

EXPLANATION OF REVIEW

New Jersey

Receive Date : 04/17/2020
Service Provider : HUDSON REGIONAL HOSPITAL

Claim Number [REDACTED]
Date Of Loss : 01/18/2019

Patient [REDACTED]

55 MEADOWLANDS PARKWAY
Secaucus, NJ 07094-2977

Case Number :

Billing Provider :

Patient Account # [REDACTED]

Adjuster Name [REDACTED]

81-2857619 Po Box 829854
Philadelphia, PA 19182-9854

Carrier : **GEICO**
PO Box 9515
Fredericksburg, VA 22403-9515

Dates Of Service : 04/03/2020 - 04/03/2020

Diagnostic Codes	Description
S13.151A	Disloc c4/c5 cerv vertebrae initial
S13.151A	Disloc c4/c5 cerv vertebrae initial
V49.9XXA	Car occ injured uns traf acc init
S13.161A	Disloc c5/c6 cerv vertebrae initial
S13.171A	Disloc c6/c7 cerv vertebrae initial
E78.00	Pure hypercholesterolemia unspec

LINE	DOS	PROC CODE	MOD	DESCRIPTION	UNITS	CHARGE	REDUCTION	*PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
1	04/03/20	250		Pharmacy/IV Solutions/Other	5.0	\$18.00	\$18.00	\$0.00	\$0.00	NJ_HOSF2
2	04/03/20	259		Pharmacy/IV Solutions/Other	1.0	\$481.00	\$481.00	\$0.00	\$0.00	NJ_HOSF2
3	04/03/20	259		Pharmacy/IV Solutions/Other	2.0	\$26.00	\$26.00	\$0.00	\$0.00	NJ_HOSF2
4	04/03/20	A4600		Sleeve intermittent limb comprs devc repl ea	1.0	\$23.10	\$23.10	\$0.00	\$0.00	NJ_HOSF2
5	04/03/20	A4649		Surgical supply; miscellaneous	1.0	\$10.12	\$10.12	\$0.00	\$0.00	NJ_HOSF2
6	04/03/20	C1713		Anchor/screw opposing bn-to-bn/soft tissue-to-bn	9.0	\$39,195.00	\$0.00	\$0.00	\$39,195.00	BA
7	04/03/20	72020	TC	Radex spine 1 view specify level	1.0	\$681.20	\$560.45	\$0.00	\$120.75	FS_NJ_HOSF
8	04/03/20	76000	TC	Fluoroscopy up to 1 hour physician/ghp time	1.0	\$1,346.30	\$1,346.30	\$0.00	\$0.00	NCCI_E11
9	04/03/20	20930		Allograft for spine surgery only morselized	1.0	\$11,887.22	\$0.00	\$0.00	\$11,887.22	BA

Track your medical claims submitted to GEICO by enrolling in our online Medical Provider Claim Tracking website at: <https://partners.geico.com/mpctweb>.

For questions regarding payment please contact GEICO. For questions regarding this EOR please call 1(877)308-6599.

Claim Number : [REDACTED] **Total Charges :** \$445,995.84 **EOR #** [REDACTED]
Billing Provider : [REDACTED]
Service Provider : HUDSON REGIONAL HOSPITAL
Patient Name : [REDACTED] **Dates of Service :** 04/03/2020 - 04/03/2020

LINE	DOS	PROC CODE	MOD	DESCRIPTION	UNITS	CHARGE	REDUCTION	*PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
10	04/03/20	20936		Autograft spine surgery local from same incision	1.0	\$11,887.22	\$0.00	\$0.00	\$11,887.22	BA
11	04/03/20	20939	LT	Bone marrow aspiration bone grfg spi surg only	1.0	\$1,468.20	\$0.00	\$0.00	\$1,468.20	BA
12	04/03/20	22551		Arthrd ant interbody decompress cervical belw c2	1.0	\$44,286.00	\$0.00	\$0.00	\$44,286.00	BA
13	04/03/20	22552		Arthrd ant interdy cervcl belw c2 ea addl ntrspc	2.0	\$95,097.80	\$95,097.80	\$0.00	\$0.00	NCCI_E04
14	04/03/20	22845	XU	Anterior instrumentation 2-3 vertebral segments	1.0	\$25,282.63	\$19,064.36	\$0.00	\$6,218.27	765
15	04/03/20	22853		Insj biomchn dev intervertebral dsc spc w/arthrd	3.0	\$71,323.35	\$52,607.28	\$0.00	\$18,716.07	FS_NJ_HOSF
16	04/03/20	63075		Discectomy ant dcprn cord cervical 1 ntrspc	1.0	\$47,548.90	\$47,548.90	\$0.00	\$0.00	NCCI_E12
17	04/03/20	63076		Discectomy ant dcprn cord cervical ea ntrspc	2.0	\$95,097.80	\$95,097.80	\$0.00	\$0.00	NCCI_E04
18	04/03/20	J2704		Injection propofol 10 mg	100.0	\$108.00	\$108.00	\$0.00	\$0.00	NJ_HOSF2
19	04/03/20	J1170		Injection hydromorphone up to 4 mg	1.0	\$6.00	\$6.00	\$0.00	\$0.00	NJ_HOSF2
20	04/03/20	J2710		Injection neostigmine methylsulfate up to 0.5 mg	2.0	\$202.00	\$202.00	\$0.00	\$0.00	NJ_HOSF2
21	04/03/20	J1170		Injection hydromorphone up to 4 mg	1.0	\$6.00	\$6.00	\$0.00	\$0.00	NJ_HOSF2
22	04/03/20	J2550		Injection promethazine hcl up to 50 mg	2.0	\$14.00	\$14.00	\$0.00	\$0.00	NJ_HOSF2
Total Lines : 22						\$445,995.84	\$312,217.11	\$0.00	\$133,778.73	

Reimbursement Amount : \$ 133778.73
Previous Reimbursement Amount : \$ 0.00
Difference in Reimbursement Amount : \$ 0.00
Apportionment Amount : \$ 0.00
Less Deductible : \$ 0.00
Limited Benefits/Copay : \$ 0.00
EOR Check Amount : \$ 133778.73

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Claim Number :	[REDACTED]	Total Charges :	\$445,995.84	EOR # :	[REDACTED]
Billing Provider :	[REDACTED]				
Service Provider :	HUDSON REGIONAL HOSPITAL				
Patient Name :	[REDACTED]	Dates of Service :	04/03/2020 - 04/03/2020		

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF LINE NUMBER
765	The service charge exceeds an amount that is reasonable when compared to the charges of other providers in the same geographic area.	14
BA	Billed Amount.	10, 11, 12, 6, 9
FS_NJ_HOSF	Reimbursed according to New Jersey fee schedule, as specified in NJAC 11:3-29.5(b)	15, 7
GR219	Add-on codes cannot be billed alone or as the primary procedure. For further information please refer to the Add-on Codes section of the Introduction of the CPT Manual.	17
NCCI_E04	Per the National Correct Coding Initiative, this service is a component of a more comprehensive service and therefore not separately billable unless with the appropriate modifier, if applicable.	13, 17
NCCI_E11	Per the National Correct Coding Initiative, the procedure designated by the component code is considered integral to the successful accomplishment of the comprehensive procedure and does not represent a separately identifiable, unrelated procedure.	8
NCCI_E12	Per the National Correct Coding Initiative, this service is considered a mutually exclusive procedure to the other procedure reported on the same day and therefore not separately billable unless the appropriate modifier, if applicable, is utilized.	16
NJ_HOSF2	Pursuant to 11:3-29.5(b) The hospital outpatient surgical facility fee is the maximum that can be reimbursed for outpatient procedures performed in an HOSF. The hospital outpatient facility fees in Appendix Exhibit 7 include services that would be covered if furnished in a hospital on an inpatient basis, including those set forth in (a)1 through (8). The maximum value has already been reimbursed and no additional reimbursement is allowed.	1, 18, 19, 2, 20, 21, 22, 3, 4, 5

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Claim Number :	[REDACTED]	Total Charges :	\$445,995.84	EOR #	[REDACTED]
Billing Provider :	[REDACTED]				
Service Provider :	HUDSON REGIONAL HOSPITAL				
Patient Name :	[REDACTED]	Dates of Service :	04/03/2020 - 04/03/2020		

Comments: Questions regarding this review may be directed to:

Auto Injury Solutions, Inc.

P.O. Box 1247

Daphne, AL 36526

All BILL appeals MUST BE MAILED TO THE ABOVE ADDRESS

"No health care provider may demand or request any payment from any person in excess of those permitted by N.J.A.C. 11:3-29, and that no person is liable to any health care provider for any amount of money which results from charging of fees in excess of those permitted by N.J.A.C. 11:3-29, pursuant to N.J.S.A. 39:6A-4.6"

WARNING: N.J. Stat. 17:33A-6 states: "Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties."

ASSIGNMENT OF BENEFITS

Assignment of an Insured's/ Eligible Injured Person's rights to receive benefits for medically necessary treatment, durable medical equipment, tests or other services is prohibited except to licensed health care providers who must agree to:

- a. Fully Comply with GEICO's Decision Point Review Plan, including Precertification requirements,
- b. Comply with the terms and conditions of GEICO's Family Automobile Insurance Policy,
- c. Provide complete and legible medical records or other pertinent information when requested by us,
- d. Complete the "Internal Appeals Process" which shall be a condition precedent to the filing of a demand for Dispute Resolution for any issue related to bill payment, bill processing, Decision Point Review Request or Precertification requests. Completion of the internal appeal process means timely submission of an appeal, receipt of the response, and completion of the expiration of the forty five (45) calendar day waiting period for post-service appeals, prior to filing for alternate dispute resolution. Except for emergency care as defined in N.J.A.C. 11:3-4.2, any treatment that is the subject of the appeal that is performed prior to the receipt by the provider of the appeal decision shall invalidate the assignment of benefits.
- e. Submit disputes to Dispute Resolution pursuant to N.J.A.C. 11:3-5,
- f. Submit to statements and/or Examinations Under Oath as often as deemed reasonable and necessary.

Failure by the health care provider to comply with all the foregoing requirements will render any Assignment of Benefits null and void. Should the health care provider accept direct payment of benefits, the health care provider is required to hold harmless the Insured/ Eligible Injured Person and GEICO for any reduction of payment for services caused by the health care provider's failure to comply with the terms of the Insured's policy and this Plan. Should the assignee choose to retain an attorney to handle the Internal Appeals Process, they do so at their own expense.

GEICO's Conditional Assignment of Benefits is the only valid assignment of benefits. The assignee agrees that GEICO has the right to reject, terminate or revoke the GEICO conditional Assignment of Benefits. An assignment of benefits may require GEICO's written consent.

INTERNAL APPEAL PROCESS

"Services" is defined as performance or issuance of the requested medical procedure, treatment, diagnostic test, other service and/or durable medical equipment.

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For questions regarding payment please contact GEICO. For questions regarding this EOR please call 800-301-1390.

RE-EVALUATION EXPLANATION OF REVIEW

New Jersey

Receive Date : 04/07/2020
Service Provider : HUDSON REG HOSP ROVNER,
JOSHUA

Claim Number : [REDACTED]
Date Of Loss : 01/18/2019

Patient

55 MEADOWLANDS PKWY
Secaucus, NJ 07096

Case Number :

Billing Provider : BERGEN PAIN MANAGEMENT

Patient Account # :

Adjuster Name

22-3554642 37 W Century Rd STE 103

Paramus, NJ 07652-1466

Carrier : GEICO

PO Box 9515
Fredericksburg, VA 22403-9515

Dates Of Service : 04/03/2020 - 04/03/2020

Diagnostic Codes	Description
M50.221	Oth cervical disc displ c4-c5 level
M50.222	Oth cervical disc displ c5-c6 level
M50.223	Oth cervical disc displ c6-c7 level

LINE	DOS	PROC CODE	MOD DESCRIPTION	UNITS	CHARGE	REDUCTION	*PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
1	04/03/20	22853	Insj biomchn dev intervertebral disc spe w/arthr	3.0	\$129,000.00	\$121,477.17	\$0.00	\$7,522.83	FS_NJ
2	04/03/20	22551	Arthr ant interbody decompress cervical belw c2	1.0	\$65,125.00	\$0.00	\$0.00	\$65,125.00	BA
3	04/03/20	22552	Arthr ant interdy cervel belw c2 ea addl ntrspe	2.0	\$61,118.00	\$1,117.98	\$0.00	\$60,000.02	765
4	04/03/20	20939	Bone marrow aspiration bone grrg spi surg only	1.0	\$3,500.00	\$0.00	\$0.00	\$3,500.00	BA
5	04/03/20	20930	Allograft for spine surgery only morselized	1.0	\$3,100.00	\$300.00	\$0.00	\$2,800.00	765
6	04/03/20	20936	Autograft spine surgery local from same incision	1.0	\$2,601.00	\$0.00	\$0.00	\$2,601.00	BA
Total Lines : 6					\$264,444.00	\$122,895.15	\$0.00	\$141,548.85	

Balance: \$89,183.55

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Claim Number :	[REDACTED]	Total Charges :	\$264,444.00	EOR #	[REDACTED]
Billing Provider :	BERGEN PAIN MANAGEMENT				
Service Provider :	HUDSON REG HOSP ROVNER, JOSHUA				
Patient Name :	[REDACTED]	Dates of Service :	04/03/2020 - 04/03/2020		

Reimbursement Amount :	\$	141548.85
Previous Reimbursement Amount :	\$	0.00
Difference in Reimbursement Amount :	\$	141548.85
Apportionment Amount :	\$	0.00
Less Deductible :	\$	0.00
Limited Benefits/Copay :	\$	0.00
EOR Check Amount :	\$	52365.30

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF LINE NUMBER
765	The service charge exceeds an amount that is reasonable when compared to the charges of other providers in the same geographic area.(Fair Health UCR Medical (Fair Health), 12/21/2019 version for zip code area 070)	3, 5
BA	Billed Amount.	2, 4, 6
FS_NJ	Reimbursed according to New Jersey fee schedule, as specified in NJAC 11:3-29.4.	1

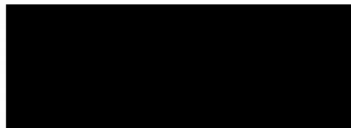
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- Government Employees Insurance Company
- GEICO General Insurance Company
- GEICO Indemnity Company
- GEICO Casualty Company
- GEICO Advantage Insurance Company
- GEICO Choice Insurance Company
- GEICO Secure Insurance Company

Regional Office: Buffalo/New Jersey
300 Crosspoint Parkway, Getzville, NY 14068



September 21, 2020

Goldman Davis Krumholz & Dillon Pc.
C/o Mark Gottlieb



Complainant: Mark Gottlieb
Our Claim #: [Redacted]
Our Insured: Mark Gottlieb
Loss Date: January 18, 2019
Company/NAIC: [Redacted]

Dear Mr. Gottlieb:

Thank you for your email inquiry dated September 15, 2020.

On April 3, 2020, you underwent an Anterior Cervical Discectomy and fusion at C4-5, C5-6 and C6-7. This surgery was completed by Dr. Joshua Rovner of Bergen Pain Management. On April 7, 2020 Bergen Pain Management submitted charges to GEICO in the amount of \$264,444.00. This billing was submitted for review and a recommended amount of \$141,548.85 was established. On July 2, 2020 a payment of \$22,780.34 was made to Bergen Pain Management as well as an additional payment of \$29,584.96 on August 6, 2020 for a total payment amount of \$52,365.30, which was the remainder of your \$250,000 policy limit.

It appears that Bergen Pain Management is still entitled to the \$89,183.55 balance of the billing from your procedure on April 3, 2020. This billing can be submitted directly to your personal health insurance or can be paid directly by you. To have billing addressed by your personal health insurance, you will need to contact Bergen Pain Management to have them forward the billing to your personal health insurance. You may also forward the exhaustion letter and explanation of benefits we have provided to your personal health insurance to certify the exhaustion of your automobile policy.

Bergen Pain Management is not balance billing for the amount above the recommended amount set forth by our medical review, they are billing for the portion beyond the policy exhaustion.

On April 17, 2020 GEICO received a charge from Hudson Regional Hospital for the date of service of April 3, 2020 procedure's facility fees. The charged amount was for a total of \$445,995.84. This bill was submitted for a comprehensive review and was recommended to be reimbursed at \$133,778.73. A payment was made to Hudson Regional Hospital on May 18, 2020 for the full recommended amount.

As stated in your inquiry, you negotiated a refund from Hudson Regional Hospital in the amount of \$30,424.96. This was applied to your policy and used to issue the remaining billing related to your outstanding balance with Paramus

Page Two
September 21, 2020

Orthopedic Physical Therapy and the final payment towards the Bergen Pain Management balance, which exhausted your policy.

On September 16, 2020 we contacted Bergen Pain Management to confirm the above information and a voicemail message was left for Jessica in the billing department. We have yet to hear back. In addition, on September 16, 2020 we contacted your attorney's office and spoke with Mr. Goldman. We discussed the exhaustion of your policy as of August 7, 2020. We reviewed the billing on Bergen Pain Management for DOS April 3, 2020 and the remaining balance. We also went over the process of submitting billing and supports to health insurance, if you choose to do so.

Should you need any of your policy documents, payment ledgers or explanations of benefits forwarded again, we will gladly provide them to you. In addition, should you have any concerns about billing from any of your providers beyond your policy exhaustion, we recommend reaching out to the medical provider directly.

[Redacted]

[Redacted]