

THIS DOCUMENT WAS RECEIVED IN

PO BOX 30559, SLC, UT-RMO-WEST

05/17/2021

United Health Group - West, Central and Cirrus RMO

0330

Operated by Firstsource Solutions 1355 South 4700 West Salt Lake City, UT 84104 2135 E. Primrose Suite Q Springfield, MO 65804

\$1.20 0 US POSTAGE FIRST-CLASS 062S0009233345 FROM 65804

Attn: Appeals PO Box 30559 Salt Lake City, UT



Transworld Systems, Inc. 2135 E. Primrose Suite Q Dept. 200 Springfield, MO 65804 Direct Line: (469) 464-3446 Toll Free: (800) 444-3513 Fax: (855) 548-2502

May 10, 2021

UHC

Attn: Appeals PO BOX 30559

SALT LAKE CITY, UT 84130

OUR CLIENT:

MASSACHUSETTS GENERAL HOSPITAL

PATIENT:

ACOSTA, STEVEN

POLICY#:

964698926

DOS:

10/22/2019

CHARGES:

\$3,092.11

Dear Sir or Madam:

Our office represents the aforementioned medical provider with regard to unpaid medical goods and services rendered to the above referenced patient. All future correspondence and communications shall be made to this office directly. Please be advised this shall serve as a formal appeal.

It has come to our attention that the above-mentioned claim has been denied as not a covered benefit as it is work related. Please review attached denial from the workers compensation carrier Zurich clearly indicating this is not work related and as such needs to be covered under his health benefit plan. Based upon this information the claim should be paid without further delay. Your company has a duty of good faith and fair dealing to process claims in cases where liability is reasonably clear.

If for any reason this appeal is rejected, you are hereby requested to provide this office with a prompt, written and reasonable explanation of the exact basis relied upon in that regard. Your anticipated courtesy and cooperation in resolving this matter promptly is appreciated.

Thank you,

Brandy Sahadeo Insurance Recovery Specialist

Enclosure

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Explanation of Review



Carrier

Carrier No:

Carrier: AMERICAN ZURICH INS. CO.

1299 Zurich Way

SCHAUMBURG, IL 60196 FIRE ATTENDED OF THE PROPERTY OF THE PROPERTY

Provider

MASS GENEREAL HOSPITAL MASS GENEREAL HOSPITAL

PO BOX 3947 BOSTON, MA 02241

ZU1-ZNMA-351986 1911: Chairmant

ACOSTA, STEVEN 153 IRVING STREET

EVERETT, MA 02149

Tex ID: 04-2697983

Type: HO Specialty (1): HP Claim Number: 2230427459001

License: 273159

DOI/DOL: 10-22-2019

Rendering Provider: GOLDSMITH, ANDREW

Currier Received Date: 04-15-2020 External Chaim Number: 2230427439

Social Security Number: XXX-XX-7782

Policy Number: 8298036WC 20

Invoice Date: 04-06-2020 Patient Account: 610900552002

Employer/Insured: FI.AUSHIP ENTERPRISES HOLDING.

Medicare Number: 220071

Employer/Insured Address: 155 5TH ST FL 6

SAN FRANCISCO, CA 94103-2919

Bill Details

Dates of Service: 10-22-2019 to 10-22-2019

Post Date: 06-08-2020

Reviewer: @@T+

Pay Authi OBJ

CR Seq: 05082020

UB TOB: 131

Date of Admission: 10-22-2019

Bill ICD Version: 10

Dx A: M54.6

PAIN IN THORACIC SPINE

Dx B: R20.0

ANESTHESIA OF SKIN

Dx C: F17.210

NICOTINE DEPENDENCE, CIGARETTE

<u>0.00</u>

S. UNCOMPLICATED

Line Date POS Rev./Proc. Code Dx. Units Description Explanation Code(s) Charges BR PPO Allow,

Totals

Total Charges:

3,092.11

Bill Review Reductions: Recommended Allowances 3.092.11

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CLAIM/SERVICE DENIED. CLAIM/SERVICE DENIED.

For Zurich's Medical Bill Review FAQ, please visit: www.zurichna.com >Claims>Helpful information>Medical provider billing

Notes

* Unless otherwise noted, charges were reduced for exceeding the guidelines of the Rate Setting Commission of the Code of Massachusetts Regulations.

ZURICH NOW OFFERS ELECTRONIC PAYMENT OPTIONS.

Please visit enrollments.zurichna.com to learn mure.

DIRECT INQUIRIES REGARDING THIS REVIEW TO ZURICH SERVICES CORPORATION AT (719) 590-8719. ALL REQUESTS FOR RECONSIDERATIONS MUST BE SUBMITTED IN WRITING.

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DCN Number: 20200604, A202012701A8.TIF

05/04/21 14:22:56 1-858-999-8944



EXPLANATION OF REVIEW

Carrier Carrier No:

Claimant

Cerrier: AMERICAN ZURICH INS. CO. 1299 Zurich Way

SCHAUMBURG, IL 60196

ZU1-ZNMA-352114 Bills

> MASS GENERAL HOSPITAL MASS GENERAL HOSPITAL

PO BOX 3947 BOSTON, MA 02241 EVERETT, MA 02149

Tax ID: 04-2697983

Type: HO Specialty (1): I-IP Claim Number: 2230427459001 DOI/DOL: 10-22-2019

License: 273159

Rendering Provider: GOLDSMITH, ANDREW

Carrier Received Date: 12-20-2019

External ID: 79833M256L21384P1209

External Claim Number: 2230427459 Social Security Number: XXX-XX-7782 Policy Number: 8298036WC 20

Involce Date: 12-19-2019 Patient Account: 610900552001 Medicare Number: 220071

Employer/Insured: FLAGSHIP ENTERPRISES HOLDING.

ACOSTA, STEVEN

153 IRVING STREET

Employer/Insured Address: 155 5TH ST FL 6

SAN FRANCISCO, CA 94103-2919

Bill Details

Provider

Dates of Service: 10-22-2019 to 10-22-2019

Post Date: 06-08-2020

Roviewer: K:/U%

Pay Auth: OBJ

CR Seq: 12232019

UB TOB: 131 Date of Admission: 10-22-2019

Bill ICD Version: 10

Dx A: M34.6

PAIN IN THORACIC SPINE

Dx B: R20.0

ANESTHESIA OF SKIN

Dx C: F17.210

RICOTINE DEPENDENCE, CIGARETTE

S, UNCOMPLICATED

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1	10-22-2019	9 23 250	ABC	4	PHARMACY GENERAL CLASS	A1, XA1, 229
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2	10-22-201	23 260/096374-59	χвс		THERPROPHIDIAGINITY	A1: NA1, 229
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3	10-22-2019	9 23 260/096375	ABC	1	TX/PRO/DX INJ NEW DRUG	A1, NA1, 229
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	7.10-22-2019	9 23 307/081001	43.00	43.00	URINALYSIS, AUTO W/SCOPE	0.00
5	10-22-2019	9 23 324/071046	ABC	1	X-RAY EXAM CHEST 2 VIEWS	A1, XA1, 229
			391.00	391.00		0.00
	10-22-201	23 402/076604	ABC 505.00	505,00	i:\$examchest	7.1.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Ź	10-22-2019		ABC	1	EMERGENCY DEPT VISIT	A1, XA1, 229
			1,109.00	1,109.00		0.00
8	10-22-2019	9-23-636/011170	ABC 14.27	1427/	HYDROMORPHONE INJECTION	Al. YAL 229 0.60
9		23 636/031885	ABC	1	KETOROLAC TROMETHAMINE	A1, XA1, 229
			2.93	2.93		0.00

DIRECT (NOUIRIES REGARDING THIS REVIEW TO ZURICH SERVICES CORPORATION AT (719) 590-8719. ALL REQUESTS FOR RECONSIDERATIONS MUST BE SUBMITTED IN WRITING.

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Carrier Carrier No:

Carrier: AMERICAN ZURICH INS. CO. 1299 Zurich Way

SCHAUMBURG, IL 601%

BiD: ZU1-ZNMA-351986

MASS GENEREAL HOSPITAL MASS GENEREAL HOSPITAL PO BOX 3947

BOSTON, MA 02241

05/04/21 14:22:02 1-858-999-8944

Claimant ACOSTA, STEVEN 153 IRVING STREET EVERETT, MA 02149

Tax ID: 04-2697983

Specialty (1): I-IP Type: HO

Claim Number: 2230427459001

License: 273159

DOI/DOL: 10-22-2019

Rendering Provider: GOLDSMITH, ANDREW

Carrier Received Date: 04-15-2020

External Claim Number: 2230427459 Social Security Number: XXX-XX-7782

Polley Number: 8298036WC 20

Involce Date: 04-06-2020 Patient Account: 610900552002 Medicare Number: 220071

Employer/Insured Address: 155 5TH ST FL 6

Employer/Insured: FLAGSHIP ENTERPRISES HOLDING.

SAN FRANCISCO, CA 94103-2919

Bill Details

Provider

Dates of Service: 10-22-2019 to 10-22-2019

Post Date: 06-08-2020

Reviewer: @mP+

Pay Auth: OBJ

CR Seq: 05082020

UB TOB: 131 Date of Admission: 10-22-2019

Bill ICD Version: 10

Dx A: M54.6

PAIN IN THORACIC SPINE

Dx B: R20.0

ANESTHESIA OF SKIN

Dr C: F17.210

NICOTINE DEPENDENCE, CIGARETTE

S. UNCOMPLICATED

Line	Date	POS	Rev./Proc. Code	Dx. Charges	Unite BR	Description PPO	Explanation Code(s) Allow.
1	10-22-2019	23	250	ABC	4	PHARMACY GENERAL CLASS	AI, XAI
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3	10-22-2019	23	260/096375	ABC	1	TX/PRO/DX INJ NEW DRUG	Al.XAl
.ass attend				299.00	299.00	ر در در المراقع ال	0.00
	10-22-2019	23	307/081001	ABC 43:00	43.00	URINALYSIS'AUTO W/SCOPE	AI, XAI 0.00
5	10-22-2015	23	324/071045	ABC	1	X-RAY BXAM CHEST I VIEW	AI, XAI
				391.00	391.00		0.00
	10-22-2019	23	402/076604	ABC 505.00	505.00	USEXAMCHEST	A1.XA1. 0.00
Ź	10-22-2019		450/099283-25	ABC	1	EMERGENCY DEPT VISIT	Al, XAI
				1,109.00	1,109.00		0.00
	10-22-2019	237	636/011170	ABC	14.27	HYDROMORPHONE INJECTION	A1, XA1 0:00
9			636/0J1885	ABC	1	KETOROLAC TROMETHAMINE	Al. XAI
			•	2.93	2.93		0,00

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Carrier Corrier No:

Carrier, AMERICAN ZURICH INS. CO. 1299 Zurich Way SCHAUMBURG, IL 60126

Provider

MASS GENERAL HOSPITAL MASS GENERAL HOSPITAL

PO BOX 3947 BOSTON, MA 02241

PM: ZUI-ZNMA-352114 Claimant

ACOSTA, STEVEN 153 ERVING STREET EVERETT, MA 02149

Tex ID: 04-2697983

Type: HO Specialty (1): HP Claim Number: 2230427459001

License: 273159

DOI/DOL: 10-22-2019

Rendering Provider: GOLDSMITH, ANDREW

Carrier Received Date: 12-20-2019 External Claim Number: 2230427459

External ID: 79833M256L21384P1209

Social Security Number: XXX-XX-7782 Policy Number: 8298036WC 20

Invoice Date: 12-19-2019 Patient Account: 610900552001

Employer/Insured: FLAGSHIP ENTERPRISES HOLDING.

Medicare Number: 220071

Employer/Insured Address: 155 5TH ST FL 6

SAN FRANCISCO, CA 94103-2919

Bill Details

Dates of Service: 10-22-2019 to 10-22-2019

Post Date: 05-08-2020

Reviewer: K:/U%

Pay Auth: OBJ

CR Seq: 12232019

UB TOB: 131

Date of Admission: 10-22-2019

Bill ICD Version: 10

Dx A: M34.6

PAIN IN THORACIC SPINE

Dx B: R20.0

ANESTHESIA OF SKIN

Dx C: F17.210

NICOTINE DEPENDENCE, CIGARETTE

S, UNCOMPLICATED

Notes

ZURICH NOW OFFERS ELECTRONIC PAYMENT OPHONS.

Please visit enrollments zurielma.com to learn more.

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Unless otherwise noted, charges were reduced for exceeding the guidelines of the Rate Setting Commission of the Code of Massachusetts Regulations.

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Carrier Carrier No:

Bill:

Chaimant

Carrier: AMPRICAN ZURICH INS, CO.

1299 Zurich Way

SCHAUMBURG, IL 60126

Provider

MASS GENERAL HOSPITAL MASS GENERAL HOSPITAL

PO BOX 3947 BOSTON, MA 02241 ZUI-ZNMA-352114

ACOSTA, STEVEN 153 IR VING STREET

EVERETT, MA 02149

Tax ID: 04-2697983

Type: HO Specialty (1): 1-IP Claim Number: 2230427459001

License: 273159

Rendering Provider: GOLDSMITH, ANDREW

DOI/DOL: 10-22-2019

Carrier Received Date: 12-20-2019

External ID: 79833M256L21384P1209

External Claim Number: 2230427459

Social Security Number: XXX-XX-7782

Involce Date: 12-19-2019

Policy Number: 8298036WC 20

Patient Account: 610900552001 Medicare Number: 220071

Employer/Insured: FLAGSHIP ENTERPRISES HOLDING. Employer/Insured Address: 155 5TH ST FL 6

SAN FRANCISCO, CA 94103-2919

Bill Details

Dates of Service: 10-22-2019 to 10-22-2019

Post Date: 06-08-2020

Reviewer: K:/U%

Pay Authi OBJ

CR Seq: 12232019

UB TOB: 131

Date of Admission: 10-22-2019

Bill ICD Version: 10

Dx A: M34.6

PAIN IN THORACIC SPINE

Dx B: R20.0

ANESTHESIA OF SKIN

Dx C: F17.210

NICOTINE DEPENDENCE, CIGARETTE

0.00

S, UNCOMPLICATED

Line Date POS Rev./Proc. Code Dx. Description Explanation Code(s) Units Charges PPO BR Allow.

Totals

Total Charges:

3,092.11

Bill Review Reductions: Recommended Allowances

3.092.11

Messages

THIS PROCEDURE DOES NOT APPEAR RELATED TO THE INJURY AND/OR DIAGNOSIS, WE WILL RE-EVALUATE THE CHARGE UPON RECEIPT OF 229

CLARIFYING INFORMATION.

Al

CLAIM/SERVICE DENIED.

XAL

CLAIM/SERVICE DENIED.

For Zurich's Medical Bill Review FAQ, please visit: www.zurichna.com >Claims>Helpful information>Medical provider billing

DIRECT INQUIRIES REGARDING THIS REVIEW TO ZURICH SERVICES CORPORATION AT (719) 590-8719. ALL REQUESTS FOR RECONSIDERATIONS MUST BE SUBMITTED IN WRITING.

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DCN Number: 20200604_S2020156013F.TIF

Liability Bucket Info

Account: ACOSTA, STEVEN [6109005520]

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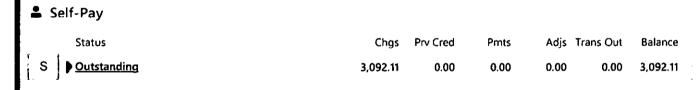
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- Related Outstanding Professional Billing Invoices
- ② 2 invoices not outstanding to insurance. Open All Invoices