSPECIFIED	19125	EXCISION, BREAST LESION	03/14/2024
G56.03	CARPAL TUNNEL SYND BIL UPPER LIMBS	19281	PERQ DEVICE BREAST 1ST IMAG	03/20/2024
K80.20	CALCU GB W/O CHOLECYST W/O OBST	19316	MASTOPEXY	04/01/2024
M04.9	AUTOINFLAMMATORY SYNDROME UNSPEC	36415	COLL VENOUS BLD VENIPUNCTURE	04/22/2024
M25.561	PAIN IN RIGHT KNEE	73564	X-RAY EXAM, KNEE, 4 OR MORE	05/15/2024
M35.9	SYSTEMIC INVLV CONNECTIVE TISS UNS	76642	ULTRASOUND BREAST LIMITED	06/13/2024
N63.0	UNSPECIFIED LUMP IN UNSPEC BREAST	77063	BREAST TOMOSYNTHESIS BI	07/15/2024
N63.20	UNS LUMP IN LT BREAST UNS QUADRANT	77065	DX MAMMO INCL CAD UNI	08/02/2024
R05.1	ACUTE COUGH	77067	SCR MAMMO BI INCL CAD	08/06/2024
R76.9	ABNORM IMMUNLGIC FINDING SERUM UNS	80050	GENERAL HEALTH PANEL	12/12/2024
R92.1	MAMMO CALCIF FOUND DX IMAG BRST	80053	COMPREHEN METABOLIC PANEL	12/26/2024

Claimant ID	63	Amount Paid	\$ 15,780
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
Z01.419	ENC GYN EX GEN RTN W/O ABNORM FIND	80061	LIPID PANEL	
Z12.31	ENC SCR MAMMO MALIG NEOPLASM BREAST	83036	HEMOGLOBIN GLYCOSYLATED A1C	
		83516	IMMUNOASSAY, NONANTIBODY	
		85025	COMPLETE CBC W/AUTO DIFF WBC	
		86140	C-REACTIVE PROTEIN	
		86146	BETA-2 GLYCOPROTEIN ANTIBODY	
		86147	CARDIOLIPIN ANTIBODY EA IG	
		86235	NUCLEAR ANTIGEN ANTIBODY	
		86376	MICROSOMAL ANTIBODY EACH	
		86431	RHEUMATOID FACTOR, QUANT	
		86800	THYROGLOBULIN ANTIBODY	
		87624	HPV HI-RISK TYP POOLED RSLT	
		87804	INFLUENZA ASSAY W/OPTIC	
		87880	STREP A ASSAY W/OPTIC	
		88175	CYTOPATH C/V AUTO FLUID REDO	
		88305	TISSUE EXAM BY PATHOLOGIST	
		88307	TISSUE EXAM BY PATHOLOGIST	
		95886	MUSC TEST DONE W/N TEST COMP	
		95911	NRV CNDJ TEST 9-10 STUDIES	
		99203	OFFICE O/P NEW LOW 30 MIN	
		99213	OFFICE O/P EST LOW 20 MIN	
		99214	OFFICE O/P EST MOD 30 MIN	
		99285	EMERGENCY DEPT VISIT HI MDM	
		99396	PREV VISIT, EST, AGE 40-64	
		C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	
		G0279	DX DIGTL BRST TOMOSYNTHESIS UNI/BIL	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

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Claimant ID	64	Amount Paid	\$ 15,395
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
D27.9	BENIGN NEOPLASM UNSPECIFIED OVARY	00840	ANESTH, SURG LOWER ABDOMEN	02/01/2024
D39.12	NEOPLASM UNCERTAIN BHV LEFT OVARY	36415	COLL VENOUS BLD VENIPUNCTURE	02/28/2024
K91.2	POSTSURGICAL MALABSORPTION NEC	58662	LAPAROSCOPY, EXCISE LESIONS	04/03/2024
M25.9	JOINT DISORDER UNSPECIFIED	58925	REMOVAL OF OVARIAN CYST(S)	04/11/2024
M79.641	PAIN IN RIGHT HAND	76805	OB US >= 14 WKS, SNGL FETUS	04/16/2024
N39.0	UTI SITE NOT SPECIFIED	76816	OB US, FOLLOW-UP, PER FETUS	06/18/2024
N83.292	OTHER OVARIAN CYST LEFT SIDE	76817	TRANSVAGINAL US, OBSTETRIC	07/30/2024
N91.2	AMENORRHEA UNSPECIFIED	76819	FETAL BIOPHYS PROFIL W/O NST	08/27/2024
O20.0	THREATENED ABORTION	80074	ACUTE HEPATITIS PANEL	10/01/2024
O35.8XX0	MAT CARE OTH FETAL ABN DAMGE NA/UNS	80307	DRUG TEST PRSMV CHEM ANALYZR	10/09/2024
O35.8XX1	MAT CARE OTH FETAL ABN DAMAGE FET 1	81001	URINALYSIS, AUTO W/SCOPE	10/29/2024
O99.841	BARIATRIC SURG STS COMP PG 1ST TRI	81003	URINALYSIS, AUTO, W/O SCOPE	12/03/2024
O99.843	BARIATRIC SURG STS COMP PG 3RD TRI	81025	URINE PREGNANCY TEST	01/02/2025
R10.32	LEFT LOWER QUADRANT PAIN	81420	FETAL CHRMOML ANEUPLOIDY	01/27/2025
R30.0	DYSURIA	82306	VITAMIN D, 25 HYDROXY	02/10/2025
Z01.419	ENC GYN EX GEN RTN W/O ABNORM FIND	82607	VITAMIN B-12	02/24/2025
Z11.3	ENC SCREEN INFECTIONS SEXL TRANSMS	82728	ASSAY OF FERRITIN	

Claimant ID	64	Amount Paid	\$ 15,395
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
Z23	ENCOUNTER FOR IMMUNIZATION	82746	ASSAY OF FOLIC ACID SERUM	
Z34.81	ENC SUPV OTH NORMAL PREG FIRST TRI	82950	GLUCOSE TEST	
Z36.89	ENCTR OTH SPEC ANTENATAL SCREENING	83036	HEMOGLOBIN GLYCOSYLATED A1C	
		84550	ASSAY OF BLOOD/URIC ACID	
		84630	ASSAY OF ZINC	
		85025	COMPLETE CBC W/AUTO DIFF WBC	
		85652	RBC SED RATE, AUTOMATED	
		86038	ANTINUCLEAR ANTIBODIES	
		86140	C-REACTIVE PROTEIN	
		86431	RHEUMATOID FACTOR, QUANT	
		86592	SYPHILIS TEST NON-TREP QUAL	
		86695	HERPES SIMPLEX TYPE 1 TEST	
		86696	HERPES SIMPLEX TYPE 2 TEST	
		86762	RUBELLA ANTIBODY	
		86850	RBC ANTIBODY SCREEN	
		86900	BLOOD TYPING SEROLOGIC ABO	
		86901	BLOOD TYPING SEROLOGIC RH(D)	
		87081	CULTURE SCREEN ONLY	
		87086	URINE CULTURE/COLONY COUNT	
		87150	DNA/RNA, AMPLIFIED PROBE	
		87491	CHYLM D TRACH, DNA, AMP PROBE	
		87591	N.GONORRHOEAE, DNA, AMP PROB	
		87806	HIV AG W/HIV1&2 ANT B W/OPTIC	
		88305	TISSUE EXAM BY PATHOLOGIST	
		90471	IMMUNIZATION ADMIN	
		90661	CCIIV3 VAC ABX FR 0.5 ML IM	
		90678	RSV VACC PREF BIVALENT IM	
		90715	TDAP VACCINE 7 YRS/> IM	
		99203	OFFICE O/P NEW LOW 30 MIN	
		99213	OFFICE O/P EST LOW 20 MIN	
		99214	OFFICE O/P EST MOD 30 MIN	
		99215	OFFICE O/P EST HI 40 MIN	
		99284	EMERGENCY DEPT VISIT MOD MDM	
		G0475	HIV ANTIGEN/ANTIBODY COMB ASSAY SCR	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

Notification of Withheld Information and Confidentiality Statement

The Texas Insurance Code section 1215.003(d) provides that protected health information may be withheld from this claims report if subject to privacy restrictions more stringent than HIPAA. This constitutes notice that the following categories of claims information for specified individuals is withheld from this report:

- Utilization review related records including individual medical records, personal information, or other confidential information about a patient obtained in the performance of utilization review per Texas Insurance Code section 4201-552.
- Records related to the diagnosis, evaluation, or treatment of a mental or emotional disorder, including alcoholism or drug addiction, per Chapter 611 of the Texas Health & Safety Code.
- Records related to AIDS and HIV test results per Texas Health & Safety Code Section 81.101 et seq.
- Genetic information, if any, per Texas Insurance Code Section 546.102.

Information included in this document is considered to be UnitedHealthcare's confidential and/or proprietary business information. Consequently, this information may be used only by the person or entity to which it is addressed by UnitedHealthcare. Such recipient shall be liable for using and protecting UnitedHealthcare's proprietary business information from further disclosure or misuse, consistent with recipient's contractual obligations under any applicable administrative services agreement, group policy contract, non-disclosure agreement or other applicable contract or law, including but not limited to, Exemption 4 of the U.S. Freedom of Information Act and state freedom of information law exemptions for "trade secrets". The report you have received may contain protected health information (PHI) and must be handled according to applicable state and federal law, including, but not limited to HIPAA. Individuals who misuse information may be subject to both civil and criminal penalties.

Claimant ID	65	Amount Paid	\$ 15,067
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
E66.811	OBESITY CLASS 1	28660	TREAT TOE DISLOCATION	10/09/2023
E66.9	OBESITY UNSPECIFIED	70450	CT HEAD/BRAIN W/O DYE	10/10/2023
I10	ESSENTIAL PRIMARY HYPERTENSION	71275	CT ANGIOGRAPHY, CHEST	11/13/2023
M25.50	PAIN IN UNSPECIFIED JOINT	74177	CT ABD & PELVIS W/CONTRAST	02/27/2024
R07.2	PRECORDIAL PAIN	77063	BREAST TOMOSYNTHESIS BI	03/16/2024
R09.1	PLEURISY	77067	SCR MAMMO BI INCL CAD	03/17/2024
R10.33	PERIUMBILICAL PAIN	93005	ELECTROCARDIOGRAM, TRACING	03/27/2024
R42	DIZZINESS AND GIDDINESS	93010	ELECTROCARDIOGRAM REPORT	05/02/2024
R55	SYNCOPE AND COLLAPSE	96365	THER/PROPH/DIAG IV INF, INIT	07/09/2024
R63.5	ABNORMAL WEIGHT GAIN	99203	OFFICE O/P NEW LOW 30 MIN	08/11/2024
R91.8	OTH NONSPECIFIC ABN FIND LNG FIELD	99213	OFFICE O/P EST LOW 20 MIN	09/03/2024
S93.115A	DISLOC IP JOINT LT LESSER TOES INIT	99214	OFFICE O/P EST MOD 30 MIN	10/10/2024
Z12.39	ENC OTH SCR MALIG NEOPLASM BREAST	99223	1ST HOSP IP/OBS HIGH 75	11/27/2024
Z98.84	BARIATRIC SURGERY STATUS	99238	HOSP IP/OBS DSCHRG MGMT 30/<	01/03/2025
		99284	EMERGENCY DEPT VISIT MOD MDM	01/22/2025
		99285	EMERGENCY DEPT VISIT HI MDM	
		99291	CRITICAL CARE, FIRST HOUR	
		J0131	INJECTION ACETAMINOPHEN NOS 10 MG	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

Notification of Withheld Information and Confidentiality Statement

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- Records related to AIDS and HIV test results per Texas Health & Safety Code Section 81.101 et seq.
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Claimant ID	66	Amount Paid	\$ 15,058
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
J45.22	MILD INTERMIT ASTHMA W/STS ASTHMATC	01967	NEURAXL LBR ANES VAG DLVR	09/11/2023
O09.611	SUP YOUNG PRIMIGRAVIDA FIRST TRI	11981	INSERTION DRUG DLVR IMPLANT	09/12/2023
O09.613	SUP YOUNG PRIMIGRAVIDA THIRD TRI	36415	COLL VENOUS BLD VENIPUNCTURE	02/26/2024
O26.843	UTERINE SZ-DATE DISCREPANCY 3RD TRI	59400	OBSTETRICAL CARE	03/04/2024
O70.20	THIRD DEGREE PERINL LAC DUR DEL UNS	76816	OB US, FOLLOW-UP, PER FETUS	03/20/2024
O80	ENCOUNTR FULL-TERM UNCOMPLICATD DEL	76819	FETAL BIOPHYS PROFIL W/O NST	03/25/2024
O99.52	DISEASES RESP SYS COMP CHILDBIRTH	81025	URINE PREGNANCY TEST	03/26/2024
R00.1	BRADYCARDIA UNSPECIFIED	85007	BL SMEAR W/DIFF WBC COUNT	06/10/2024
R01.1	CARDIAC MURMUR UNSPECIFIED	86592	SYPHILIS TEST NON-TREP QUAL	08/05/2024
Z00.129	ENC RTN CHLD HLTH EX W/O ABNRM FIND	87081	CULTURE SCREEN ONLY	08/12/2024
Z23	ENCOUNTER FOR IMMUNIZATION	87150	DNA/RNA, AMPLIFIED PROBE	08/15/2024
Z30.017	ENC INIT PRSC IMPL SUBDERM CNTRACPT	87389	HIV-1 AG W/HIV-1 & -2 AB AG IA	10/11/2024
Z32.00	ENC PREGNANCY TEST RESULT UNKNOWN	87491	CHYLM D TRACH, DNA, AMP PROBE	
Z36.89	ENCTR OTH SPEC ANTENATAL SCREENING	87591	N.GONORRHOEAE, DNA, AMP PROB	

Claimant ID	66	Amount Paid \$	15,058
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
Z71.2	PERS CNSLT EXPLANATN EXAM/TEST FIND	90471	IMMUNIZATION ADMIN	
		90472	IMMUNIZATION ADMIN, EACH ADD	
		90619	MENACWY-TT VACCINE IM	
		90620	MENB-4C VACC 2 DOSE IM	
		92551	PURE TONE HEARING TEST, AIR	
		93005	ELECTROCARDIOGRAM, TRACING	
		93010	ELECTROCARDIOGRAM REPORT	
		96160	PT-FOCUSED HLTH RISK ASSMT	
		96161	CAREGIVER HEALTH RISK ASSMT	
		99173	VISUAL ACUITY SCREEN	
		99205	OFFICE O/P NEW HI 60 MIN	
		99213	OFFICE O/P EST LOW 20 MIN	
		99394	PREV VISIT, EST, AGE 12-17	
		J7307	ETONOGESTREL IMPL SYS INCL IMPL&SPL	

TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Section III: Individual Claimants - Paid Claims >\$15,000

Customer Name: CITY OF KINGSVILLE TX
 Policy Number: 929211
 Reporting Period:
 Processed (paid) Dates: 03/01/2024-02/28/2025
 Service (incurred) Dates: ALL

Notification of Withheld Information and Confidentiality Statement

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- Records related to the diagnosis, evaluation, or treatment of a mental or emotional disorder, including alcoholism or drug addiction, per Chapter 611 of the Texas Health & Safety Code.
- Records related to AIDS and HIV test results per Texas Health & Safety Code Section 81.101 et seq.
- Genetic information, if any, per Texas Insurance Code Section 546.102.

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Claimant ID	67	Amount Paid	\$ 15,032
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One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
E11.9	TYPE 2 DM WITHOUT COMPLICATIONS	36415	COLL VENOUS BLD VENIPUNCTURE	09/06/2023
I10	ESSENTIAL PRIMARY HYPERTENSION	72100	X-RAY EXAM L-S SPINE 2/3 VWS	11/28/2023
I25.810	ATS CA BP GRAFT NO ANGINA PECTORIS	78492	MYOCDR IMG PET MLT RST&STRS	03/28/2024
I50.23	ACUTE CHRON SYSTOLIC HEART FAILURE	80050	GENERAL HEALTH PANEL	04/02/2024
M79.604	PAIN IN RIGHT LEG	80053	COMPREHEN METABOLIC PANEL	04/17/2024
M79.605	PAIN IN LEFT LEG	80061	LIPID PANEL	04/23/2024
R22.43	LOC SWELL MASS LUMP LOW LIMB BIL	82306	VITAMIN D, 25 HYDROXY	04/26/2024
R60.0	LOCALIZED EDEMA	83036	HEMOGLOBIN GLYCOSYLATED A1C	05/17/2024
Z95.1	PRESENCE AORTOCORONARY BYPASS GRAFT	83880	ASSAY OF NATRIURETIC PEPTIDE	05/20/2024
Z98.1	ARTHRODESIS STATUS	93000	ELECTROCARDIOGRAM, COMPLETE	08/26/2024
		93016	CARDIOVASCULAR STRESS TEST	08/29/2024
		93017	CARDIOVASCULAR STRESS TEST	09/13/2024
		93018	CARDIOVASCULAR STRESS TEST	
		93925	LOWER EXTREMITY STUDY	
		93970	EXTREMITY STUDY	
		99213	OFFICE O/P EST LOW 20 MIN	
		99214	OFFICE O/P EST MOD 30 MIN	
		A9555	RUBIDIUM RB-82 DX UP TO 60 MCI	
		J2785	INJECTION REGADENOSON 0.1 MG	

TEXAS HOUSE BILL 2015 DATA DICTIONARY

This is the report provided to fulfill the Texas House Bill 2015 state mandate regarding Texas group health plan claim information. It contains hospital precert info for the most current 30 days (Section I), a premiums and claims history with a membership by month summary for up to 36 months (Section II), and large loss report at the \$15,000 threshold for the most current 12 months (Section III). This is only upon completion of the HIPAA certificate, without a signed HIPAA cert the customer is not eligible to receive the large loss report, although they still get all other reporting mentioned above.

Filter Data Dictionary	
Data Element	Definition
Policy Number	This is the policy number(s) included in this report. Reporting has been limited based on this policy number(s). Identifies the claimant population for the entity that purchased products and/or services from UnitedHealth Group.
Reporting Period Process (Paid) Dates	These are the paid months that are included in this report. This option limits the report to claims for which a payment was processed into the financial accounting system within the time period you select. Events processed before or after the dates listed will not be included in this report.
Reporting Period Service Dates	These are the service months that are included in this report. This option limits the report to services rendered (claims incurred) within the time period you select. Events incurred before or after the dates listed will not be included in this report.
Date of Information Request:	This is the date that the ad hoc request form was submitted.
Receipt Date of Information Request:	This is the date that we triaged the ad hoc form and assigned it out for production.
Receipt Date of HIPAA Certification:	This is the date that the Data Resources team received the HIPAA cert for this customer.
Date of Report Production:	This is the first date that the Data Resources team began producing this customers report.

Report Data Dictionary	
Data Element	Definition
Section I	
For claims that are not part of this report, the number of pre-certification requests for hospital stays of 5 days or longer that were made during the 30-day period preceding the Reporting Period last Processed (paid) date.	This is number of precertification requests for hospital stays of five days or longer that were made during the 30-day period preceding the date of the report. This number only contains individuals with a stay of 5+ days that are not already included in the claimant tabs of the report. The 30 day period preceding the date of the report has been defined as the 30 days preceeding the last Processed (paid) date included in the report.
Section II	
Bill/Book Year/Month	The year and month in which an invoice was sent to a customer for payment of an insurance premium, and/or payment for a claim is entered into the financial accounting system.
Restated Billed Premium	The contracted amount sought by UnitedHealth Group for providing coverage. Data is updated monthly; therefore, the premium amount for a fixed point in time may change from month-to-month.
Total Payments	The total amount paid for claims derived from a premium product — including capitation payments. = Capitation Payments + Managed Pharmacy Payments + HMO In-Network Claim Payments + Other Claim Payments.
Single Subscribers	The number of employees who are enrolled in a plan but have no dependents enrolled in the plan. Subscribers include eligible retirees and surviving spouses.
Subscribers plus Spouse	The count of families consisting of an employee plus his/her married partner.
Subscribers plus Child/Children	The count of families consisting of an employee plus 1 or more dependents (excluding the employee's spouse), just the employee's spouse and children, or the children alone.
Subscribers plus Family	The count of families consisting of an employee plus his/her spouse and child/children, or some variant of that composition.
Total Subscribers	The number of people (typically employees) who are the primary policy-holder of a benefit. Subscribers include eligible retirees and surviving spouses.
Positively Enrolled Dependents	The number of spouses, children, and other individuals related to the subscriber who are registered for coverage.
Total Members	The count of all people enrolled for coverage under a benefit. = Total Subscribers + [Positively Enrolled Dependents + Non-Positively Enrolled Dependents].
Section III (Without a HIPAA Cert for the specified customer, these definitions will not apply as "Individual Claimants" detail will not be provided)	
Claimant ID	Unique claimants are denoted by using a 1, 2, 3, etc next to the word Claimant. No identifying information will be released such as Social Security Numbers, Gender, Age, employee v/s dependent, etc.
Amount Paid	Total Paid Claims for Claimant in this experience period.
Diagnosis Code	ICD-9/10 (International Classification of Disease, 9th/10th Revision, Clinical Modification) Code as entered on the claim (without decimal point). ICD-9/10-CM is designed for the classification of morbidity and mortality information for statistical purposes and for the indexing of hospital records by disease and operations, for data storage retrieval. ICD-9/10-CM is an accepted national standard for coding diagnostic and disease information. This code represents the diagnosis with the highest cumulative paid amount for this experience period. Claims with HIV-related diagnosis and claims with Mental Health Substance Abuse (MHSA) diagnosis are protected by existing federal regulations and must not be disclosed. The diagnosis provided in these cases must be indicated as "99999."

Diagnosis Description	Describes the International Classification of Disease, 9th/10th Revision, Clinical Modification (ICD-9/10-CM) code. ICD-9/10-CM is designed for the classification of morbidity and mortality information for statistical purposes and for the indexing of hospital records by disease and operations, for data storage retrieval. ICD-9/10-CM is an accepted national standard for coding diagnostic and disease information. Claims with HIV-related diagnosis and claims with Mental Health Substance Abuse (MHSA) diagnosis are protected by existing federal regulations and must not be disclosed. The diagnosis provided in these cases must be indicated as "Other Diagnosis."
Procedure Code	Procedure Code describes the type of procedure performed or service provided. This procedure code is usually a CPT-4 OR HCPCS Code. Claims with HIV-related diagnosis and claims with Mental Health Substance Abuse (MHSA) diagnosis are protected by existing federal regulations and must not be disclosed.
Procedure Description	Describes a specific procedure performed or service provided. A procedure code can be an ICD9, CPT4, or HCPC code. Claims with HIV-related diagnosis and claims with Mental Health Substance Abuse (MHSA) diagnosis are protected by existing federal regulations and must not be disclosed.
Service Date	These are the dates of service associated with the respective procedure and diagnosis codes for each individual claimant's history processed within the Reporting Period.