UnitedHealthcare - Oxford
4 Research Drive
Shelton CT 06484
Phone: 1-800-666-1353

UnitedHealthcare Oxford

PAYMENT DATE:	08/17/23
PAYEE TAX ID:	465561424
PAYEE NAME:	NEW YORK ACUPUNCTURE AND CHIROPRACTICS PLLC
PAYMENT NUMBER:	21658583
PAYMENT AMOUNT:	$0.00
PAYEE ID/NPI:	G5094661-1003076662

DPS$$$PKG
NEW YORK ACUPUNCTURE AND CHIROPRACTICS PLLC
353 LEXINGTON AVE RM 1005
NEW YORK NY 10016-0941

PROVIDER REMITTANCE ADVICE

PROVIDER REMITTANCE ADVICE AT A GLANCE

AMOUNT PAYABLE	$0.00
RECOVERED AMOUNT	
NET PAID AMOUNT	$0.00

UnitedHealthcare - Oxford
4 Research Drive
Shelton CT 06484
Phone: 1-800-666-1353

STD - PRA

PROVIDER REMITTANCE ADVICE

UnitedHealthcare Oxford

PAYMENT DATE:	08/17/23
PAYEE TAX ID:	465561424
PAYEE NAME:	NEW YORK ACUPUNCTURE AND CHIROPRACTICS PLLC
PAYMENT NUMBER:	21658583
PAYMENT AMOUNT:	$0.00
PAYEE ID/NPI:	G5094661-1003076662

NEW YORK ACUPUNCTURE AND CHIROPRACTICS PLLC
353 LEXINGTON AVE RM 1005
NEW YORK NY 10016

PATIENT: Milan Chatterjee

MEMBER ID:	79516414000	**CLAIM NUMBER:**	EA29158998	**RENDERING PROVIDER:**	BROWN, JOHN
SUBSCRIBER ID:	79516414000	**PATIENT CONTROL NUM:**	008-CHA10385544	**RENDERING NPI:**	1003076662
SUBSCRIBER NAME:	Milan Chatterjee	**GROUP NUMBER:**	1274551	**AUTH/REF NUM:**	
DRG:		**DRG WGT:**			
REMIT DETAIL:	MD Prof	**MEDICAL REC NBR:**			

LINE CONTROL NUMBER	DATE(S) OF SVC	DESCRIPTION OF SERVICE			UNITS SUB/ ADJ	AMOUNT CHARGED	AMOUNT ALLOWED	DEDUCT	COPAY/ COINSUR	PROV RESP	PATIENT NOT COV	COB AMOUNT	WITH HOLDING	PAID TO PROVIDER	QPA AMOUNT	ADJ CD	NOTES
		REV CD SUB/ ADJ	CPT/ HCPCS SUB/ ADJ	MOD SUB/ ADJ													
983946646001	07/28/23 - 07/28/23		98940	GP	1	$150.00	$132.00	$132.00		$18.00		$0.00		$0.00		DED003, SSPMPL	CO45, PR1
983946646002	07/28/23 - 07/28/23		97110	GP	2	$400.00				$400.00		$0.00		$0.00		INF001, PD35P	PI252
983946646003	07/28/23 - 07/28/23		G0283	GP	1	$100.00				$100.00		$0.00		$0.00		INF001, PD35P	PI252
CLAIM# EA29158998				SUBTOTAL		$650.00	$132.00	$132.00		$518.00		$0.00		$0.00			
																CLAIM TOTAL PATIENT RESPONSIBILITY	$132.00
														TOTAL PAYABLE TO PROVIDER	$0.00		

Adjustment Code Description

(CO45) CONTRACTUAL OBLIGATIONS - CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT.

PROVIDER REMITTANCE ADVICE

UnitedHealthcare Oxford

PAYMENT DATE:	08/17/23
PAYEE TAX ID:	465561424
PAYEE NAME:	NEW YORK ACUPUNCTURE AND CHIROPRACTICS PLLC
PAYMENT NUMBER:	21658583
PAYMENT AMOUNT:	$0.00
PAYEE ID/NPI:	G5094661-1003076662

Adjustment Code Description

(PI252) PAYER INITIATED REDUCTIONS - AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.

(PR1) PATIENT RESPONSIBILITY - DEDUCTIBLE AMOUNT

(DED003) The amount shown has been applied to the member's deductible.

(INF001) If this PRA requested additional information to process this claim, the information must be submitted to corrected/resubmitted claims, P. O. Box 31386, Salt Lake City, UT 84131. If you are a participating health care professional, the requested information must be submitted within 90 days of you receiving this notice. If you are a non-participating health care professional, the requested information must be submitted within 45 days of you receiving this notice. Upon receiving the information, we'll elect to take the one-time, 15-day extension that is permitted under the employment retirement income security act (ERISA) and will provide you with a written response not later than 15 days from receipt of the information. Failure to submit this information within 45 days will result in an automatic denial of this claim due to lack of information.

(PD35P) These services require clinical review. Benefits are only available for covered services that have been rendered and are determined to be medically necessary. For Oxford to consider payment, we need to review medical documentation from this visit. Medical documentation includes: (1) office notes that detail the members condition and progress, specifically range of motion measurements, strength measurements, functional deficits, and pain level, and (2) results of available x-rays or other imaging studies. Please submit the requested medical documentation related to these services along with this Provider Remittance Advice (PRA) to Corrected/Resubmitted Claims, Oxford Health Plans, P.O. Box 31386, Salt Lake City, UT 84131. The requested information must be submitted within 45 days from the date of your receipt of this notice. Upon receipt of the information, we will elect to take a one-time, 15-day extension that is permitted under the Employee Retirement Income Security Act (ERISA) and will provide you with a written response no later than 15 days from receipt of the information. If we do not receive this information within 45 days, the claim will be denied. You will not receive another PRA.

(SSPMPL) This service was paid at the Multiplan contracted rate. Based on our agreement the member can only be balance billed for the applicable copayment, deductible, or coinsurance. The Member may not be billed for any amount beyond the difference between Multiplan rate and what has been paid.

For the above claims please visit www.UHCprovider.com

PROVIDER REMITTANCE ADVICE

UnitedHealthcare Oxford

PAYMENT DATE:	08/17/23
PAYEE TAX ID:	465561424
PAYEE NAME:	NEW YORK ACUPUNCTURE AND CHIROPRACTICS PLLC
PAYMENT NUMBER:	21658583
PAYMENT AMOUNT:	$0.00
PAYEE ID/NPI:	G5094661-1003076662

New York Out of Network (OON) Provider Rights of Review for Emergency Room (ER) Services, Hospital Services Including Inpatient Services Following an Emergency Room Visit, and Surprise Bills for Services Provided to Fully Insured Commercial Members in New York

What if a provider disagrees with the Maximum amount we allowed on a claim?
The provider may submit the dispute for review through New York's independent dispute resolution process. After the dispute is resolved, the member's cost share may increase if the health plan is told they must pay additional amounts. Please do not bill the member for any amount above their cost share (copay, coinsurance and deductible).

How does the independent dispute resolution process work?
A health care provider or the health plan may dispute a payment or charge for emergency services, including inpatient physician and hospital services after an emergency room visit, or for a surprise bill. Applicants must: (1) visit the Department of Financial Services (DFS) website at to get a file number; (2) complete the application; and (3) send the application and the requested information to the assigned independent dispute resolution entity (IDRE). For help call 800-342-3736 or e-mail.

The New York Department of Financial Services will select an independent dispute resolution entity (IDRE) to review the disputed claims. The IDRE will request information about the services received and determine the reasonable fee for the services. The IDRE will either request the parties to negotiate or issue a decision accepting either the health plan's payment amount or the provider's billed charge.

If you are a New Jersey licensed or certified out-of-network provider ("OON provider") and rendered services at a New Jersey network facility without the member's consent, or at any facility on an emergency or urgent basis, you may have rendered an Inadvertent Out of Network Service.

Important Information about Claims for Inadvertent Out-of-Network Services

Inadvertent out-of-network services may include, but are not limited to, services rendered by an out-of-network provider at a network facility, such as:

- Radiology services
- Anesthesiology services
- Physical therapy
- Lab services
- Speech therapy

PROVIDER REMITTANCE ADVICE

UnitedHealthcare Oxford

PAYMENT DATE:	08/17/23
PAYEE TAX ID:	465561424
PAYEE NAME:	NEW YORK ACUPUNCTURE AND CHIROPRACTICS PLLC
PAYMENT NUMBER:	21658583
PAYMENT AMOUNT:	$0.00
PAYEE ID/NPI:	G5094661-1003076662

Inadvertent out-of-network services also include emergency or urgent care services received at an out of network facility.

Inadvertent out-of-network services do not include services received when the member chooses to see an OON provider.

Per New Jersey law, if we determine that the billed charges for an inadvertent out of network service are excessive, we will pay our share of the allowed amount, not the billed charge. The allowed amount is the amount we determine to be a fair and reasonable payment for the services rendered. The member is only responsible to pay their in-network deductible, copayment, or coinsurance amounts and may not be billed for additional amounts.

What if an OON provider disagrees with the amount paid for inadvertent out-of-network services?
If an OON provider does not accept the allowed amount as payment in full, the provider must notify us within sixty (60) days of receipt of the Remittance Advice statement that they reject the allowed amount. The provider has the right to negotiate with us for 60 days from the date the Remittance Advice Statement is received.

To exercise this right, an OON provider must reject the allowed amount in writing within sixty (60) days of receipt of the Remittance Advice statement in one of the following ways. Please include Member ID, Control/Claim Number, Date of Service, Billed Amount, Member Name, Patient Name, Provider Tax Identification Number (TIN), Provider Phone Number and Email Address, Physician or other Health Care Professional Name (as listed on Provider Remittance Advice (PRA)/Explanation of Benefits (EOB)), Contact Person and Phone Number.

Requests can be submitted via one of the following:
1 Certified mail via the address on the back of the member's ID card (Attn: NJ OON Negotiation)
2 Email at NJ_OutofNetwork@uhc.com
3 Request online at www.uhcprovider.com and selecting OON Negotiations as the Reconsideration reason

What if the negotiations for inadvertent out-of-network services are unsuccessful?
If the negotiations are not successful, we will issue an additional Remittance Advice statement reflecting the amount of our final offer. An OON provider may seek arbitration within 60 days of receipt of the Remittance Advice statement with our final offer.

PROVIDER REMITTANCE ADVICE

UnitedHealthcare Oxford

PAYMENT DATE:	08/17/23
PAYEE TAX ID:	465561424
PAYEE NAME:	NEW YORK ACUPUNCTURE AND CHIROPRACTICS PLLC
PAYMENT NUMBER:	21658583
PAYMENT AMOUNT:	$0.00
PAYEE ID/NPI:	G5094661-1003076662

Arbitration can be initiated by submitting a completed "Application for Arbitration of Payment for Inadvertent, Emergency or Urgent Out-of-Network Health Care Services" form ("OON Arbitration Application") to MAXIMUS, the New Jersey arbitration vendor, at https://njpicpa.maximus.com/njportal.

The Application form can be obtained on the New Jersey Department of Banking and Insurance website at https://nj.gov/dobi/division_insurance/oonarbitration/requestform.pdf. MAXIMUS will promptly review requests for arbitration to determine whether it is eligible pursuant to the New Jersey requirements.

What if an OON provider does not submit a negotiation request to us within 60 days?
If an OON provider does not reject the allowed amount in writing within 60 days of receipt of the Remittance Advice statement and exercise their right to negotiate, the OON provider cannot pursue the arbitration process and cannot balance bill the member for any amount above their cost share.

If you would like further clarification of this Remittance Advice (RA) or are not fully satisfied with the resolution of your claim, you may contact Provider Services at l-800-666-1353 and a Service Associate will investigate and attempt to resolve your concerns at the time of the call. Participating providers may also submit **to Oxford Correspondence Department, P.O. Box 31386, Salt Lake City, UT 84131.** This form is available on the Oxford website at www.UHCprovider.com. If you remain dissatisfied, you may appeal the determination using the procedure listed below.

If this claim has or is currently in the process of being appealed, please disregard the Appeals process described below.

RIGHTS OF REVIEW AND APPEAL

APPEALS FROM PARTICIPATING PROVIDERS CONTRACTED WITH OXFORD
You may appeal an adverse claim determination by following the appeal procedures specified in the Provider Reference Manual (PRM) and any subsequent updates. Please be advised that, with the exception of services rendered to New Jersey (NJ) commercial line of business members after July 11, 2006, which has a different process (described below and in the PRM), you have 365 days (12 months) from the date of this determination to send your written request for appeal to Oxford Provider Appeals Department, P.O. Box 31387, Salt Lake City, UT 84131. You must include the reason(s) you believe the claim should not have been denied, the claim number(s) and any documentation you believe supports your position. Once the review is complete, you will receive a written response. If you are not satisfied with the decision, you may arbitrate the issue as set forth in your contract with Oxford.

PROVIDER REMITTANCE ADVICE

UnitedHealthcare Oxford

PAYMENT DATE:	08/17/23
PAYEE TAX ID:	465561424
PAYEE NAME:	NEW YORK ACUPUNCTURE AND CHIROPRACTICS PLLC
PAYMENT NUMBER:	21658583
PAYMENT AMOUNT:	$0.00
PAYEE ID/NPI:	G5094661-1003076662

ALL PROVIDERS

Retrospective Utilization Review Appeal Information for Services Provided to Fully Insured NY Commercial Members: Pursuant to Article 49 of New York Insurance Law, health care providers treating a member in a New York Commercial line of business (LOB) may request a retrospective clinical review if (1) the review of the procedure was requested only after the services were provided and (2) the service was denied based upon medical necessity or the experimental/ investigational exclusion if the member has a life-threatening or disabling condition. If you have failed to seek a required precertification, a retrospective clinical review is not available. If a retrospective adverse determination is rendered in accordance with the above procedure, you may appeal as described below:

Internal Appeal: You must appeal a retrospective adverse determination to the Oxford Clinical Appeals Department within 60 calendar days of receipt of the retrospective adverse determination. To appeal, you must send an appeal letter, any information requested in the initial retrospective adverse determination and any additional information you would like to submit in support of the appeal to: Oxford Clinical Appeals Department, P.O. Box 31388, Salt Lake City, UT 84131 (Fax 801-994-1416). The Clinical Appeals Department will acknowledge receipt of the appeal and request any information needed to conduct the review within 15 business days. The appeal will be resolved within 60 calendar days of receipt of all necessary information. To review the policy used to determine coverage for a request for services, please submit a written request to: Oxford Policy Requests and Information P.O. Box 31386, Salt Lake City, UT 84131.

External Appeal: In general, you may be eligible to file an application for external appeal of a retrospective adverse determination to an independent utilization review organization as provided by the New York Insurance Law, if the Clinical Appeals Department upholds, on medical necessity grounds or the experimental/investigational exclusion, all or part of such a retrospective adverse determination. Determinations based upon the experimental/investigational exclusion (including clinical trials) may be appealed through the external appeal process only if the member's condition meets the statutory definition of a "life threatening" or "disabling" condition. To determine eligibility for external review and file an external appeal, you must file a written application with the New York State Department of Insurance (DOI) within 45 days of receipt of the denial from the Clinical Appeals Department. An application and instructions will be sent with the appeals determination. The DOI will assign the case to a state-licensed external appeal agent who has no affiliation with Oxford. The external appeal agent will issue a standard appeal decision within 30 days of receiving the application and an expedited external appeal decision within three days of receipt of the request. An external appeal agent's medical necessity decision is binding on all parties, so long as the benefit is available under the member's plan. If you have a question concerning a particular member's LOB, the information may be found by calling Provider Services at 1-800-666-1353.

Claim Appeals for Services Provided to Fully Insured NJ Commercial Members: If you have a dispute relating to the payment of a claim for services that were rendered to a New Jersey commercial line of business member on or after July 11, 2006, your dispute may be eligible for a two-step appeal process. Disputes involving medical necessity may not be appealed through this process and must follow the utilization management appeal process. The first step of the claim appeal process allows you to submit a claim appeal through the

PROVIDER REMITTANCE ADVICE

UnitedHealthcare Oxford

PAYMENT DATE:	08/17/23
PAYEE TAX ID:	465561424
PAYEE NAME:	NEW YORK ACUPUNCTURE AND CHIROPRACTICS PLLC
PAYMENT NUMBER:	21658583
PAYMENT AMOUNT:	$0.00
PAYEE ID/NPI:	G5094661-1003076662

Oxford internal appeal process and, if eligible, the second step allows your dispute to be referred to an independent arbitration entity selected by and contracted with the New Jersey Department of Banking and Insurance (DOBI).

Internal Appeal: You must submit an internal appeal to the Oxford Correspondence Department within 90 calendar days of receipt of an adverse claim determination. The appeal must be submitted on a form created by the DOBI, along with the information required to process your appeal (listed on form). The form is available on the Oxford website www.UHCprovider.com. The form and the information must be sent to: Oxford Provider Appeals Department, P.O. Box 31387, Salt Lake City, UT 84131. The appeal will be resolved within 30 calendar days from the receipt of your appeal submission. If you have a question concerning a particular member's line of business, information may be found by calling Provider Services at 1-800-666-1353.

Arbitration: Disputes may be referred to arbitration when the internal appeal determination is in Oxford's favor or when we have not made a timely determination on your appeal. To be eligible for the New Jersey arbitration process, the disputed claim amount must be at least $1,000. While you may aggregate your claims to reach this number, you must initiate the arbitration proceeding on a form created by DOBI on or before the 90th calendar day following your receipt of the determination (or non-determination). The arbitration will be conducted according to the rules of the arbitration entity. Additional information will be provided if any part of the determination is not reversed on appeal. Information is also available on the DOBI web site at www.state.nj.us/dobi.

MS-15-038p