



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

RECONSIDERATION (REV 1)

Explanation of Benefits - This is not a Bill

Claim Information

Claim Number: 0100233575-001
Claimant Name: CABALLERO TERRERO, REGINO
(11/27/1958)
Date of Loss: 08/27/2020
Policy Holder / No.: REGINO CABALLERO TERRERO / UAD
69784304
State of Jurisdiction: FL
Coverage Type: Personal Injury Protection

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 #: 00023230 251040
Specialty: CH
TIN: 020538118
NPI: 1255376703
Region: 4
Zip of Service: 33144

ICD Diagnosis

(A) M54.2 (B) M25.521 (C) M79.641 (D) M79.1 (E) V49.88XA

Submitted Charges

Date of Service	Line	POS	Proc. Code	Mod.	Dx Ptr	Units	Amount Charged	Amount Allowed	Explanation Codes
09/11/2020	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
09/14/2020	7	11	99211	25		1	\$45.92	\$48.94	166, 305, 1178
	8	11	98940			1	\$61.26	\$59.52	305
	9	11	97140	59		1	\$58.74	\$60.70	179, 305, 1178
	10	11	97110			1	\$65.72	\$65.86	305, 1178
	11	11	97010			1	\$15.00	\$10.00	433
	12	11	G0283			1	\$31.84	\$29.68	305
	13	11	97035			1	\$28.82	\$31.10	305, 1178
Sub Totals:							\$568.68	\$562.66	
Previous Co-Payment								(\$112.53)	
Previous Amount Allowed								(\$450.13)	
Totals:							\$568.68	\$0.00	

Comments

DEMAND RESPONSE PURSUANT TO FLORIDA STATUTE 627.736(10)
Payment tendered for Benefits, Interest, Penalty and Postage. Drafts sent under separate cover

Date: 11/18/2021; **Adjuster:** Rodriguez, Yuliett; **Phone:** 3059407299

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Claim Number:	0100233575-001	Bill Number:	0030976998
Claimant Name:	CABALLERO TERRERO, REGINO (11/27/1958)	Date Received:	09/21/2020
Date of Loss:	08/27/2020		
Policy Holder / No.:	REGINO CABALLERO TERRERO / UAD 69784304		
State of Jurisdiction:	FL		
Coverage Type:	Personal Injury Protection		

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).
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
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
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.
G0283	Electrical stimulation, (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care

ICD Diagnosis Code Guide

M54.2	10	Cervicalgia
M25.521	10	Pain in right elbow
M79.641	10	Pain in right hand
M79.1	10	Myalgia
V49.88XA	10	Car occupant (driver) (passenger) injured in other specified transport accidents, initial encounter

Date: 11/18/2021; **Adjuster:** Rodriguez, Yuliett; **Phone:** 3059407299

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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. Any respective draft(s), also enclosed, is/are hereby advanced as **FULL AND FINAL** payment, in Accord and Satisfaction of the amounts charged.

If applicable, additional draft/s for "Interest and ANY Short Payment/s" is/are also included. The purpose of the "Interest and ANY Short Payment/s" draft is to mitigate and satisfy any and all deficiencies in any amount/s due for this claimant, related to this loss. Our ultimate goal is to fully satisfy all amounts due, and we have endeavored to do so. However, if you believe that the combined sum totals of all our drafts fail to satisfy the total amount/s due, please let us know the exact amount of any deficiency so that we can resolve it without resorting to unnecessary litigation.

For PIP demands, any draft/s required for Demand Penalty and Postage have also been tendered.

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	97035			\$31.10 MC	Application of a modality to 1 or more areas; ultrasound, each 15 minutes
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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