



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

Claim Information***Explanation of Benefits - This is not a Bill***

Claim Number: 0100259433-004
Claimant Name: MURAT, MANITA (05/02/1990)
Date of Loss: 05/09/2021
Policy Holder / No.: MANITA MURAT / UAH 20261902
State of Jurisdiction: FL
Coverage Type: Personal Injury Protection

Bill Number: 0031082711
Date Received: 08/10/2021

Colonial Post Rehab Center, LLC
2675 Winkler Ave.
Suite 100
Fort Myers, FL 33901-9383

(PROVIDER COPY)

Provider Information

Name: Colonial Post Rehab Center, LLC
Address: 2675 Winkler Ave.
Suite 100
Fort Myers, FL 33901-9383
Provider Invoice #: 174067Z24922
Specialty: PH
TIN: 853136623
Region: 3
Zip of Service: 33901-9383

ICD Diagnosis

(A) M54.6 (B) M51.16 (C) S33.5XXA (D) S23.3XXA

Submitted Charges

Date of Service	Line	POS	Proc. Code	Mod.	Dx Ptr	Units	Amount Charged	Amount Allowed	Explanation Codes
07/20/2021	1	11	99211	25		1	\$58.36	\$46.70	166, 305
	2	11	98941			1	\$101.98	\$81.58	305
	3	11	97010			1	\$16.46	\$10.00	433
	4	11	97012			1	\$38.28	\$30.62	305
	5	11	G0283			1	\$34.79	\$27.14	305, C5
	6	11	97110	59		1	\$77.43	\$61.94	179, 305
Sub Totals:							\$327.30	\$257.98	
Claimant Responsibility									
Co-Payment:								(\$51.60)	
Totals:							\$327.30	\$206.38	

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)

Date: 10/07/2021; **Adjuster:** Barrera, Yulienne; **Phone:** 3059407299

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Explanation Code Guide

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).

C5 97014 Change to G0283

Place of Service (POS) Guide

11 Office

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

97110 Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

98941 Chiropractic manipulative treatment (CMT); spinal, 3-4 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.

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

M54.6 **10** Pain in thoracic spine

M51.16 **10** Intervertebral disc disorders with radiculopathy, lumbar region

S33.5XXA **10** Sprain of ligaments of lumbar spine, initial encounter

S23.3XXA **10** Sprain of ligaments of thoracic spine, initial encounter

Modifier (Mod.) Guide

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

59 Distinct Procedural Service

Specialty Guide

PH Physical Med. and Rehab.

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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.

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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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			\$30.62 MC	Application of a modality to 1 or more areas; traction, mechanical
11	97110	59		\$61.94 MC	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
11	98941			\$81.58 MC	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions
11	99211	25		\$46.70 MC	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.
11	G0283			\$27.14 MC	Electrical stimulation, (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care

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