



United Automobile Insurance Company
PO Box 694120
Miami, FL 33269-1120
305-940-7299
Toll Free: 1-800-344-2150

RECONSIDERATION (REV 1)

Claim Information

Claim Number: 0100220886-001
Claimant Name: VALDES, LOURDES J (03/30/1939)
Date of Loss: 04/08/2020
Policy Holder / No.: LOURDES J. VALDES / UAD 63573405
State of Jurisdiction: FL
Coverage Type: Personal Injury Protection

Explanation of Benefits - This is not a Bill

Bill Number: 0030942227
Date Received: 05/22/2020

GONZALEZ, FRANCISCO H MD
SOLUTION MEDICAL CENTER GROUP, INC.
10300 SW 72 ST
SUITE #220
MIAMI, FL 33173

(PROVIDER COPY)

Provider Information

Name: SOLUTION MEDICAL CENTER GROUP, INC. (GONZALEZ, FRANCISCO H)
Address: 10300 SW 72 ST
SUITE #220
MIAMI, FL 33173
Provider Invoice #: VALLO001 1012
Specialty: GP
TIN: 300525450
Region: 4
Zip of Service: 33173

ICD Diagnosis

(A) M54.6 (B) M54.2 (C) M54.5 (D) M25.561

Submitted Charges

Date of Service	Line	POS	Proc. Code	Mod.	Dx Ptr	Units	Amount Charged	Amount Allowed	Explanation Codes
04/23/2020	1	11	97032			2	\$78.00	\$63.76	X3253
	2	11	97035			1	\$25.00	\$31.10	305, 878, 1178
	3	11	97012			1	\$33.02	\$32.50	305, 878
	4	11	97022	59		1	\$40.00	\$38.58	179, 305, 878
	5	11	97140	59		2	\$122.02	\$121.40	179, 305, 878
	6	11	97110			2	\$132.08	\$131.72	305, 878
	7	11	97112			1	\$75.00	\$75.38	305, 878, 1178
04/24/2020	8	11	97010			1	\$12.20	\$10.00	433, 878
	9	11	97035			1	\$25.00	\$31.10	305, 878, 1178
	10	11	97140	59		2	\$122.02	\$121.40	179, 305, 878
	11	11	97110			2	\$132.08	\$131.72	305, 878
	12	11	64999			1	\$650.00	\$650.00	434, 878
04/27/2020	13	11	97032			2	\$78.00	\$63.76	X3253
	14	11	97035			1	\$25.00	\$31.10	305, 878, 1178
	15	11	97012			1	\$33.02	\$32.50	305, 878
	16	11	97140	59		2	\$122.02	\$121.40	179, 305, 878
	17	11	97110			2	\$132.08	\$131.72	305, 878
	18	11	97112			1	\$75.00	\$75.38	305, 878, 1178
04/28/2020	19	11	97032			2	\$78.00	\$63.76	X3253
	20	11	97035			1	\$25.00	\$31.10	305, 878, 1178
	21	11	97012			1	\$33.02	\$32.50	305, 878
	22	11	97018	59		1	\$24.00	\$15.02	X3253

Date: 11/10/2021; **Adjuster:** Rodriguez, Ximena; **Phone:** 305-940-7299 x32564

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Date of Loss: 04/08/2020
Policy Holder / No.: LOURDES J. VALDES / UAD 63573405
State of Jurisdiction: FL
Coverage Type: Personal Injury Protection

Bill Number: 0030942227
Date Received: 05/22/2020

Submitted Charges

Date of Service	Line	POS	Proc. Code	Mod.	Dx Ptr	Units	Amount Charged	Amount Allowed	Explanation Codes
04/29/2020	23	11	97140	59		2	\$122.02	\$121.40	179, 305, 878
	24	11	97110			2	\$132.08	\$131.72	305, 878
	25	11	97032			2	\$78.00	\$63.76	X3253
	26	11	97035			1	\$25.00	\$31.10	305, 878, 1178
	27	11	97012			1	\$33.02	\$32.50	305, 878
	28	11	97022	59		1	\$40.00	\$38.58	179, 305, 878
	29	11	97140	59		2	\$122.02	\$121.40	179, 305, 878
04/30/2020	30	11	97110			2	\$132.08	\$131.72	305, 878
	31	11	97112			1	\$75.00	\$75.38	305, 878, 1178
	32	11	97010			1	\$12.20	\$10.00	433, 878
	33	11	97035			1	\$25.00	\$31.10	305, 878, 1178
	34	11	97012			1	\$33.02	\$32.50	305, 878
	35	11	97018	59		1	\$24.00	\$15.02	X3253
	36	11	97110			2	\$132.08	\$131.72	305, 878
05/04/2020	37	11	64999			1	\$650.00	\$650.00	434, 878
	38	11	97010			1	\$12.20	\$10.00	433, 878
	39	11	97032			2	\$78.00	\$63.76	X3253
	40	11	97012			1	\$33.02	\$32.50	305, 878
	41	11	97022	59		1	\$40.00	\$38.58	179, 305, 878
	42	11	97140	59		2	\$122.02	\$121.40	179, 305, 878
	43	11	97110			2	\$132.08	\$131.72	305, 878
05/06/2020	44	11	97112			1	\$75.00	\$75.38	305, 878, 1178
	45	11	97010			1	\$12.20	\$10.00	433, 878
	46	11	97012			1	\$33.02	\$32.50	X3043
	47	11	97110			2	\$132.08	\$131.72	305, 878
	48	11	64999			1	\$650.00	\$650.00	434, 878
	49	11	97032			2	\$78.00	\$63.76	X3253
	50	11	97035			1	\$25.00	\$31.10	305, 878, 1178
05/11/2020	51	11	97012			1	\$33.02	\$32.50	X3043
	52	11	97022	59		1	\$40.00	\$38.58	179, 305, 878
	53	11	97140	59		2	\$122.02	\$121.40	179, 305, 878
	54	11	97110			2	\$132.08	\$131.72	305, 878
	55	11	97032			2	\$78.00	\$63.76	X3253
	56	11	97035			1	\$25.00	\$31.10	305, 878, 1178
	57	11	97012			1	\$33.02	\$32.50	X3043
05/12/2020	58	11	97140	59		2	\$122.02	\$121.40	179, 305, 878

Date: 11/10/2021; **Adjuster:** Rodriguez, Ximena; **Phone:** 305-940-7299 x32564

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Explanation of Benefits - This is not a Bill

Claim Number: 0100220886-001 **Bill Number:** 0030942227
Claimant Name: VALDES, LOURDES J (03/30/1939) **Date Received:** 05/22/2020
Date of Loss: 04/08/2020
Policy Holder / No.: LOURDES J. VALDES / UAD 63573405
State of Jurisdiction: FL
Coverage Type: Personal Injury Protection

Submitted Charges

Date of Service	Line	POS	Proc. Code	Mod.	Dx Ptr	Units	Amount Charged	Amount Allowed	Explanation Codes
05/13/2020	59	11	97110			2	\$132.08	\$131.72	305, 878
	60	11	97112			1	\$75.00	\$75.38	305, 878, 1178
	61	11	97140	59		2	\$122.02	\$121.40	179, 305, 878
	62	11	97110			2	\$132.08	\$131.72	305, 878
05/18/2020	63	11	64999	59		1	\$650.00	\$585.86	X202
	64	11	97032	59		2	\$78.00	\$0.00	X202
	65	11	97035			1	\$25.00	\$0.00	X202
	66	11	97012			1	\$33.02	\$0.00	X202
	67	11	97018	59		1	\$24.00	\$0.00	X202
	68	11	97140	59		2	\$122.02	\$0.00	X202
	69	11	97110			2	\$132.08	\$0.00	X202
05/19/2020	70	11	99214			1	\$217.49	\$0.00	X202
Sub Totals:							\$7,457.65	\$6,666.26	
Previous Co-Payment								(\$1,333.25)	
Previous Amount Allowed								(\$5,333.01)	
Totals:							\$7,457.65	\$0.00	

Comments

In response to your demand letter received on 10/18/2021
 Payment tender with draft:
 #174836 in the amount of \$9,582.67 plus interest.

Benefits are already exhausted.

Explanation Code Guide

179	The provider is using modifier -59 to indicate under certain circumstances, the physician may need to indicate that a procedure or service was distinct or independent from other services performed on the same day. Modifier -59 will identify procedures/services that are not normally reported together, but are appropriate under the circumstances. This may represent a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same physician.
305	The allowed amount for this procedure is based upon 200% of the Participating Level of Medicare Part B fee schedule for the region in which the services were rendered. (Reference: CMS Physician Fee Schedule File)
433	Pursuant to Florida Statute 627.736(5), The allowable amount has been calculated pursuant to Florida Statute 627.736(5), the maximum reimbursement for this procedure may not exceed the applicable fee schedule or other payment methodology established pursuant to the Workers' Compensation Fee Schedule (s.440.13).
434	The procedure code is allowed at the carrier's discretion due to a) not listed in either Medicare or Florida's Workers' Compensation fee schedules or b) listed in the Florida Workers' Compensation fee schedule as "by report".
878	The diagnosis reported by the provider may represent a condition occurring as a result of the motor vehicle accident or an unrelated condition.

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RECONSIDERATION (REV 1)

Claim Information

Explanation of Benefits - This is not a Bill

Claim Number:	0100220886-001	Bill Number:	0030942227
Claimant Name:	VALDES, LOURDES J (03/30/1939)	Date Received:	05/22/2020
Date of Loss:	04/08/2020		
Policy Holder / No.:	LOURDES J. VALDES / UAD 63573405		
State of Jurisdiction:	FL		
Coverage Type:	Personal Injury Protection		

Explanation Code Guide

1178	The amount allowed for this service is calculated per the noted Explanation Code(s), regardless of the billed charges.
X202	Policy benefits have been exhausted.
X3043	The allowed amount for this procedure is based upon 200% of the Participating Level of Medicare Part B fee schedule for the region in which the services were rendered. (Reference: CMS Physician Fee Schedule File)
X3253	The allowed amount for this procedure is based upon 200% of the 2007 Participating Level of Medicare physician fee schedule for the region in which the services were rendered, which is higher than the current fee established for the date of service, pursuant to Florida Statute 627.736(5).

Place of Service (POS) Guide

11	Office
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Procedure Code (Proc. Code) Guide

64999	Unlisted procedure, nervous system
97010	Application of a modality to 1 or more areas; hot or cold packs
97012	Application of a modality to 1 or more areas; traction, mechanical
97018	Application of a modality to 1 or more areas; paraffin bath
97022	Application of a modality to 1 or more areas; whirlpool
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

ICD Diagnosis Code Guide

M54.6	10	Pain in thoracic spine
M54.2	10	Cervicalgia
M54.5	10	Low back pain
M25.561	10	Pain in right knee

Modifier (Mod.) Guide

59	Distinct Procedural Service
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Specialty Guide

GP	General Practice
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Policy Holder / No.:	LOURDES J. VALDES / UAD 63573405		
State of Jurisdiction:	FL		
Coverage Type:	Personal Injury Protection		

Extended Comments

This document represents United Auto Insurance Company's ("UAIC") detailed explanation of our review of the bill(s) submitted for PIP benefits. Please be advised that our claims investigation, including our review for medical necessity and relatedness of services billed to the referenced loss, is ongoing. As such, we reiterate our request for your cooperation and ask that you forward any and all patient medical records and information relating to your patient that you may possess or can access.

"UAIC" hereby advises that it does not, either by sending this letter or processing this claim at this time, waive any existing rights or defenses, including rights or defenses discovered during future review, investigation or discovery. Any and all such rights and defenses are specifically reserved; including, but not limited to claims for reimbursement and any defenses listed herein, including our enclosures.

Please be advised that insurers are not required to provide a copy of the policy, declarations page, or other claim-related documents in response to a demand. See *Progressive v Rural Metro* (5th DCA 2008,) *GEICO General Insurance v Florida Emergency Physicians* (5th DCA 2007) and *Southern Group Indemnity v Humanitary Health* (3rd DCA 2008.)

ADVISORY NOTICE: You may be entitled to a certain percentage of a reduction in the amount paid by the motor vehicle insurer if you notify that insurer of a billing error.

FRAUD ADVISORY NOTICE: Solicitation of a person injured in a motor vehicle crash for purposes of filing personal injury protection or tort claims could be a violation of Florida law or the rules regulating The Florida Bar and should be immediately reported to the Division of Insurance Fraud on-line at www.MyFloridaCFO.com or by calling 1-800-378-0445 from within Florida or 850-413-3261 from outside of Florida. The Department of Financial Services may pay rewards of up to \$25,000 to persons providing information leading to the arrest and conviction of persons committing crimes investigated by the Division of Insurance Fraud arising from violations of certain Florida Statutes.

Payment is based upon the methodology described in 627.736(5)(a)(1) and cited in the policy of insurance under which this claim is made.

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Policy Holder / No.:	LOURDES J. VALDES / UAD 63573405		
State of Jurisdiction:	FL		
Coverage Type:	Personal Injury Protection		

Fee Schedule

POS	Procedure Code / NDC	Modifier/ Pack Type	Fee Effective Dates	Fee Schedule	Description
11	64999			By Report	Unlisted procedure, nervous system
11	64999	59		By Report	
11	97010			\$10.00 WC	Application of a modality to 1 or more areas; hot or cold packs
11	97012			By Report	Application of a modality to 1 or more areas; traction, mechanical
11	97012			\$32.50 MC	
11	97018	59		By Report	Application of a modality to 1 or more areas; paraffin bath
11	97018	59		\$16.40 MC	
11	97022	59		\$38.58 MC	Application of a modality to 1 or more areas; whirlpool
11	97032	59		By Report	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes
11	97032			\$69.64 MC	
11	97035			By Report	Application of a modality to 1 or more areas; ultrasound, each 15 minutes
11	97035			\$31.10 MC	
11	97110			By Report	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
11	97110			\$131.72 MC	
11	97112			\$75.38 MC	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
11	97140	59		By Report	Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
11	97140	59		\$121.40 MC	
11	99214			By Report	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

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