

UnitedHealthcare

Provider Claim Notification

Date: December 2, 2024

TO: Austin Cardiology Associates
4500 Medical Parkway, Suite 300
Austin, TX 78759

RE: Claim Denial - Other Payer Primary
Claim #: CLM-2024-1202-792468

CLAIM INFORMATION	
Patient Name	Robert J. Anderson
Member ID	UHC-7924681
Date of Service	December 2, 2024
Billed Amount	\$450.00
Claim Status	DENIED - Bill Medicare First

Dear Provider,

We have reviewed the above-referenced claim and determined that Medicare is the primary payer for this patient. Per Medicare Secondary Payer (MSP) rules, the employer group health plan for employers with fewer than 20 employees is secondary to Medicare for beneficiaries age 65 and older.

ACTION REQUIRED: 1. Submit this claim to Medicare as the PRIMARY payer 2. Patient's Medicare Number: 1EG4-TE5-MK72 3. After Medicare adjudicates, submit the balance to UHC as SECONDARY 4. Include Medicare's EOB or 835 with your secondary claim submission

We have updated our records to reflect the correct coordination of benefits for this member. Future claims will be processed with Medicare as the primary payer.

Denial Details

CARC	RARC	Description
OA-23	N218	Submit to primary payer (Medicare) first
—	MA18	Claim information forwarded to primary insurer
—	N479	Primary payer information was missing/incomplete

Questions? Call Provider Services: 1-800-555-1234