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1441

United Health Group - West, Central and Cirrus RMO

Operated by Firstsource Solutions

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Salt Lake City, UT 84104



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DR. R TYSON SCOTT DPM LLC
DR. SCOTT BERG DPM

DATE: 3/24/2021

Send to: UHC

Attention: Appeals

Phone Number:

Fax Number: 801-938-2100

From: Janey K.

Phone Number: 503-370-8784

Fax Number: 503-362-4017

Number of Pages (Including Cover): 9

☐ URGENT ☐ FOR REVIEW ☐ PLEASE REPLY

If you have any questions, please feel free to contact me here at the office.

Thank You,

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800 Liberty St. SE • Salem, Oregon 97302 • Tel: 503.370.8784 • Fax: 503.362.4017

3/24/2021

United Healthcare
Attn: Provider Appeals
801-938-2100



Coastline Foot & Ankle Center
800 Liberty St. SE
Salem, OR 97302

Re: Aaron Waters
Member # 923175954

Dear Appeals Representative,

We received a take back from Blue Cross Blue Shield on 2/23/2021 for the following claim # AV95281984A DOS 10/7/2019. I spoke to Cindy at UHC, she said UHC was primary from 5/1/19-10/3/19. We would like to submit an appeal on these claims as we were not aware UHC was primary at the time of service.

The other claims were submitted via appeal on 2/22/2021

Thank you for your consideration,

Janey

Billing Department

Coastline Foot and Ankle Clinic
800 Liberty St SE
Salem, OR 97302

503-370-8784 x 101

Previous Appeal
Attached.

3/24/2021

eRemittance - OR REGENCE BLUE SHIELD

eRemittance - OR REGENCE BLUE SHIELD

Payee :R TYSON SCOTT DPM LLC (3Y7H)
ATTN: DBA COASTLINE FOOT AND ANKLE CENTE
800 LIBERTY ST SE
SALEM OR 973024137

Date: 02/23/2021
TIN: 454959262
TIN: 100000817269
Reference ID: 0153449273
Amount: \$3091.47

Payor : OR REGENCE BLUE SHIELD (00850) , () , (00850)
PO BOX 1271
PORTLAND OR 97207

Explanation of Payment

Claims: 1

(1)

Patient Name	WATERS AARON	Patient ID	TXX981524260	Claim Status	22
Subscriber Name	WATERS JOSEPH	Payer Claim ID	E48835359400	Claim Amount	\$-2231.56
Provider Name	SCOTT ROBERT T	Provider Claim ID	124998	Paid Amount	\$-1178.80
Claim Statement	10/07/2019 - -	Received Date	10/24/2019	Pt Responsibility	-
Dates					

Claim Status Description : Reversal of Previous Payment

Serv Date	Units	Serv Code	Billed	Paid	Allowed Adjustments
10/07/2019 - 10/07/2019	1	HC:28116	\$-1546.06	\$-877.18	\$-1096.47 CO-45: \$-449.59 PR-2: \$-219.29
10/07/2019 - 10/07/2019	1	HC:L4361:RT	\$-685.50	\$-301.62	\$-377.03 CO-45: \$-308.47 PR-2: \$-75.41

(2)

Patient Name	WATERS AARON	Patient ID	TXX981524260	Claim Status	1
Subscriber Name	WATERS JOSEPH	Payer Claim ID	E48835359401	Claim Amount	\$2231.56
Provider Name	SCOTT ROBERT T	Provider Claim ID	124998	Paid Amount	\$0.00
Claim Statement	10/07/2019 - -	Received Date	10/24/2019	Pt Responsibility	\$2231.56
Dates					

Claim Status Description : Processed as Primary

Serv Date	Units	Serv Code	Billed	Paid	Allowed Adjustments
10/07/2019 - 10/07/2019	1	HC:28116	\$1546.06	\$0.00	- PR-22: \$1546.06
			REM: N4		
10/07/2019 - 10/07/2019	1	HC:L4361:RT	\$685.50	\$0.00	- PR-22: \$685.50
			REM: N4		

PROV ADJ CODE1 & FCN/OTHER IDENTIFIER : WO:E48835359400-124998

AMT : -1178.80

Adjustment Group Codes

CO : Contractual Obligations
OA : Other adjustments
PR : Patient Responsibility

Adjustment Reason Codes

2 : Coinsurance Amount
3 : Co-payment Amount
22 : This care may be covered by another payer per coordination of benefits.
23 : The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)
45 : Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)
59 : Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
227 : Information requested from the patient/insured/responsible party was not provided or was insufficient/incomplete.

3/24/2021

eRemittance - UHC

eRemittance - UHC

Payee :COASTLINE FOOT AND ANKLE CENTER (3Y7H)
800 LIBERTY ST SE
SALEM OR 97302

Date: 11/14/2019
TIN: 454959262
TIN: 454959262
Reference ID: 1TR46637063
Amount: \$232.44

Payor : UHC (87726) , (87726) , (87726)
9900 BREN ROAD
MINNETONKA MN 553439664

Explanation of Payment

Claims: 1

(1)
Patient Name WATERS AARON Patient ID 923175954 Claim Status 2
Subscriber Name WATERS AARON Payer Claim ID AV95281984 Claim Amount \$2231.56
Provider Name SCOTT ROBERT T Provider Claim ID 0026788180 Paid Amount \$0.00
Claim Statement 10/07/2019 - 10/07/2019 Received Date 124998 Pt Responsibility \$294.70
Dates 11/06/2019

Claim Status Description : Processed as Secondary

Serv Date	Units	Serv Code	Billed	Paid	Allowed Adjustments
10/07/2019 - 10/07/2019	1	HC:28116	\$1546.05	\$0.00	\$1096.47 OA-23: \$1326.77 PR-2: \$219.29
10/07/2019 - 10/07/2019	1	HC:L4361:RT	\$685.50	\$0.00	\$377.03 OA-23: \$610.09 PR-2: \$75.41

Adjustment Group Codes

CO : Contractual Obligations
OA : Other adjustments
PR : Patient Responsibility

Adjustment Reason Codes

1 : Deductible Amount
2 : Coinsurance Amount
3 : Co-payment Amount
23 : The Impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)
45 : Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)

Remark Codes

MA15 : Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.

2/22/2021



Coastline Foot & Ankle Center
800 Liberty St. SE
Salem, OR 97302

United Healthcare

Attn: Provider Appeals
801-938-2100

RE: Aaron Waters
Member # 923175954

Dear Appeals Representative,

We received a take back from Blue Cross Blue Shield Local Program on 2/1/2021 for the following claims:

DOS 6/12/19 \$147.06
DOS 8/26/19 \$257.98
DOS 10/3/19 \$215.52

EOB's are attached for your reference and consideration.

Blue Cross is saying UHC was primary at the time these services were incurred. I spoke to Cindy at UHC and she verified UHC was primary from 5/1/19-10/3/19. She said we could send an appeal to see if we can have the claims reprocessed as primary because we were not made aware that UHC was primary at the time of service.

Thank you for your consideration.

Janey

Billing Department

Coastline Foot and Ankle Center
800 Liberty St SE
Salem, OR 97302

503-370-8784

Copy

2/22/2021

Remittance - OR REGENE BLUE SHIELD

Remittance - OR REGENE BLUE SHIELD

Payee :R TYSON SCOTT DPM LLC (3Y7H)
ATTN_ DBA COASTLINE FOOT AND ANKLE CENTE
800 LIBERTY ST SE
SALEM OR 973024137

Date: 01/26/2021
TIN: 454959262
TIN: 100000817269
Reference ID: 0153412859
Amount: \$2806.46

Payor : OR REGENE BLUE SHIELD (00850) , () , (00850)
PO BOX 1271
PORTLAND OR 97207

Explanation of Payment

Claims: 1

(1)
Patient Name WATERS AARON Patient ID TXX981524260 Claim Status 22
Subscriber Name WATERS JOSEPH Payer Claim ID E47682960300 Claim Amount \$-147.06
Provider Name SCOTT ROBERT T Provider Claim ID 119762 Paid Amount \$-105.81
Claim Statement 06/12/2019 - - Received Date 06/14/2019 Pt Responsibility -
Dates

Claim Status Description : Reversal of Previous Payment

Serv Date	Units	Serv Code	Billed	Paid	Allowed Adjustments
06/12/2019 - 06/12/2019	1	HC:99213	\$-147.06	\$-105.81	\$-130.81 CO-45: \$-16.25 PR-3: \$-25.00

(2)
Patient Name WATERS AARON Patient ID TXX981524260 Claim Status 1
Subscriber Name WATERS JOSEPH Payer Claim ID E47682960301 Claim Amount \$147.06
Provider Name SCOTT ROBERT T Provider Claim ID 119762 Paid Amount \$0.00
Claim Statement 06/12/2019 - - Received Date 06/14/2019 Pt Responsibility \$147.06
Dates

Claim Status Description : Processed as Primary

Serv Date	Units	Serv Code	Billed	Paid	Allowed Adjustments
06/12/2019 - 06/12/2019	1	HC:99213	\$147.06	\$0.00	- PR-22: \$147.06

REM: N4

PROV ADJ CODE1 & FCN/OTHER IDENTIFIER : WO:E47682960300-119762 AMT : -105.81
PROV ADJ CODE1 & FCN/OTHER IDENTIFIER : WO:E48350709100-122988 AMT : -200.71
PROV ADJ CODE1 & FCN/OTHER IDENTIFIER : WO:E48664388400-124834 AMT : -171.26

Adjustment Group Codes
CO : Contractual Obligations
OA : Other adjustments
PR : Patient Responsibility

Adjustment Reason Codes
1 : Deductible Amount
2 : Coinsurance Amount
3 : Co-payment Amount
22 : This care may be covered by another payer per coordination of benefits.
23 : The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)
26 : Expenses incurred prior to coverage.
27 : Expenses incurred after coverage terminated.
45 : Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)
227 : Information requested from the patient/insured/responsible party was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or

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2/22/2021 -

eRemittance - OR REGENCE BLUE SHIELD

eRemittance - OR REGENCE BLUE SHIELD

Payee :R TYSON SCOTT DPM LLC (3Y7H)
ATTN: DBA COASTLINE FOOT AND ANKLE CENTE
800 LIBERTY ST SE
SALEM OR 973024137

Date: 01/26/2021
TIN: 454959262
TIN: 100000817269
Reference ID: 0153412859
Amount: \$2806.46

Payor : OR REGENCE BLUE SHIELD (00850) , () , (00850)
PO BOX 1271
PORTLAND OR 97207

Explanation of Payment

Claims: 1

(1)
Patient Name WATERS AARON Patient ID TXX981524260 Claim Status 22
Subscriber Name WATERS JOSEPH Payer Claim ID E48350709100 Claim Amount \$-257.98
Provider Name SCOTT ROBERT T Provider Claim ID 122988 Paid Amount \$-200.71
Claim Statement 08/26/2019 - - Received Date 09/01/2019 Pt Responsibility -
Dates

Claim Status Description : Reversal of Previous Payment

Serv Date	Units	Serv Code	Billed	Paid	Allowed Adjustments
08/26/2019 - 08/26/2019	1	HC:99213:25	\$-147.06	\$-130.81	\$-130.81 CO-45: \$-16.25
08/26/2019 - 08/26/2019	1	HC:20605	\$-100.92	\$-68.31	\$-93.31 CO-45: \$-7.61 PR-3: \$-25.00
08/26/2019 - 08/26/2019	1	HC:J3301	\$-10.00	\$-1.59	\$-1.59 CO-45: \$-8.41
08/26/2019 - 08/26/2019	1	HC:G8427	\$0.00	\$0.00	-

REM: N381 N448

(2)
Patient Name WATERS AARON Patient ID TXX981524260 Claim Status 1
Subscriber Name WATERS JOSEPH Payer Claim ID E48350709101 Claim Amount \$257.98
Provider Name SCOTT ROBERT T Provider Claim ID 122988 Paid Amount \$0.00
Claim Statement 08/26/2019 - - Received Date 09/01/2019 Pt Responsibility \$257.98
Dates

Claim Status Description : Processed as Primary

Serv Date	Units	Serv Code	Billed	Paid	Allowed Adjustments
08/26/2019 - 08/26/2019	1	HC:99213:25	\$147.06	\$0.00	- PR-22: \$147.06
REM: N4					
08/26/2019 - 08/26/2019	1	HC:20605	\$100.92	\$0.00	- PR-22: \$100.92
REM: N4					
08/26/2019 - 08/26/2019	1	HC:J3301	\$10.00	\$0.00	- PR-22: \$10.00
REM: N4					
08/26/2019 - 08/26/2019	1	HC:G8427	\$0.00	\$0.00	-

PROV ADJ CODE1 & FCN/OTHER IDENTIFIER : WO:E47682960300-119762 AMT : -105.81
PROV ADJ CODE1 & FCN/OTHER IDENTIFIER : WO:E48350709100-122988 AMT : -200.71
PROV ADJ CODE1 & FCN/OTHER IDENTIFIER : WO:E48664388400-124834 AMT : -171.26

Adjustment Group Codes
CO : Contractual Obligations
OA : Other adjustments
PR : Patient Responsibility

Adjustment Reason Codes

2/22/2021 -

eRemittance - OR REGENE BLUE SHIELD

eRemittance - OR REGENE BLUE SHIELD

Payee :R TYSON SCOTT DPM LLC (3Y7H)
ATTN: DBA COASTLINE FOOT AND ANKLE CENTE
800 LIBERTY ST SE
SALEM OR 973024137

Date: 01/26/2021
TIN: 454959262
TIN: 100000817269
Reference ID: 0153412859
Amount: \$2806.46

Payor : OR REGENE BLUE SHIELD (00850) , () , (00850)
PO BOX 1271
PORTLAND OR 97207

Explanation of Payment

Claims: 1

(1)
Patient Name WATERS AARON Patient ID TX981524260 Claim Status 22
Subscriber Name WATERS JOSEPH Payer Claim ID E48664388400 Claim Amount \$-215.52
Provider Name SCOTT ROBERT T Provider Claim ID 124834 Paid Amount \$-171.26
Claim Statement 10/03/2019 - - Received Date 10/07/2019 Pt Responsibility -
Dates

Claim Status Description : Reversal of Previous Payment

Serv Date	Units	Serv Code	Billed	Paid	Allowed Adjustments
10/03/2019 - 10/03/2019	1	HC:99214	\$-215.52	\$-171.26	\$-196.26 CO-45: \$-19.26 PR-3: \$-25.00

(2)
Patient Name WATERS AARON Patient ID TX981524260 Claim Status 1
Subscriber Name WATERS JOSEPH Payer Claim ID E48664388401 Claim Amount \$215.52
Provider Name SCOTT ROBERT T Provider Claim ID 124834 Paid Amount \$0.00
Claim Statement 10/03/2019 - - Received Date 10/07/2019 Pt Responsibility \$215.52
Dates

Claim Status Description : Processed as Primary

Serv Date	Units	Serv Code	Billed	Paid	Allowed Adjustments
10/03/2019 - 10/03/2019	1	HC:99214	\$215.52	\$0.00	- PR-22: \$215.52

REM: N4

PROV ADJ CODE1 & FCN/OTHER IDENTIFIER : WO:E47682960300-119762 AMT : -105.81
PROV ADJ CODE1 & FCN/OTHER IDENTIFIER : WO:E48350709100-122988 AMT : -200.71
PROV ADJ CODE1 & FCN/OTHER IDENTIFIER : WO:E48664388400-124834 AMT : -171.26

Adjustment Group Codes
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2/22/2021

eRemittance - UHC

eRemittance - UHC

Payee : COASTLINE FOOT AND ANKLE CENTER (3Y7H)
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SALEM OR 97302

Date: 11/14/2019
TIN: 454959262
TIN: 454959262
Reference ID: 1TR46637063
Amount: \$232.44

Payor : UHC (87726) , (87726) , (87726)
9900 BREN ROAD
MINNETONKA MN 553439664

Explanation of Payment

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Subscriber Name WATERS AARON Payer Claim ID AV95281984 Claim Amount \$2231.56
Provider Name SCOTT ROBERT T Provider Claim ID 0026788180 Paid Amount \$0.00
Claim Statement 10/07/2019 - 10/07/2019 Received Date 124998 Pt Responsibility \$294.70
Dates 11/06/2019

Claim Status Description : Processed as Secondary

Serv Date	Units	Serv Code	Billed	Paid	Allowed Adjustments
10/07/2019 - 10/07/2019	1	HC:28116	\$1546.06	\$0.00	\$1096.47 OA-23: \$1326.77 PR-2: \$219.29
10/07/2019 - 10/07/2019	1	HC:L4361:RT	\$685.50	\$0.00	\$377.03 OA-23: \$610.09 PR-2: \$75.41

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