



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

Explanation of Benefits - This is not a Bill

Claim Number: 0100229143-001
Claimant Name: MENJIVAR, MIGUEL A (06/08/1961)
Date of Loss: 07/09/2020
Policy Holder / No.: MIGUEL A. MENJIVAR / UAD 48488205
State of Jurisdiction: FL
Coverage Type: Personal Injury Protection

Bill Number: 0030972865
Date Received: 08/28/2020

MAZZOTTA, GREGORY DC
 SILVERMAN CHIROPRACTIC & REHABILITATION
 CENTER, INC.
 946 SW 82ND AVENUE
 MIAMI, FL 33144

(PROVIDER COPY)

Provider Information

Name: SILVERMAN CHIROPRACTIC &
 REHABILITATION CENTER, INC.
 (MAZZOTTA, GREGORY)
Address: 946 SW 82ND AVENUE
 MIAMI, FL 33144
Provider Invoice #: 00023118 250389
Specialty: CH
TIN: 020538118
NPI: 1255376703
Region: 4
Zip of Service: 33144

ICD Diagnosis

(A) M54.16 (B) M54.5 (C) M25.561 (D) M79.1 (E) M62.830 (F) V49.88XA

Submitted Charges

Date of Service	Line	POS	Proc. Code	Mod.	Dx Ptr	Units	Amount Charged	Amount Allowed	Explanation Codes
08/26/2020	1	11	98940			1	\$61.26	\$59.52	305
	2	11	97140	59		1	\$58.74	\$60.70	179, 305, 1178
	3	11	97110			1	\$65.72	\$65.86	305, 1178
	4	11	97010			1	\$15.00	\$10.00	433
	5	11	G0283			1	\$31.84	\$29.68	305
	6	11	97035			1	\$28.82	\$31.10	305, 1178
	7	11	97012			1	\$31.70	\$32.50	305, 1178
	8	11	E0730			1	\$800.00	\$741.12	438
08/27/2020	9	11	98940			1	\$61.26	\$59.52	305
	10	11	97140	59		1	\$58.74	\$60.70	179, 305, 1178
	11	11	97110			1	\$65.72	\$65.86	305, 1178
	12	11	97010			1	\$15.00	\$10.00	433
	13	11	G0283			1	\$31.84	\$29.68	305
08/24/2020	14	11	97035			2	\$57.64	\$62.20	305, 1178
08/27/2020	15	11	97012			1	\$31.70	\$32.50	305, 1178
	16	11	99212	25		1	\$95.30	\$99.56	166, 305, 1178
Sub Totals:							\$1,510.28	\$1,450.50	
Sub Totals:							\$1,510.28	\$1,450.50	
Claimant Responsibility									
Co-Payment:								(\$290.10)	
Totals:							\$1,510.28	\$1,160.40	

Date: 03/22/2021; **Adjuster:** Groom, Richard; **Phone:** 3059407299

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Date of Loss:	07/09/2020		
Policy Holder / No.:	MIGUEL A. MENJIVAR / UAD 48488205		
State of Jurisdiction:	FL		
Coverage Type:	Personal Injury Protection		

Comments

Please find enclosed payments for benefits and interest.

Explanation Code Guide

166	The provider has used modifier -25 to identify that on this date of service, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. The E/M service may be prompted by the symptom or condition for which the procedure and/or service were provided. As such, different diagnoses are not required for reporting of the E/M services on the same date. Documentation should be submitted by the provider verifying the usage of this modifier.
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).
438	The allowed amount for this procedure is based upon 200% of the 2007 Medicare prevailing charge fee data 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).
1178	The amount allowed for this service is calculated per the noted Explanation Code(s), regardless of the billed charges.

Place of Service (POS) Guide

11	Office
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Procedure Code (Proc. Code) Guide

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
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
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
99212	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 problem focused history; A problem focused examination; Straightforward medical decision making. 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 self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.
E0730	Transcutaneous electrical nerve stimulation (TENS) device, four or more leads, for multiple nerve stimulation
G0283	Electrical stimulation, (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care

Date: 03/22/2021; **Adjuster:** Groom, Richard; **Phone:** 3059407299

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Coverage Type:	Personal Injury Protection		

ICD Diagnosis Code Guide

M54.16	10	Radiculopathy, lumbar region
M54.5	10	Low back pain
M25.561	10	Pain in right knee
M79.1	10	Myalgia
M62.830	10	Muscle spasm of back
V49.88XA	10	Car occupant (driver) (passenger) injured in other specified transport accidents, initial encounter

Modifier (Mod.) Guide

59	Distinct Procedural Service
25	Significant, separately identifiable E/M by the same physician on the same day of procedure/service

Specialty Guide

CH	Chiropractic
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Extended Comments

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.

This document represents United Auto Insurance Company's ("UAIC") detailed explanation of our review of the bill(s) submitted for PIP benefits. Enclosed please find our draft(s) that correspond with the total amount allowed for submitted charges. Additionally, if and as applicable; drafts representing penalty, postage and interest are also enclosed.

Any payment for medical treatment that is excessive, unrelated, unreasonable, unnecessary or unlawful is an unintended overpayment and expressly disputed. Any such disputed overpayment is not intended to be gratuitous in nature and subject to reimbursement.

"UAIC" hereby advises that it does not, either by sending this letter or processing this payment advance 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.)

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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Coverage Type:	Personal Injury Protection		

Fee Schedule

POS	Procedure Code / NDC	Modifier/ Pack Type	Fee Effective Dates	Fee Schedule	Description
11	97010			\$10.00 WC	Application of a modality to 1 or more areas; hot or cold packs
11	97012			\$32.50 MC	Application of a modality to 1 or more areas; traction, mechanical
11	97035			\$31.10 MC	Application of a modality to 1 or more areas; ultrasound, each 15 minutes
11	97035			\$62.20 MC	
11	97110			\$65.86 MC	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
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11	99212	25		\$99.56 MC	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 problem focused history; A problem focused examination; Straightforward medical decision making. 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 self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.
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