

Date of Service	Line	Rev Cd	POS	Proc Cd/ NDC	Mod/ Pkg	DX Ptr	Units	Amount Charged	Amount Allowed	Explanation Codes
<b>Subtotals</b>								\$215.60	\$0.00	
<b>Amt Previously Paid</b>									\$0.00	
<b>Deductible/Co-Pay</b>									\$0.00	
<b>Totals</b>								\$215.60	\$0.00	

**Revenue Code (Rev Cd):****Place of Service (POS):**

11 - Office

**Procedure Code/National Drug Code (Proc Cd/NDC):**

- 99203 -Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.
- 99072 -Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a Public Health Emergency, as defined by law, due to respiratory-transmitted infectious disease
- 98941 -Chiropractic manipulative treatment (CMT); spinal, 3-4 regions

**Modifier/Package (Mod/Pkg):**

25 - Significant, separately identifiable E/M by the same physician on the same day of procedure/service

**Explanation Code:**

- 6841 -Our investigation determined the policy was issued based on misrepresentations made in the application for coverage. This policy would not have been issued had all material facts been reported as required on the application. We are therefore denying this claim.
- 6848 -Failure to submit to multiple requests for Medical Examinations is a violation of both this policy's contractual Duties and Conditions under Proof of Claim that precede coverage under Reg. 68, Section 65-1. No Fault benefits under this policy are denied

**Fee Schedule:**

Pursuant to NYS Insurance law 5108, no provider of health services may demand or request any payment exceeding the amount permissible under the Workers Compensation Fee Schedule or any other schedules deemed applicable to No-Fault by the Superintendent of the Department of Insurance. Any billed charges exceeding the allowable scheduled charges for No-Fault service are not compensable and are denied.

**Important Information:**