

**CALIFORNIA WORKERS' COMPENSATION**  
**\*\* EXPLANATION OF BILL REVIEW \*\***

**Provider :** 330752318-0031  
VICTOR NAVARRO, DC  
1701 W WHITTIER BLVD  
MONTEBELLO, CA 906404004

**Bill ID :** 2023040501365219GSAI02  
**Claim :** 33148928  
**SSN :** 547576832  
**Claimant :** JOSE NAVARRO  
**Injured :** 08-11-2022  
**Insured :** 0000421849  
ROGMA CONSTRUCTION SERVICES, I  
1328 WILLOW ST  
LOS ANGELES, CA 900132238

**Payee :** 330752318-0004  
WALT JAY MEDI CORP DBA INTEGRA  
1930 WILSHIRE BLVD  
STE 600  
LOS ANGELES, CA 90057

**Ref. Bill ID :** CIC27175010-00  
**Recon ID :** N/A  
**Account :** 3252DB9781513-1  
**Adjustor ID :** JECKES  
**Adjustor :** JECKES  
**Payment ID :** MDTD2023040501365219GSAI02  
**Pay Kind Code :** 102

**Svc Dates :** 03-24-2023 to 03-24-2023  
**Received :** 04-04-2023  
**Reviewed :** 04-06-2023

**DX:** S23.9XXA SPRAIN OF UNSPECIFIED PARTS OF THORAX, INITIAL ENCOUNTER  
S30.0XXA CONTUSION OF LOWER BACK AND PELVIS, INITIAL ENCOUNTER  
S43.401A UNSPECIFIED SPRAIN OF RIGHT SHOULDER JOINT, INIT ENCNR  
S51.812A LACERATION WITHOUT FOREIGN BODY OF LEFT FOREARM, INIT ENCNR  
S63.92XA SPRAIN OF UNSP PART OF LEFT WRIST AND HAND, INIT ENCNR  
F41.9 ANXIETY DISORDER, UNSPECIFIED

Date	Service & Description	Mods	Qty	Pd Qty	Charge	Reduction	Allowance	Reasons
03-24-2023	99205 OFFICE VISIT CRC's: BH03		1	1	435.33	435.33	.00	G5 G57
<b>Totals:</b>					<b>435.33</b>	<b>435.33</b>	<b>.00</b>	

**BH03** Not authorized. All non-emergent services require prospective o  
r concurrent review.

**CA G57** This service requires prior authorization and none was  
identified.

**CA G5** This charge was adjusted for the reasons set forth in the  
attached letter.

**COMMENTS**

**CRSK** Carisk Intelligent Clearinghouse E-Billing  
(G5 - This charge was adjusted for the reasons set forth in the  
attached letter.)

**Payer Name :** CYPRESS INSURANCE  
COMPANY  
**Payer Address :** PO BOX 881716  
SAN FRANCISCO, CA 94188  
**Payer ID :** 956042929  
**Payment Status Code :** (4) Denied  
**Payment ID :**

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**Direct inquiries regarding this review to:**

BERKSHIRE HATHAWAY HOMESTATE  
P O BOX 881716  
SAN FRANCISCO, CA 94188  
(888) 495-8949  
MEDICALBILLINQUIRIES@BHHC.COM

**CALIFORNIA WORKERS' COMPENSATION**  
**\*\* EXPLANATION OF BILL REVIEW \*\***

**Provider :** 330752318-0031  
VICTOR NAVARRO, DC

**Payee :** 330752318-0004 / 0000232933  
WALT JAY MEDI CORP DBA INTEGRA

**Bill ID :** 2023040501365219GSAI02

**Claim :** 33148928  
**Claimant :** JOSE NAVARRO  
**Ref. Bill ID :** CIC27175010-00  
**Account :** 3252DB9781513-1

**Service Dates:** 03-24-2023 To 03-24-2023  
**Billed Date:** 04-04-2023

**Received:** 04-04-2023  
**BR Received:**  
**Reviewed:** 04-06-2023

**DISCLAIMER**

Charges in excess of the allowance are objected to for the above reasons. If you disagree with the reductions you may contact us at the address and phone number listed, or you may file an application or lien with the Workers' Compensation Appeals Board. California Labor Code Section 3751 (b) prohibits attempts to collect any balance due from the injured worker.

**TIME LIMITS TO DISPUTE PAYMENT AMOUNT**

**Request for Second Review**

After an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee that disputes the amount paid may submit an appeal/reconsideration/Request for Second Review to the claims administrator within 90 days of service of the explanation of review. The request for Second Review must conform to the requirements of the Division of Workers' Compensation Medical Payment and Billing Guide, and either California Labor Code 4622, or regulations at title 8, California Code of Regulations section 9792.5.4 et seq. If the dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a second review within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment.

**Request for Independent Bill Review**

After a health care provider, health care facility, or billing agent/assignee submits a Request for Second Review, the claims administrator will review the bill and issue an EOR which is the final written determination by the claims administrator on the bill. After the EOR is received on the second bill review submission, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for independent bill review within 30 days of service of the EOR. The request for Independent Bill Review must conform to the requirements of the Division of Workers' Compensation Medical Payment and Billing Guide, and either California Labor Code 4622, or regulations at title 8, California Code of Regulations section 9792.5.4 et seq. If the health care provider, health care facility, or billing agent/assignee fails to request an independent bill review within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for independent bill review, and the time limit for requesting independent bill review shall not begin to run until the resolution of that issue becomes final.

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