REVIEW Works
Navigating Group | Rheumatology Group ®
21500 Haggerty Road, Suite 250
Northville, MI 48167 800.443-1320
Fax: 248.305.7055 www.ReviewWorks.com

EXPLANATION OF

NO-FAULT HEALTH CARE REIMBURSEMENT

THIS REVIEW WAS PREPARED ACCORDING TO REASONABLE AND CUSTOMARY GUIDELINES AS ALLOWED UNDER THE MICHIGAN NO-FAULT ACT, SECTION 500.3107.

RW#		
Date	Page	Copy
	1 of 1	1

THIS IS NOT A BILL

If you intend to seek reconsideration, please notify us within thirty days.

Claim:
Claimant:
Address:

Carrier: Pioneer State Mutual Insurance - Nf
Address: 1510 N. Elms Road
Flint, MI 48532

Diag 1: S43.422A
Diag 2: S46.212A
Diag 3: S43.432A

Bill Period:

Injury Date:
Date of Bill:
Into Carrier:

PPO Returned:
Tracking No:

Provider:
Address:

Date of Service	Place of Service	Procedure Billed	Procedure Allowed	Procedure Description	Diagnosis Code	Days or Units	Charge	Allowed	Note *	PPO Allowed	Note *
	24	29827-LT	29827-LT	ARTHROSCOP ROTATOR CUFF REPR	S43.422A	1	1950.00	1950.00	01	1449.18	97
	24	29828-51	29828-51	ARTHROSCOPY BICEPS TENODESIS	S46.212A	1	1500.00	1457.00	16	622.29	97
	24	29826-LT	29826-LT	SHOULDER ARTHROSCOPY/SURGERY	S43.432A	1	400.00	480.00	01	240.87	97
				Coventry Discount:				1494.66-			
							Total Charge		Recommended Allowance		
							3850.00			2312.34	

*Note 01: Within reasonable and customary guidelines.
*Note 16: The charge exceeds that which would be reasonable for multiple surgical procedures or diagnostic imaging services.
*Note 97: Priced using a Cofinity auto contract. questions call 1-800-793-6074

Claimant
Insured
Claim
Date of Loss

Liberty Mutual. INSURANCE

Reserve (1) 1st P[redacted] P Medical Expense - Medical Loss

Payee	Date of Service	Check #	Issued Date	Billed Amount	Adjustment Amount	Deductible	Withholding Amount	Amount Paid	EOP Note	Check Status
	04/04/2018 - 04/04/2018		06/27/2018	$155.00	($14.32)	-	-	$25.68	1	Cleared
	04/04/2018 - 04/04/2018		06/27/2018	$155.00	-	-	-	$115.00	2	Cleared
	07/11/2017 - 07/11/2017		04/20/2018	$115.00	-	-	-	$115.00	6	Cleared
	08/23/201[redacted] - 08/23/2017		04/20/2018	$115.00	-	-	-	$115.00	7	Cleared
	06/12/2017 - 06/12/2017		04/20/2018	$175.00	($10.00)	-	-	-	8	Cleared
	06/12/2017 - 06/12/2017		04/20/2018	$175.00	-	-	-	$115.00	9	Cleared
	06/12/2017 - 06/12/2017		04/20/2018	$175.00	($50.00)	-	-	-	10	Cleared

User:

Payee	Date of Service	Check #	Issued Date	Billed Amount	Adjustment Amount	Deductible	Withholding Amount	Amount Paid	EOP Note	Check Status
	12/12/2017 - 12/12/2017		04/20/2018	$135.01	($14.50)	-	-	$5.50	11	Cleared
	12/12/2017 - 12/12/2017		04/20/2018	$135.01	-	-	-	$115.00	12	Cleared
	12/12/2017 - 12/12/2017		04/20/2018	$135.01	($0.01)	-	-	-	13	Cleared
	06/30/2017 - 06/30/2017		10/11/2017	$285.00	($46.20)	-	-	$238.80	3	Cleared
			10/11/2017					-	4	Cleared
			10/11/2017						5	Cleared
Total										

1 Bill Image Control Number-0320[redacted]5/18
2 Bill Image Control Number-0[redacted]18
3 Bill Image Control Number[redacted]/17 Payment based on the usual and customary amount for geographical area.
4 Bill Image Control Number-0[redacted]09/02/17
5 Bill Image Control Number-[redacted]/02/17
6 Bill Image Control Numbe[redacted]3/29/18
7 Bill Image Control Numb[redacted]R 03/29/18
8 Bill Image Control Number-05[redacted]2 CR 03/29/18

User: [redacted]

AAA MICHIGAN
P.O. Box 26260
San Diego, CA 92196-0260

EXPLANATION OF BENEFITS
(THIS IS NOT A BILL)

Claim Number:
Provider:
Date of Loss:
State of Jurisdiction: MI
Coverage Type: Personal Injury Protection

Date Received:
Bill :
Provider Invoice #

Claimant:

Provider Information:
Specialty:
TIN
Region:
ZIP of Service: **NPI:**

Diagnosis: 1). 719.41 PAIN IN JOINT INVOLVING SHOULDER REGION
2). 719.45 PAIN IN JOINT INVOLVING PELVIC REGION AND THIGH

Date of Service	Line	POS	Proc. Code	Modifier	Units	Amount Charged	Amount Allowed	Explanation Codes
	1	11	73221	LT	1	3,900.00	1,782.40	7, 41
	2	11	73721	LT	1	3,900.00	1,805.38	7, 41
				Totals:		**$7,800.00**	**$3,587.78**	

Explanations:

7. The diagnosis reported by the provider may represent a condition occurring as a result of the motor vehicle accident or an unrelated condition. The insurer may request additional documentation from the provider if the relatedness is not clear.
41. The amount allowed is based on provider charges within the provider's geographic region.

Procedure Guide:
73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)
73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material

Place of Service Guide:

11 Office

Modifier Guide:

LT Left side (used to identify procedures performed on left side of body)

IF ADDITIONAL DOCUMENTATION HAS BEEN REQUESTED, PLEASE INCLUDE A COPY OF THIS EOB OR REFERENCE THE BILL NUMBER LISTED ABOVE ON ALL CORRESPONDENCE SENT TO AAA MICHIGAN TO EXPEDITE THE PROCESSING OF YOUR REQUEST.

********** IF YOU HAVE ANY QUESTIONS REGARDING THIS REVIEW: **********

-INJURED PERSONS CALL YOUR ASSIGNED CLAIM ADJUSTER:

Date

AAA MICHIGAN
P.O. Box 2946
Clinton, IA 52733-2946

Explanation of Benefits - This is not a Bill

Claim Information

Claim Number:
Claimant Name:
Date of Loss:
State of Jurisdiction: MI
Coverage Type: Personal Injury Protection

Bill Number:
Date Received:

Provider Information

Name:

Address:

Provider Invoice #:
Specialty:
TIN:
NPI:
Region:
Zip of Service:

ICD Diagnosis

(1) 309.28

Submitted Charges

Date(s) of Service	Line	POS	Proc. Code	Mod	Dx Ptr	Units	Amount Charged	Amount Allowed	Explanation Code(s)
	1	11	99441			1	$150.00	$55.08	7,41
			Totals			1	$150.00	$55.08	

Explanation Code Guide

7	The diagnosis reported by the provider may represent a condition occurring as a result of the motor vehicle accident or an unrelated condition. The insurer may request additional documentation from the provider if the relatedness is not clear.
41	Dates of Service 5/31/11 and prior, the amount allowed is based on benchmark data provided by Ingenix. As of Dates of Service 6/1/11 and greater, the amount allowed was reviewed using the FH RV Benchmark Database.

Place of Service (POS) Guide

11	Office

Procedure Code (Proc. Code) Guide

99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

ICD Diagnosis Code Guide

309.28	Adjustment reaction with mixed anxiety and depressed mood

Specialty Guide

DO	Osteopathy

If additional documentation has been requested, please include a copy of this EOB or reference the bill number listed above on all correspondence sent to AAA Michigan to expedite the processing of your request.

You may receive this EOB before any authorized payment for these services. If a payment has been approved, please allow a reasonable amount of time for receipt of the check.

******** IF YOU HAVE ANY QUESTIONS REGARDING THIS REVIEW: **********
- PROVIDERS CALL

Date

Nationwide Insurance / Allied Insurance
P O BOX 182869

Columbus OH 43218

Claim Number:
Claimant:
Date of Loss:
Policyholder:
Policy Number:
State of Jurisdiction: MI
Coverage Type: Personal Injury Protection

Date Received:
Bill #:
Provider Invoice #:

Attorney:

Provider Name
Specialty:
TIN:
Region: <none>
ZIP of Service:
Provider Network: COFINITY

Diagnosis: 1). 724.2 LUMBAGO
2). 728.2 MUSCULAR WASTING AND DISUSE ATROPHY, NOT ELSEWHERE CLASSIFIED

Date of Service	Line	POS	Proc. Code	Modifier	Units	Amount Charged	Amount Allowed	Explanation Codes
	1	11	99213		1	115.00	63.58	7, 240
				Totals:		$115.00	$63.58	

Explanations:

7. The diagnosis reported by the provider may represent a condition occurring as a result of the motor vehicle accident or an unrelated condition. The insurer may request additional documentation from the provider if the relatedness is not clear.
240. A network discount has been applied in accordance with your Cofinity preferred provider contract. For questions regarding this analysis, call (800) 831-1166 if it concerns a Michigan bill, otherwise call (877) 372-9797 for all other states.

Procedure Guide:
99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and coordination of care with other providers 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 low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

Place of Service Guide:

11 Office

If payment is due, check will be mailed under separate cover. Cashing this check will not forfeit your appeal rights. The amount shown should be considered full payment for service dates indicated, unless additional information is requested. If additional information is requested, please forward the information to the address above. **To seek reconsideration:** Please contact the review company indicated within 30 calendar days of receipt of this notice. Please submit the following: 1. A copy of this Explanation of Reimbursement , 2. The reasons that you disagree with the reimbursement,3. A copy of all supporting medical documentation concerning this appeal.

ALLSTATE PROPERTY AND CASUALTY INSURANCE COMPANY

PO BOX 660519
KENNESAW GA 30160

Allstate.
You're in good hands.

EXPLANATION OF MEDICAL BILL PAYMENT

Servic- Provided For:

Date:
Bill Received Date:
Claim (
File Handler:
Invoice #:
Injured Perso[redacted]
Treatment Rendered By:
Provider Specialty:
TIN:
NPI:
CMS ID:

Diagnosis Codes/Present on Admission Indicator
715.95 OSTEOARTHROSIS, UNSPECIFIED WHETHER G

Date Of Service(s) From	Thru	Procedure/Revenue/NDC Code/Modifier	Description	Units	Billed Amount	Covered Amount	Reason Code(s)
04/24/13	04/24/13	99213	Office or other outpatie	1.00	$ 105.00	$ 62.10	240
04/24/13	04/24/13	72170	Radiologic examination,	1.00	$ 59.00	$ 36.76	240
04/24/13	04/24/13	73510-RT	Radiologic examination,	1.00	$ 80.00	$ 43.34	240
04/24/13	04/24/13	99499	Unlisted evaluation and	1.00	$ 25.00	$ 0.00	12
Total:					$ 269.00	$ 142.20	

Eligible Amount Based on 100% of Covered Amount $ 142.20

Reason Code(s):
240 A network discount has been applied in accordance with your Cofinity preferred provider contract. For questions regarding this analysis, call (800) 831-1166 if it concerns a Michigan bill, otherwise call (877) 372-9797 for all other states.
12 This CPT/HCPCS code is a "non-specific code." As noted in CPT/HCPCS a description of this procedure must accompany the bill for proper consideration of payment and for verification of proper coding.

Modifier Code(s):
RT Right side (used to identify procedures performed on right side of body)

If you have any questions about this claim, please contact your file handler.

Payment for $ 142.20 was made on 05/20/2013 to:
ANN ARBOR ORTHOPAEDIC SPECIAL

Copy(s) of this Explanation of Benefits has been sent to:

[redacted]

EXPLANATION OF REVIEW

This is not a bill

CLAIM NUMBER		OFFICE NAME	State Farm Mutual Automobile Insurance Company Michigan PIP Office

[redacted]

DATE OF LOSS		CLAIM HANDLER	
NAME INSURED		ADDRESS	
POLICY NUMBER		PHONE	
JURISDICTION	Michigan	TIN	
ZIP OF SERVICE		EST AMOUNT DUE	0.00
BILL REFERENCE NUMBER		DATE RECEIVED	
DIAGNOSIS CODES	897.2 TRAUMATIC AMPUTATION OF LEG(S) (COMPLETE) (PARTIAL), UNILATERAL, AT OR ABOVE KNEE, WITHOUT MENTION OF COMPLICATION, 784.3 APHASIA, 854.04 INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE, WITHOUT MENTION OF OPEN INTRACRANIAL WOUND, PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS AND RETURN TO PRE-EXISTING CONSCIOUS LEVEL	ICD PROCEDURE CODES	
SUBMITTED DRG	NA	ADJUSTED DRG	NA
BILL TYPE			
ADMISSION DATE		DISCHARGE DATE	
DRAFT NUMBER			

LINE	DATE OF SERVICE	REV CODE	CPT/HCPCS	MOD/TS	UNITS	SUBMITTED AMOUNT	APPROVED AMOUNT	REASON CODES
1	6/4/2010 6/4/2010	0420	97110	GP	4	346.00	294.10	240
2	6/4/2010 6/4/2010	0900	90887		1	100.00	85.00	240

3	6/4/2010 6/4/2010	0941			3	193.50	164.48	240
4	6/7/2010 6/7/2010	0420	97110	GP	1	86.50	73.53	240
5	6/7/2010 6/7/2010	0420	97116	59, GP	2	173.00	147.05	240
6	6/7/2010 6/7/2010	0430	97537	GO	4	346.00	294.10	240
7	6/7/2010 6/7/2010	0900	90853		1	107.50	91.38	240
8	6/7/2010 6/7/2010	0941			1	76.00	64.60	240
9	6/9/2010 6/9/2010	0420	97110	GP	1	86.50	73.53	240
10	6/9/2010 6/9/2010	0420	97116	59, GP	2	173.00	147.05	240
11	6/9/2010 6/9/2010	0941			1	152.00	129.20	240
12	6/11/2010 6/11/2010	0420	97110	GP	3	259.50	220.58	240
13	6/11/2010 6/11/2010	0420	97116	59, GP	1	86.50	73.53	240
14	6/11/2010 6/11/2010	0430	97530	GO	4	346.00	294.10	240
15	6/11/2010 6/11/2010	0941			1	76.00	64.60	240
16	6/16/2010 6/16/2010	0420	97110	GP	2	173.00	147.05	240
17	6/16/2010 6/16/2010	0420	97116	59, GP	1	86.50	73.53	240
18	6/16/2010 6/16/2010	0941			8	516.00	438.60	240
19	6/18/2010 6/18/2010	0420	97110	GP	2	173.00	147.05	240
20	6/18/2010 6/18/2010	0430	97530	GO	4	346.00	294.10	240
21	6/21/2010 6/21/2010	0420	97110	GP	1	86.50	73.53	240
22	6/21/2010 6/21/2010	0420	97116	59, GP	2	173.00	147.05	240
23	6/21/2010 6/21/2010	0430	97530	GO	4	346.00	294.10	240
24	6/21/2010 6/21/2010	0900	90853		1	107.50	91.38	240
25	6/23/2010 6/23/2010	0420	97110	GP	1	86.50	73.53	240
26	6/23/2010 6/23/2010	0420	97116	59, GP	2	173.00	147.05	240
27	6/23/2010 6/23/2010	0941			1	152.00	129.20	240
28	6/28/2010 6/28/2010	0430	97530	GO	4	346.00	294.10	240
29	6/28/2010 6/28/2010	0900	90853		1	107.50	91.38	240
30	6/28/2010 6/28/2010	0941			1	152.00	129.20	240

TOTAL SUBMITTED CHARGES	5,632.50
TOTAL APPROVED AMOUNT	4,787.68
AMOUNT NOT PAYABLE	0.00
DEDUCTIBLE	0.00
APPORTIONMENT/PRO RATA	0.00
PAID AMOUNT	4,787.68

EXPLANATIONS
240 A network discount has been applied in accordance with your Cofinity preferred provider contract. For questions regarding this analysis, call (800) 831-1166 if it concerns a Michigan bill, otherwise call (877) 372-9797 for all other states.
PROCEDURE GUIDE
90853 Group psychotherapy (other than of a multiple-family group)
90887 Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
97110 Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)
97530 Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes
97537 Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 minutes
The amount of the charges submitted has been reviewed. As a result of the review, the reimbursable amount is as reflected in our check. If you or the provider do not accept this check in discharge of the submitted claim, please notify us immediately. If the submitted claim becomes subject to creditor collection action or a lawsuit, notify us immediately so that we may provide other instructions and address the matter. These notices are provided in accordance with Insurance Bulletin 92-03

DATE Institutional

GEICO
geico.com

EOR #:

EXPLANATION OF REVIEW

Michigan

Receive Date

Service Provider

Claim Number

Date Of Loss

Patient

Case Number :

Billing Provider

Patient Account

Adjuster Name

Carrier : GEICO

Geico
Macon, GA 31296-0001

Dates Of Service

Diagnostic Codes	Description
V43.54XA	Car drvr inj coll van traf acc init
M54.5	Low back pain
F43.20	Adjustment disorder unspecified
G44.329	Chrn post-traum headache not intrct
M54.2	Cervicalgia
M54.6	Pain in thoracic spine
H50.50	Unspecified heterophoria
M25.511	Pain in right shoulder
S09.90XA	Unspecified injury head initial enc

LINE	DOS	PROC CODE	MOD	DESCRIPTION	UNITS	CHARGE	REDUCTION	*PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
1	08/30/16	99204		Office outpatient new 45 minutes	1.0	$0.00	$0.00	$0.00	$0.00	765
2	08/30/16	99203		Office outpatient new 30 minutes	1.0	$841.00	$639.51	$0.00	$201.49	765
Total Lines : 2						$841.00	$639.51	$0.00	$201.49	

Track your medical claims submitted to GEICO by enrolling in our online Medical Provider Claim Tracking website at: https://partners.geico.com/mpctweb.

For questions regarding payment and this EOR, please call your GEICO adjust

Claim Number	**Total Charges : $841.00**	**EOR #**
Billing Provider		
Service Provider		
Patient Name	**Dates of Service :**	

Reimbursement Amount :	**$**	**201.49**
Previous Reimbursement Amount :	**$**	**0.00**
Difference in Reimbursement Amount :	**$**	**0.00**
Apportionment Amount :	**$**	**0.00**
Less Deductible :	**$**	**0.00**
Limited Benefits/Copay :	**$**	**0.00**
EOR Check Amount :	**$**	**201.49**

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF LINE NUMBER
765	The service charge exceeds an amount that is reasonable when compared to the charges of other providers in the same geographic area.	1, 2
783	Based upon the submitted medical records and the guidelines outlined by the American Medical Association, the level of evaluation and management has been adjusted.	2

Comments: Based upon the submitted medical records and the guidelines outlined by the American Medical Association, the level of evaluation and management has been adjusted.

Track your medical claims submitted to GEICO by enrolling in our online Medical Provider Claim Tracking website at: https://partners.geico.com/mpctweb.

For questions regarding payment and this EOR, please call your GEICO adjust