LUIS M GARCIA, MD
2390 CENTRAL BLVD, SUITE M
BROWNSVILLE, TEXAS 78520-8717
TEL: (956) 574-9096
FAX: (956) 541-8418

FAX TRANSMITTAL

TO: Prominence Health Plan
COMPANY/DEPT NAME:
ATTN: Appeals
FAX: 775-770-9004

FROM: **REBECCA S GARCIA**

REF: M00008296
PAGES: ____

Martha Guerrero
CPT 88341 and 88342

CONFIDENTIALITY NOTE

Luis M. Garcia, MD
2390 Central Blvd., Suite M
Brownsville, Texas 78520
Tel:(956) 574-9096

August 26, 2025

Prominence Health Plan
Department of Claims Appeals
1510 Meadow Wood Lane
Reno, Nevada 89502

NPI 1417991324
Member: M A (Marth) Guerrero de Salomon
DOB: 2/23/1959
DOS: 06/25/2025
Account: 7457690
Claim: 25218E00718
ID M00008219G
Dear Appeals Department:

I am appealing a wrongfully denied claim for two procedures, 88342 and 8834. The patient had these procedures preformed at Valley Baptist Medical Center. The authorization that was obtained by the referring provider, Dr. Kenneth Ewane was intended for a different facility, Columbia Valley Regional Medical and not the facility where the patient had her service preformed.

I am appealing for payment on both 88342 and 88341 and request that these codes be re-processed. The patient had her biopsy performed through Lazer guided imaging in radiology at Valley Baptist Medical Center by the radiologist, Dr. Perami-Neto. The biopsy was then sent to the residing pathologist, Dr. Luis M Garcia, for evaluation. Dr Garcia preformed the special staining necessary for cancer staging, to which cpt code used were 88341 and 88342.

Dr Garcia provided a necessary service for the patient. Ms. Guerrero provided the pre-certification number 2506041000584953, at time of hospital admit. Unfortunately, the patient had authorization for another facility and not the one to which she registered.

If you have any questions, please feel free to contact me at 956-574-9096 at your earliest convenience.

Best regards,
Rebecca S Garcia
Manager

RECEIVED 08/25/2025 21:57 9565418418 LUIS M GARCIA MD

ePayment Transmittal

MATCH TO PAYMENT ID: 727597330

Prominence Health Plan
Medicare Advantage

570 Carillon Pkwy. Suite 500,
St. Petersburg, FL 33716

Payment Date: 08/20/2025

Claim Payor:
Prominence Health Plan
Medicare Advantage
C/O Claims Processing
P.O. Box 50190
Sparks, NV 89435
Customer Service: (877) 700-3088

Electronic Claims:
80095

Claim Questions ? Please refer to the Payer's Customer Service Phone Number as noted ABOVE.

LUIS M GARCIA, MD
2390 CENTRAL BLVD
BROWNSVILLE, TX 785208717

Provider's TIN: 74-2698361

PT: GUERRERO DE SALOMON, M A **PT. ACCT:** 7457690
PLAN ID: M00008218600 **CLAIM #:** 25218E00718

Date of Service	Procedure	Billed Amount	PPO Discount	Non Covered	Other Coverage	Deductible Co-Pays	Patient Resp.	Paid	Ref.
06/25/25-06/25/25	88305 : TISSUE EXAM BY PATHOLOGIST	$280.00	$246.00	$0.68	$0.00	$0.00	$0.00	$33.32	253,45
06/25/25-06/25/25	88342 : IMMUNOHISTO ANTB 1ST STAIN	$200.00	$200.00	$0.00	$0.00	$0.00	$0.00	$0.00	197,M0019,M62
06/25/25-06/25/25	88341 : IMMUNOHISTO ANTB ADDL SLIDE	$1,000.00	$1,000.00	$0.00	$0.00	$0.00	$0.00	$0.00	197,M0019,M62
	Totals:	**$1,480.00**	**$1,446.00**	**$0.68**	**$0.00**	**$0.00**	**$0.00**	**$33.32**	

Reference:
253 Sequestration - Reduction Federal Spending
45 Charges exceed your contracted/ legislated fee arrangement.
197 Precertification/authorization/notification/pre-treatment absent.
M0019 Benefit Requires Prior Authorization
M62 Missing/incomplete/invalid treatment authorization code.

PT: ESPARZA, LYDIA **PT. ACCT:** 7466030
PLAN ID: M00008349600 **CLAIM #:** 25220E00884

Date of Service	Procedure	Billed Amount	PPO Discount	Non Covered	Other Coverage	Deductible Co-Pays	Patient Resp.	Paid	Ref.
07/01/25-07/01/25	88304 : TISSUE EXAM BY PATHOLOGIST	$195.00	$184.62	$0.21	$0.00	$0.00	$0.00	$10.17	253,45
	Totals:	**$195.00**	**$184.62**	**$0.21**	**$0.00**	**$0.00**	**$0.00**	**$10.17**	

Reference:
253 Sequestration - Reduction Federal Spending
45 Charges exceed your contracted/ legislated fee arrangement.

Total Paid By Payor

Total: $43.49

For questions regarding the claim or benefit determination, please contact the Payor indicated in the box at the upper right hand corner of this EOP.