



Payment Integrity Department
 Attn: Pre-Payment Review
 P.O. Box 105067
 Atlanta, GA 30348-5128



Letter Reference #: 55057727

April 3, 2024

455 - 1/3: 975

ALEKSANDR SHTEYNBERG
 791 PARK AVE APT 1B
 NEW YORK NY 10021-3512



Re: Claim Denial and Next Steps

Dear ALEKSANDR SHTEYNBERG;

We're following up on the Provider Remittance Advice (PRA) you received for the claim noted below, to provide additional information about the benefits determination for the claim.

We conducted a pre-payment review on behalf of UnitedHealthcare. (More information about Optum's relationship with UnitedHealthcare is at the end of this letter.) After reviewing the claim details, we recommended that benefits for the claim should be fully or partially denied, as outlined below.

Claim Information

Member Name: DANIELA KAMILIOTIS
Policy #: 755335
Group Name: RALPH LAUREN
DOS: 01/07/2024 to 01/07/2024
File #: 55057727

Decision Details

UnitedHealthcare pays for required services and supplies provided for the purpose of preventing, diagnosing or treating a sickness, injury, disease or symptoms. During the review, Optum examined the services billed and the patient's medical records to determine whether benefits are payable according to UnitedHealthcare's reimbursement policies and the terms, conditions and exclusions of the patient's health plan.

Here are more details about why we denied the service(s):

Date	CPT Code	Mod	CPT Description	Claim Amount	Denial Code	Reason
01/07/2024 to 01/07/2024	14060		ADJT TIS TRNSFR/REARRGMT E/N/E/L DFCT 10 SQ CM/<	\$13785	HR	Charges were reconsidered and claim was processed per member benefits as a result of the additional information provided.
Claim/Coding Logic						
Supported.						
Date	CPT Code	Mod	CPT Description	Claim Amount	Denial Code	Reason



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Version 15.0

01/07/2024 to 01/07/2024	40830		CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM/<	\$3846	HR	Charges were reconsidered and claim was processed per member benefits as a result of the additional information provided.
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Claim/Coding Logic

Supported.

Date	CPT Code	Mod	CPT Description	Claim Amount	Denial Code	Reason
01/07/2024 to 01/07/2024	99204	25	OFFICE OUTPATIENT NEW 45 MINUTES	\$997	AD	Charges are not eligible as they fall within the Global Days timeframe or are included as part of the global charge.

Claim/Coding Logic

Not supported. This code is included in the global day period of Current Procedural Terminology (CPT) codes 14060, 20100, 13152 and Current Procedural Terminology (CPT) code 40830 . It isn't allowed as a separate charge because the medical records submitted didn't include an evaluation and management note. That note is needed to verify that a significant, separately identifiable service was performed. Because the note wasn't included, the use of the -25 modifier can't be verified. In addition, the submitted medical records indicate that a minor day procedure is billed along with 90 day global service. There is more appropriate modifier that should appended for the major day procedure.

Date	CPT Code	Mod	CPT Description	Claim Amount	Denial Code	Reason
01/07/2024 to 01/07/2024	20100		EXPLORATION PENETRATING WOUND SPX NECK	\$12139	I5	See EOB/PRA

Claim/Coding Logic

This service or item is not reimbursable in this place of service.

Date	CPT Code	Mod	CPT Description	Claim Amount	Denial Code	Reason
01/07/2024 to 01/07/2024	13152		REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	\$12800	I4	This service or supply is denied. It is considered part of another service performed on the same day, or it is not allowed as a separate charge.

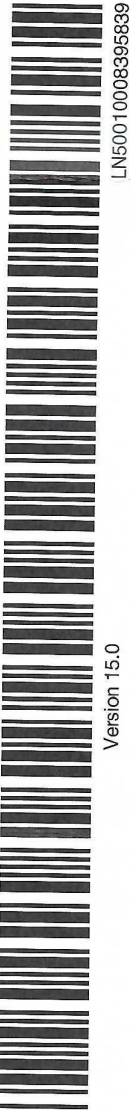
Claim/Coding Logic

This service or supply is denied. It is considered part of another service performed on the same day, or it is not allowed as a separate charge.

Member Responsibility

If you participate in the UnitedHealthcare network, please note that the member is only responsible for their deductible, coinsurance, copayments and items not covered by the health plan. You may not bill the member for any charges above the patient's responsibility.

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If you are an out-of-network provider, please note that state regulations may prohibit you from billing the member for more than their deductible, coinsurance, and copayments.

If You Disagree with This Decision

You have several options if you don't agree with our decision about this claim:

- 1. You may submit a new claim with corrections:** The correction(s) submitted should represent a complete replacement of the previous claim. Please use the correct frequency code or bill type to indicate it is a replacement claim or clearly mark it with the word "corrected." You'll receive a new PRA after we process the claim.
- 2. If you participate in the UnitedHealthcare network:** You may request a reconsideration of the claim. If you've already requested a reconsideration review, you can now submit an appeal. With either a reconsideration or appeal request, you'll need to submit your PRA or denial letter, a copy of this letter and any other documents that can help us better understand this claim and why you believe it should be eligible for benefits.
 - To submit a reconsideration:** Go to UHCprovider.com and click the "Sign In" button in the top right corner. Then, click "Claims" to complete a reconsideration form, submit your request and provide supporting documents.
 - To submit an appeal:** Go to UHCprovider.com and click the "Sign In" button in the top right corner. Then, click "Claims" to submit your appeal and provide supporting documents.
- 3. If you are an out-of-network provider:** You can submit an appeal of the claim. Instructions on how to file an appeal are on your PRA.

Questions? We're here to help.

If you have questions about this claim denial, please call Optum at 866-230-5783 between 8 a.m. and 4:30 p.m. Central Time, Monday through Friday. You can review UnitedHealthcare's reimbursement and medical policies, check member eligibility and benefits, manage claims, request prior authorization and more at UHCprovider.com. Simply click on the "Sign In" button in the top right corner.

Sincerely,

Optum Payment Integrity Team
On behalf of UnitedHealthcare

Protecting Patient Privacy

Optum is an affiliate of UnitedHealthcare that provides administrative services support to health care companies. Optum conducts payment integrity reviews on behalf of UnitedHealthcare to help ensure claims are processed correctly as a key avenue to reducing health care costs. The relationship between Optum and UnitedHealthcare includes a Business Associate Agreement compliant with Health Insurance Portability and Accountability Act (HIPAA) privacy regulations. This means that as a business associate, Optum can request medical records for the purpose of payment activities without additional patient authorization. Any records may be reviewed by UnitedHealthcare or their contracted business associates the purposes allowed under HIPAA.

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