



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