

MEDICARE ADVANTAGE CLAIM DENIAL

Insurance Company: UnitedHealthcare Medicare Advantage

Claim Number: UHC-MA-2024-982347

Date of Notice: October 28, 2024

Beneficiary: [BENEFICIARY NAME]

Medicare ID: 123-45-6789A

BENEFICIARY INFORMATION

Beneficiary Name: Jane Smith

Date of Birth: 07/22/1950

Medicare ID: 123-45-6789A

Plan Type: Medicare Advantage Plan PPO

Plan Number: H1234-001

CLAIM DETAILS

Date of Service: October 10, 2024

Provider Name: Advanced Physical Therapy Center

Provider NPI: 9876543210

Provider Specialty: Physical Therapy

Service Details:

- Date: 10/10/2024

Procedure Code (CPT): 97110 - Therapeutic procedure, one or more areas

Diagnosis Code (ICD-10): M54.5 - Low back pain

Units: 4 units (60 minutes)

Billed Amount: \$320.00

Allowed Amount: \$0.00

Patient Responsibility: \$320.00

- Date: 10/10/2024

Procedure Code (CPT): 97112 - Therapeutic procedure, neuromuscular reeducation

Diagnosis Code (ICD-10): M54.5 - Low back pain

Units: 2 units (30 minutes)

Billed Amount: \$180.00

Allowed Amount: \$0.00

Patient Responsibility: \$180.00

Total Claim Amount: \$500.00

Total Denied Amount: \$500.00

DENIAL INFORMATION

DENIAL REASON CODE: NMN-002

DENIAL REASON: Not Medically Necessary

Explanation:

This claim has been denied because the physical therapy services provided were determined to be not medically necessary based on the documentation submitted.

Our medical review team found that:

1. The treatment plan does not demonstrate functional improvement goals
2. Insufficient documentation of progress from previous sessions
3. The frequency and duration of services exceed what is typically considered medically necessary for this diagnosis
4. No clear treatment plan or expected outcomes were documented

According to Medicare guidelines and your plan's medical policy, physical therapy services must be:

- Medically necessary for the treatment of a specific condition
- Provided under a written plan of care
- Expected to result in measurable functional improvement
- Provided by a qualified physical therapist

The documentation submitted does not meet these criteria.

APPEAL INFORMATION

You may appeal this decision within 60 days of receiving this notice.

Level 1 Appeal - Redetermination:

Submit a written request with:

- This denial notice
- Medical records from the provider
- Letter of medical necessity from your physician
- Any additional supporting documentation

Mail to:

UnitedHealthcare Medicare Appeals

P.O. Box 5678

Minneapolis, MN 55440

Or call: 1-800-555-9876

If the appeal is denied, you have the right to request a Level 2 Appeal
(Reconsideration) with an Independent Review Entity.

PROVIDER INFORMATION

If you believe this denial is in error, please contact your provider to:

1. Verify that all required documentation was submitted
2. Request that they submit additional medical records
3. Obtain a letter of medical necessity if not previously submitted

END OF NOTICE