



Customer Service
877.246.4264

LU0527223 - 00 4/11/2024 -db - 04/11/2024

EXPLANATION OF REVIEW

VIAVIA - BILL

New York

Service Provider : 83-2751899
BORUKHOV, DAVID
138-21 QUEENS BLVD
BRIARWOOD NY 11435

Provider Copy

Claim Number: AB949507799
Claim Type: PIP / NY
Date Of Loss : 05/28/2023
Patient Account # : 0010448



Patient:

BOLIVAR, DIANA
742 127TH STREET

COLLEGE POINT NY 11356

Mail To Billing Provider:

BORUKHOV RADIOLOGY PLLC DBA HIGHLINE RADIOLOGY
13821 QUEENS BLVD
BRIARWOOD NY 11435

Dates Of Service : 06/29/2023 to 06/29/2023

Carrier: SAFECO-VIA

**EXHAUSTED
LITIGATION**

Total Charges : 1,933.08
Schedule Reduction : 1,933.08
Correct Coding Compliance Reduction : 0.00
PPO Reduction : 0.00

Recommended Total Reimbursement : 0.00
Deductible : 0.00
Copayment : 0.00
Recommended Carrier Payment : 0.00
Allocated PIP Payment : 0.00
Allocated MedPay Payment : 0.00

ICD REF	ICD	POA	IND	DIAGNOSIS DESCRIPTION						
1	S83.429A		ICD-0	Sprain lcl uns knee initial enc						
2	S43.50XA		ICD-0	Sprain unspecified ac jnt initial						
3	S23.3XXA		ICD-0	Sprain ligaments t-spine initial						
4	S33.5XXA		ICD-0	Sprain ligaments lumbar spn initial						
5	M25.559		ICD-0	Pain in unspecified hip						

LINE	DOS	PROC CODE	MOD	DESCRIPTION	UNITS	CHARGE	REDUCTION		PROVIDER REIMBURSE	EXPLANATION
							SCHEDULE	PPO		
1	6/29/23	73721		Mri jnt of lwr extre w/o dye	1	966.54	966.54	0.00	0.00	BFH
ICD Ref		1,2,3,4,5								
2	6/29/23	73221		Mri joint upr extrem w/o dye	1	966.54	966.54	0.00	0.00	BFH
ICD Ref		1,2,3,4,5								
Total Lines :		2				1933.08	1933.08	0.00	0.00	

PO BOX 7214, LONDON, KY 40742
Customer Service 877.246.4264