



EXPLANATION OF REVIEW

This is not a bill

Claim Number: 32-49F0-02R

Date of Loss: 05-02-2023

Office Name: State Farm Mutual Automobile Insurance
Company
PIPMPC B2 Office - BSPA/PHX

Patient: Dora Y Mantilla
c/o Levine And Wiss, PLLC
510 HEMPSTEAD TPKE RM 206
WEST HEMPSTEAD, NY 11552-1152

Provider: Phoenix Medical Services Pc
c/o Law Office Of Gabriel & Moroff Pc
2 LINCOLN AVE STE 302
ROCKVILLE CTR, NY 11570-5775

Claim Handler: Michele Morrison

Address: PO Box 106170
Atlanta, GA 30348-6170

Phone: (844)292-8615 **Ext:** 5188845414

Named Insured: MANTILLA, DORA Y

Policy Number: 3213-907-32

Date Received: 04-09-2024

Jurisdiction: New York

Bill Reference Number: 536486Z3656

TIN: 113558267

Payment Number:

Zip of Service: 11746

Diagnosis Codes: M51.26 - Other intervertebral disc displacement, lumbar region
M54.12 - Radiculopathy, cervical region
M54.17 - Radiculopathy, lumbosacral region
M79.18 - Myalgia, other site

Line	Date of Service	POS	CPT/ HCPCS	MOD/TS	Units	Submitted	Approved	Reason Codes
						Amount	Amount	
1	03-13-2024 - 03-13-2024	11	99214	25	1.00	\$127.41	\$0.00	1234,X202,C524
2	03-13-2024 - 03-13-2024	11	20552		1.00	\$118.41	\$0.00	1234,X202,C524
3	03-13-2024 - 03-13-2024	11	76942	59	1.00	\$298.03	\$0.00	21,1234,179,X202,C524
4	03-13-2024 - 03-13-2024	11	99070		1.00	\$44.00	\$0.00	146,X202,C524
5	03-13-2024 - 03-13-2024	11	99070		1.00	\$44.00	\$0.00	146,X202,C524
6	03-13-2024 - 03-13-2024	11	99070		1.00	\$36.00	\$0.00	146,X202,C524
7	03-13-2024 - 03-13-2024	11	99070		1.00	\$20.00	\$0.00	146,X202,C524

Total Submitted Charges: \$687.85

Total Approved Amount: \$0.00

Amount Not Payable: \$0.00

Deductible: \$0.00

CoPay: \$0.00

Apportionment / Pro Rata: \$0.00

Offset: \$0.00

Paid Amount: \$0.00

Explanations

21 - In accordance with New York No-Fault Law, Regulation 68, this base fee was calculated according to the New York Workers' Compensation Board Schedule of Fees, pursuant to Regulation 83 and/or Appendix 17-C of 11 NYCRR.

146 - By report is defined as a procedure code and or service that does not have a relative value or fee established in the New York fee schedule. Invalid is defined as a procedure code and or service that has not been adopted by the state.

179 - The provider is using modifier -59 to indicate under certain circumstances, the physician may need to indicate that a procedure or service was distinct or independent from other services performed on the same day. Modifier -59 will identify procedures/services that

DATE: 06-05-2024

32-49F0-02R

Professional