

# EXPLANATION OF REVIEW

New York

**Receive Date** : 06/19/2024 **Claim Number** : 8759947910000006  
**Service Provider** : SINGH PT PLLC AHUJA, GURPREET **Date Of Loss** : 04/17/2023  
**Patient** : ORTIZ, EDWIN  
9413 120th St SUITE 1 Apt 1  
South Richmond Hill, NY 11419-1376 200 THROOP AVE APT 10A  
**Case Number** : Brooklyn, NY 11206-5728  
**Billing Provider** : SINGH PT PLLC **Patient Account #** :  
**Adjuster Name** : Sonia Santiago  
82-3149702 9413 120th St SUITE 1 APT 1  
South Richmond Hill, NY 11419-1376 **Carrier** : GEICO  
PO Box 9507  
**Dates Of Service** : 05/07/2024 - 06/13/2024 Fredericksburg, VA 22403

**Diagnostic Codes** **Description**  
M54.2 Cervicalgia

LINE	DOS	PROC CODE	MOD	DESCRIPTION	UNITS	CHARGE	REDUCTION	*PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
1	05/07/24	97112		Neuromuscular reeducation	1.0	\$37.15	\$37.15	\$0.00	\$0.00	DF06
2	05/07/24	97140		Manual therapy 1/> regions	1.0	\$40.40	\$40.40	\$0.00	\$0.00	DF06
3	05/07/24	97010		Hot or cold packs therapy	1.0	\$5.25	\$5.25	\$0.00	\$0.00	DF06
4	05/07/24	97014		Electric stimulation therapy	1.0	\$25.40	\$25.40	\$0.00	\$0.00	DF06
5	05/16/24	97112		Neuromuscular reeducation	1.0	\$37.15	\$37.15	\$0.00	\$0.00	DF06
6	05/16/24	97140		Manual therapy 1/> regions	1.0	\$40.40	\$40.40	\$0.00	\$0.00	DF06
7	05/16/24	97010		Hot or cold packs therapy	1.0	\$5.25	\$5.25	\$0.00	\$0.00	DF06
8	05/16/24	97014		Electric stimulation therapy	1.0	\$25.40	\$25.40	\$0.00	\$0.00	DF06
9	05/29/24	97112		Neuromuscular reeducation	1.0	\$37.15	\$37.15	\$0.00	\$0.00	DF06
10	05/29/24	97140		Manual therapy 1/> regions	1.0	\$40.40	\$40.40	\$0.00	\$0.00	DF06
11	05/29/24	97010		Hot or cold packs therapy	1.0	\$5.25	\$5.25	\$0.00	\$0.00	DF06
12	05/29/24	97014		Electric stimulation therapy	1.0	\$25.40	\$25.40	\$0.00	\$0.00	DF06
13	06/10/24	97112		Neuromuscular reeducation	1.0	\$37.15	\$37.15	\$0.00	\$0.00	DF06
14	06/10/24	97140		Manual therapy 1/> regions	1.0	\$40.40	\$40.40	\$0.00	\$0.00	DF06

Track your medical claims submitted to GEICO by enrolling in our online Medical Provider Claim Tracking website at: <https://partners.geico.com/mpctweb>.

Medical Providers: Submit your medical claims and documentation to GEICO electronically. Contact our clearinghouse at: [www.cariskic.com](http://www.cariskic.com) or call 888-207-6366.

For questions regarding payment and this EOR, please call your GEICO adjuster Sonia Santiago at 516-714-7909 x7909.