NAME: **SS#:**

Bakers Union and FELRA Health and Welfare Fund

EMPLOYER:	Safeway	**LOCAL:**	118
DATE OF HIRE:	August 1, 1985	**STATUS:**	Full Time
PLAN:	1		

ISSUE: Hospital/Medical – Nonparticipating Provider #M22/103-8606

FUND RULE:
"**Hospital and Medical Benefits**

Important! You must use a participating [CIGNA] provider in order to be covered. Services performed by non-[CIGNA] providers will not be paid under the Fund, with limited exceptions."
(Bakers Union and FELRA Health and Welfare Fund SPD, July 2016, Page 94)

SUMMARY:

Date(s) of Service:	September 20, 2021
Claim(s) Received:	October 7, 2021
Claim(s) Denied:	October 8, 2021
Appeal Received:	February 10, 2022

The **provider,** Remote Neuromonitoring Physicians, is appealing on behalf of the participant as his authorized representative for payment of a surgical claim that was denied because the provider does not participate with CIGNA. The provider states in summary that their services were unsolicited and would not have been performed without the request of the attending surgeon. The provider further states that there is a lack of contracted IONM (intraoperative neuromonitoring) providers nationwide, and that the participant did not know until the time of surgery that their services would be utilized. Lastly, the provider states that they are willing to negotiate a rate for this service.

Fund records indicate that the participant had an outpatient surgical procedure performed by Dr. Charles Seal of Blue Ridge Orthopaedic Associates (a participating provider) at UVA Haymarket Medical Center (a participating facility) on September 20, 2021. Remote Neuromonitoring Physicians submitted a claim for continuous neurophysiology monitoring during the surgical procedure. The claim was denied because Remote Neuromonitoring Physicians does not participate with CIGNA.

Note: Intraoperative neuromonitoring is a service performed by neurologists to monitor and protect a patient's neurological system and alert the surgeon in real time of any changes that may occur during high risk surgical procedures.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

BMQW98

A/R SCANNING COVERSHEET

Associated Administrators
911 Ridgebrook Road
Sparks, MD 21152-9451
Attn Appeals Coordinator

MAILING ADDRESS (IF NEEDED)

PRACTICE ENTERPIRSE	
IOM	SA
☑	☐

Client	SCI
PT. Name	
Date of Service (DOS)	09/20/2021
ENC#	457148

	Check One	
	YES	NO
1500 Claim Needed	☐	☑

Claim/Supporting Documentation:

	Check All That Apply
Corrected Claim	☐
Stamp the HCFA?	☐
Records Needed	☐
EOB Needed	☐
Other?	

nvelope Needed:

	Check One
Green & White HCFA	☐
10" Left Window & 9" Return	☐
Large White	☐
10" Left Window	☐
Large White Green Window	☑

RECEIVED
FEB 10 2022
AA, LLC

le Naming Conventions:

'ith HCFA: 1500_Client Acronym Invoice or Encounter Number_Payor Name_Doc Type_MMDDYY (date uploaded)_Initials of ser who demanded claim

'ithout HCFA: Client Acronym_Invoice or Encounter Number_Payor Name_Doc Type_MMDDYY (date uploaded)_Initials of User ho demanded claim

SpecialtyCare

Remote Neuromonitoring Physicians
PO Box 11407, Dept 2105
Birmingham, AL 35246-2105
336-776-0393 | 866-632-5902 *facsimile*

January 13, 2022

Associated Administrators
911 Ridgebrook Road
Sparks, MD 21152-9451
Attn Appeals Coordinator

Provider: Remote Neuromonitoring Physicians
TAX ID: 262188574
Patient:
ID:
Group#: Bakers Union and FELRA H&W
DOS: 09/20/2021 ENC#: 001700457148
Claim #: BMQW98
Charge Amount: $10701.00
Service Location: Haymarket Medical Center

Healthcare Professional Appeal

Appeals examiner:

You have denied benefits for medically necessary IONM services due to provider being Out of Network. We are respectfully appealing this decision and are asking that you please consider making a benefit exception in this case and enhance benefits to pay In Network. The services were rendered at an In-Network Hospital and your member did not have a choice in providers.

Your participating surgeon applied his medical expertise and knowledge and deemed our services medically necessary for the safety of his patient - your member. The services were unsolicited and would not have been performed without his request.

There is a lack of contracted IONM providers nationwide, so the surgeon who requested our services likely had no option to select a participating provider. The member's plan therefore likely did not have access to a participating provider, so we are respectfully requesting that you make an exception in this case and process the claim at the in-network benefit level.

Finally, your member, who is the person most effected by the processing of this claim, did not know until the time of surgery that our services would be utilized during their surgery. They would have been unable to seek a contracted provider, or to obtain any kind of prior authorization for out-of-network services. Therefore, your valued member should not be held responsible for such a large out-of-pocket expense under these circumstances that were out of their control; especially when this service were ordered by your in-network surgeon in the interest of the patient's safety

Neurological intra-operative monitoring is a neurological diagnostic specialty that monitors nerves, muscles, and blood flow constrictions during surgery. Our technologist and our real time monitoring neurologist are able to provide valuable information to the surgeon to help with the quality of patient care during operations. Our services are provided to help surgeons avoid iatrogenic injuries that can be sustained during surgery. Obviously avoiding harmful or fatal injuries to your members—our patients, is always our first concern. There are only 3000 certified technologists nationwide.

We would be willing to negotiate a settlement in lieu of billing your member. Please contact me if you would be willing to negotiate a rate for this service.

If you have any questions regarding this appeal, please contact me at the number below. Thank you for your prompt attention to this matter.

Kindly,

Cindy Reid

Cindy Reid
AR Representative
336-776-0393

Authorization for a Designated Representative to Appeal

Patient Name: RNP 457148

Policy #:

Patient DOB:

Patient Address:

Date of Service: 09/20/2021

Description of Service: Intraoperative Neuromonitoring

I hereby authorize Cindy Reid/Change Healthcare to appeal a benefit determination made by my insurance company, on my behalf, as my Designated Representative. As part of this authorization, I hereby authorize you to process any appeal submitted by my Designated Representative.

Signature of Patient or Legal Guardian: 1.6.22 **Date**

Printed Name of Patient or Legal Guardian:

e American Center | 3100 West End Avenue Suite 800 Nashville Tennessee 37203
15-345-5400 615-345-5405 *facsimile* | specialtycare.net

P5144014006 20211029300Z ENV 179 1 OF 1

Associated Administrators, LLC.
911 Ridgebrook Road
Sparks, MD 21152-9451

Return Service Requested

REMOTE NEUROMONITORING PHYSICI
PO BOX 11407
DEPT 2105
BIRMINGHAM, AL 35246-0100

Explanation of Benefits - This is NOT a Bill
Please retain for Tax Purposes

008999
0101

BAKERS UNION & FELRA H&W

If you have any questions, please call (866) 66-BAKER

Claim # BMQW98
Statement Date: 10/28/21
Employee Name.
Employee #
Patient's Name
Patient Acct# 001700457148
Provider NEUROMONITORING PHYSICI REMOTE

Dates of Service	CPT Code	Amount Charged	Not Covered	Remark Codes	Allowed Amount	Deductible	Type	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
09/20/21 09/20/21	95938 26	3,003 00	3,003 00	A1 A2	0 00	0 00		0	0 00	0 00	3,003 00
09/20/21-09/20/21	95939 26	3,685 00	3,685 00	A1 A2	0 00	0 00		0	0 00	0 00	3,685 00
09/20/21-09/20/21	95861 26	1,561 00	1,561 00	A1 A2	0 00	0 00		0	0 00	0 00	1,561 00
09/20/21-09/20/21	95941	2,452 00	2,452 00	A1 A2	0 00	0 00		0	0 00	0 00	2,452 00
	TOTALS	10,701 00	10,701 00		0 00	0 00			0 00	0 00	10,701 00

TYPE	DESCRIPTION
B	Basic Benefit
M	Major Medical Benefit

Total Plan Benefit	0 00
Less COB Adjustment	0 00
Less Provider Discount	0 00
Less Provider Payment Adjustment	0 00
Total Benefits Paid	0 00

Payment To	Amount	Check #	Paid Date
REMOTE NEUROMONITORING PHY	0 00	NC	10/28/21

Line#	Code	Messages
01	A1	THE PROVIDER IS NOT A PPO NETWORK PARTICIPANT
01	A2	SVCS MUST BE PROVIDED BY A CIGNA PROVIDER TO BE COVERED PG 75 OF SPD

Appeal Rights

If your claim has been wholly or partially denied (as shown in the Messages section on the front of this Explanation of Benefits or "EOB"), you have the right to appeal this decision within 180 days of your receipt of the EOB You may submit written comments, documents and other information relating to your claim You have the right to designate, in writing, a representative to act on your behalf You must provide the Fund with the representative's name, address and telephone number The Fund will direct all future communications to the representative

If the Fund relied upon an internal rule, guideline or protocol in making the decision, it will be available upon request, free of charge If the Fund based its determination upon medical necessity, experimental treatment or similar exclusion or limit, such explanation is available upon request and free of charge If the Fund obtained any advice from a medical expert on the claim (even if the advice was not relied upon) the Fund will identify, upon request, the firm providing the medical expert's advice

The Board of Trustees will review your appeal at its next scheduled meeting unless the appeal is filed within 30 days of that meeting, in which case it will be reviewed at the following meeting If circumstances require more time for a decision, you will be notified in writing The notice will describe the reason for the delay and the approximate date a decision will be made The decision will be made no later than the third Board of Trustees meeting following the date the Fund receives your appeal The review will take into account all information you submit relating to your claim The Fund will notify you in writing of the Board of Trustees' decision within five days after the decision is made In the event your appeal is denied, you have the right to bring a civil action under Section 502(a) of the Employee Retirement Income Security Act (ERISA)

If your situation meets the definition of urgent under law, your review will be conducted within the urgent time frames established by law An appeal of an Urgent Care Claim denial may be oral or in writing You or your doctor should supply all information for an Urgent Care Claim appeal by hand delivery to the Fund Office or by telephone to **1-410-683-6500, toll free 1-800-638-2972 or by fax to 1-877-227-3536**

If your claim is denied, in whole or in part, you are not required to appeal the decision Further, you have the right to file suit in federal or state court under Section 502(a) of ERISA on your claim for benefits However you must exhaust your administrative remedies by appealing the denial to the Board of Trustees before you have the right to file suit in state or federal court Failure to exhaust these administrative remedies will result in the loss of your right to file suit, as described in the ERISA Rights statement in your Summary Plan Description

Should you have any questions about your appeal rights, please contact Participant Services at the number shown in your SPD or mail your appeal to "Associated Administrators, LLC, 911 Ridgebrook Road, Sparks, Maryland 21152-9451, Attn Appeals Coordinator" You may also contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272)

SpecialtyCare

Intraoperative Monitoring Order Form
24-Hour Scheduling
Telephone (410) 666-2588 or (888) 481-9185
Fax (866) 832-1480
Email HV-Scheduling@specialtycare.net

☐ Inpatient ☒ Outpatient Case ID # _____
☐ New ☐ Cancel ☐ Time change ☐ Date change ☐ Procedure change

CASE INFORMATION- Contact Scheduling office for Same Day Cases

Procedure date 9-20 Hospital/Facility Haymarket Medical Center
Surgeon Charles Seal Case start time 12:00 Case duration 2.25
Contact Name Renee Raffanello Phone # (703) 369-8003
Provide Email Address or Fax # to receive Case ID# rhraffanello@novanthealth.org
Procedure(s) ACDF C4-5, C5-6, C6-7

(IMPORTANT: For craniotomies, include tumor location, surgical approach, modalities required, and any special equipment needed.)

PATIENT INFORMATION

Patient last name _____ First name _____ _____ ☒ Male ☐ Female
Patient street address _____ City _____ State _____ ZIP _____
Patient Phone # (____) _____ DOB ____/____/____

GUARANTOR INFORMATION

Last name _____ First name _____ DOB ____/____/____
Relationship to patient ☐ Mother ☐ Father ☐ Legal guardian ☐ Spouse ☐ Other
Guarantor street address _____ City _____ State _____ ZIP _____
Home Phone # (____) _____ Mobile Phone # (____) _____ Work Phone # (____) _____

INSURANCE INFORMATION – Attach Front & Back copies of Card(s)

Policyholder name _____ Relationship to insured
Primary Ins Cigna Auth# _____ Policy # _____
Secondary Ins _____ Policy # _____
DOA ____/____/____ WComp ☐ Auto ☐ Claim # _____
Adjuster's Name _____ Adjuster's Phone # (____) _____

SERVICES REQUESTED (Please check appropriate box)

- ☒ SSEP (somatosensory evoked potentials)
- ☐ TcMEP (transcranial motor evoked potentials)
- ☐ Pedicle screw stimulation
- ☐ Cranial nerve EMG
- ☐ Motor strip/cortical mapping
- ☐ Speech mapping
- ☐ EMG
- ☐ EEG
- ☐ ABR (auditory brainstem responses)
- ☐ VEP (visual evoked potentials)
- ☐ DBS (deep brain stimulation)
- ☐ Other _____

RECEIVED
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A/R LLC

Please attach complete patient demographics and insurance information if not provided on the form.

SVG

Encounter Date: 9/20/2021
Hospital Account: 9100387227
MRN: 74057327
Guarantor:
Contact Serial #: 300277518330

NOVANT HEALTH

ENCOUNTER

Patient Class:	OP	Unit:	HAMC PERIOP
Hospital Service:	General Surgery	Bed:	Room/bed info not found
Admitting Provider:	Charles N Seal, Md	Referring:	Seal, Charles N
Attending Provider:	Charles N Seal, Md	Adm Diagnosis:	CERVICAL
Discharge D/T:	No discharge date for patient encounter.	Military Status:	No, never served [5]

PATIENT

Name:		DOB:	
Address:		Sex:	Male
City:		E-Mail:	
Race:	White or Caucasian [1]	Primary	English [22]
SSN:	xxx-xx-	Marital Status:	Married [2]
Primary Care Provider:	Gregory S Golub, MD	Primary Phone:	

EMERGENCY CONTACT

Contact Name	Legal Guardian?	Relationship to Patient	Home Phone	Mobile Phone	Work Phone
1.		Spouse			
2. *No Contact Specified*					

GUARANTOR

Guarantor:		DOB:	
Address:		Sex:	Male
Relation to Patient:	Self	Home Phone:	
Guarantor ID:	100301574	Mobile Phone:	
		Work Number:	

GUARANTOR EMPLOYER

Employer:		Status:	RETIRED

COVERAGE

PRIMARY INSURANCE

Payor:	CIGNA	Plan:	CIGNA MANAGED CARE
Group Number:	3330983	Insurance Type:	INDEMNITY
Subscriber Name:		Subscriber DOB:	
Subscriber ID:		Rel to Subscriber:	Self

SECONDARY INSURANCE

Payor:		Plan:	
Group Number:		Insurance Type:	
Subscriber Name:		Subscriber DOB:	
Subscriber ID:		Rel to Subscriber:	

Intraoperative Neurophysiological Monitoring Report

SpecialtyCare
partners for life

CASE INFORMATION

Patient Name		**DOB**	
Patient ID		**MRN**	74057327
Date of Surgery	2021-09-20		
Hospital	3822	Haymarket Medical Center	
IONM Recordings Started	11:40	**IONM Recordings Concluded**	12:44
Post Baselines Time	11:40		
Pre-Op Diagnosis	Radiculopathy		
Post-Op Diagnosis	Radiculopathy		
Procedure	ACDF C4-7		

SURGERY/ANESTHESIA

Role	Name
Anesthesiologist	Kotzur, Andreas
Surgeon	Seal, Charles

NEUROMONITORING

Staff Type	Name	Staff Role
Neurophysiologist	Smith, Michael A	Primary
Remote Monitor	Wong, Matthew H	Primary

INTRODUCTION

Intraoperative neurophysiological monitoring was conducted at the request of the surgeon to help identify and minimize risk of neurologic injury.
Somatosensory evoked potentials were recorded to monitor the integrity of the somatosensory pathways.
Spontaneous electromyography was used to monitor for nerve irritation.
Train-of-four testing was performed to assess conduction across the neuromuscular junction.
Motor evoked potentials to transcranial electrical stimulation were recorded to monitor the integrity of the corticospinal pathways.
Electroencephalography was used to monitor cortical function and/or depth of anesthesia.

NEUROMONITORING TECHNIQUES AND BASELINE RESULTS

Neuromonitoring Modalities	Side	Description Nerve/Muscle/Level	Baseline Data
Electroencephalography (EEG)	Left	#Channels: 2	All Recordings Monitorable -
Electroencephalography (EEG)	Right	#Channels: 2	All Recordings Monitorable -
Somatosensory Evoked Potentials (SSEP) - Lower Extremity / Trunk (LE/T)	Bilateral	Posterior Tibial Nerve	All Recordings Monitorable -

Intraoperative Neurophysiological Monitoring Report

SpecialtyCare
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NEUROMONITORING TECHNIQUES AND BASELINE RESULTS

Neuromonitoring Modalities	Side	Description Nerve/Muscle/Level	Baseline Data
Somatosensory Evoked Potentials (SSEP) - Upper Extremity (UE)	Bilateral	Ulnar Nerve, Median Nerve	All Recordings Monitorable -
Spontaneous Needle Electromyography (spEMG) - Upper Extremity	Bilateral	Deltoid, Biceps Brachii, First Dorsal Interosseous, Abductor Pollicis Brevis, Brachioradialis	All Recordings Monitorable -
Train Of Four Testing (TOF)	Right	Abductor Pollicis Brevis, Abductor Hallucis	All Recordings Monitorable -
Transcranial Electric Motor Evoked Potentials (tcMEP) - Lower Extremity / Trunk	Bilateral	Tibialis Anterior, Abductor Hallucis	All Recordings Monitorable -
Transcranial Electric Motor Evoked Potentials (tcMEP) - Upper Extremity	Bilateral	Deltoid, Biceps Brachii, Brachioradialis, First Dorsal Interosseous, Abductor Pollicis Brevis	See Note

ADDITIONAL BASELINE NOTES

!BASELINES - SSEP bilaterally present and reliable from ulnar and posterior tibial nerves; EMG quiet and reliable; TCMEP bilaterally present and reliable from all target muscle groups, with the exception of the bilateral Deltoids. TOF 4/4, 4:1=1. Surgeon informed and acknowledged.

INTRAOPERATIVE NEUROMONITORING COURSE

No muscle relaxant was administered following intubation. Four muscle twitches were recorded to train-of-four electrical stimulation prior to incision, consistent with adequate conduction across the neuromuscular junction for motor evoked potential and EMG monitoring. At this time, the background spontaneous EMG activity was stable and quiet. There were no episodes of remarkable spontaneous neurotonic EMG activity throughout the course of decompression.

There were no remarkable changes in the ulnar, median, or posterior tibial nerve somatosensory evoked potentials, or the transcranial electrical motor evoked potentials throughout the surgical course in general, and following decompression and instrumented fusion, in particular.

There were no remarkable changes in monitored neurophysiologic signals during the surgical course. The surgeon was informed of the patient's neurophysiologic status throughout the procedure.

SUMMARY

There was no change in monitored neurologic function during the surgical procedure.

Thank you for the opportunity to participate in the surgical management of this patient. If you need any additional information, please do not hesitate to contact us.

Sincerely,

Clinician	Smith, Michael A - CNIM	eSigned on	2021-09-20T12:16:00	(Central Time)
Remote Monitor	Wong, Matthew H - MD	eSigned on	2021-09-26T20:51:38	(Central Time)

Event Time	Performed By	Destination	Event Data Name	Event Data Value
09/20/2021 11:53:00AM	Wong, Matthew H	Everyone	body	Sounds great!
09/20/2021 11:50:15AM	Smith, Michael A	Everyone	body	1244 RTE, thank you for all the help. Have a great afternoon if I dont see you on the next!
09/20/2021 11:49:58AM	Wong, Matthew H	Everyone	body	I agree with your closing statement. Thank you.
09/20/2021 11:48:17AM	Smith, Michael A	Everyone	body	Closing, Surgeon informed and acknowledged that bilateral PTN, UN, and MN SSEPs are stable to baseline with no significant decrease in amplitude or increase in latency, EMG quiet and reliable with TOF=4/4, TcMEPs stable to baseline with responses in all target muscles with the exception of bilateral Deltoids.
09/20/2021 11:44:19AM	Wong, Matthew H	Everyone	body	Agree. Thanks.
09/20/2021 11:44:06AM	Smith, Michael A	Everyone	body	Final TcMEPs stable to baselines, Surgeon acknowledged.
09/20/2021 11:37:20AM	Smith, Michael A	Everyone	body	SSEPs stable, EMG quiet and reliable
09/20/2021 11:27:50AM	Smith, Michael A	Everyone	body	MEPs stable,
09/20/2021 11:27:38AM	Wong, Matthew H	Everyone	body	Agree.
09/20/2021 11:20:06AM	Smith, Michael A	Everyone	body	SSEPs stable, EMG quiet and reliable
09/20/2021 11:19:21AM	Smith, Michael A	Everyone	body	Right Delt quieted down
09/20/2021 11:19:11AM	Smith, Michael A	Everyone	body	TcMEPs stable to baselines, Surgeon acknowledged.
09/20/2021 11:16:02AM	Wong, Matthew H	Everyone	body	Noted. Thanks.
09/20/2021 11:15:29AM	Smith, Michael A	Everyone	body	SEPs stable, EMG quiet and reliable except Right Biceps as previously noted
09/20/2021 11:09:15AM	Wong, Matthew H	Everyone	body	Agree.
09/20/2021 11:04:12AM	Smith, Michael A	Everyone	body	SSEPs stable, EMG quiet and reliable
09/20/2021 10:49:21AM	Wong, Matthew H	Everyone	body	SOrry for dleay.
09/20/2021 10:49:18AM	Wong, Matthew H	Everyone	body	Got it.
09/20/2021 10:49:17AM	Wong, Matthew H	Everyone	body	Thanks.
09/20/2021 10:45:40AM	Smith, Michael A	Everyone	body	up

09/20/2021 10:45:34AM	Smith, Michael A	Everyone	body	BP 93/62, MAP 72, Temp 98.3, Dex 0.5 mcg/kg/hr, Prop 175 mcg/kg/min, Sevo 0.6% ET
09/20/2021 10:45:26AM	Smith, Michael A	Everyone	body	!BASELINES - SSEP bilaterally present and reliable from ulnar and posterior tibial nerves; EMG quiet and reliable; TCMEP bilaterally present and reliable from all target muscle groups, with the exception of the bilateral Deltoids. TOF 4/4, 4:1=1. Surgeon informed and acknowledged.
09/20/2021 10:44:07AM	Wong, Matthew H	Everyone	body	May I see the MEPs again when you get a chance?
09/20/2021 10:43:25AM	Smith, Michael A	Everyone	body	TcMEPs present in the bilateral Target muscles with the exception of the bilateral Delts, Surgeon acknowledged.
09/20/2021 10:24:33AM	Smith, Michael A	Everyone	body	Hello, I'm at Haymarket Medical Center for a ACDF C4-7 with Dr. Seal and Patient: DOB: . Case ID: 100002904039; Mod: SSEP, TCMEP, and EMG (prepositional baselines declined); Dx: Cervical Radiculopathy Patient is a year old male presenting with complaints of neck pain radiating into the upper extremities, right worse than left. Patient stated having a torn rotator cuff on the right shoulder, and numbness/tingling down the right arm into the hand. Past medical history includes hypertension. Past surgical history includes lumbar decompression in 2016. No radiology report available for review. Patient history is negative for cranial/cochlear implants, seizure, and pacemaker/defibrillator.
09/20/2021 10:24:23AM	Wong, Matthew H	Everyone	body	Hi again Mike.
09/20/2021 10:24:17AM	System	Everyone	body	Wong, Matthew can now only view the customer's screen.

09/20/2021 10:24:16AM	System	All Representatives	body	This session has been transferred to Wong, Matthew.
09/20/2021 10:24:16AM	System	All Customers	body	This session has been transferred to Wong, Matthew.
09/20/2021 10:23:29AM	System	All Customers	body	A secure, encrypted connection has been established.
09/20/2021 10:23:29AM	System	All Customers	body	Your reader will be with you shortly.
09/20/2021 11:53:02AM	Smith, Michael A			
09/20/2021 11:53:02AM	Wong, Matthew H			
09/20/2021 11:53:02AM				
09/20/2021 10:24:16AM		2066108	owner	Wong, Matthew
09/20/2021 10:24:16AM	Wong, Matthew H		private_name	Wong, Matthew
09/20/2021 10:24:16AM	Wong, Matthew H		public_name	Wong, Matthew
09/20/2021 10:24:16AM	Wong, Matthew H		username	2066108
09/20/2021 10:24:16AM	Wong, Matthew H		private_ip	192.168.86.38
09/20/2021 10:24:16AM	Wong, Matthew H		public_ip	199.101.122.27:58080
09/20/2021 10:24:16AM	Wong, Matthew H		hostname	SC-LT-UA8382KSL
09/20/2021 10:24:16AM	Wong, Matthew H		os	Windows 10 Enterprise (21H1)
09/20/2021 10:24:16AM	Wong, Matthew H		support_teams	;14=IONM Southeast;9=IONM Northeast;
09/20/2021 10:24:16AM	Wong, Matthew H		user_id	162
09/20/2021 10:23:30AM				
09/20/2021 10:23:29AM		IONM Southeast	owner	IONM Southeast
09/20/2021 10:23:29AM				
09/20/2021 10:23:29AM		System	owner	Customer Pre-wait Conference
09/20/2021 10:23:29AM	Smith, Michael A		customer_info	;company=Haymarket Medical Center - 3822;company_code=Seal, Charles;details=Wong, Matthew H --- C4-7 ACDF, SSEP;issue=Southeast Monitoring;issueId=24;name=Smith, Michael A;
09/20/2021 10:23:29AM	Smith, Michael A		name	Smith, Michael A
09/20/2021 10:23:29AM	Smith, Michael A		private_ip	10.101.5.98
09/20/2021 10:23:29AM	Smith, Michael A		public_ip	10.101.5.98:50706

09/20/2021 10:23:29AM	Smith, Michael A		hostname	SC-LT-BVQSF13
09/20/2021 10:23:29AM	Smith, Michael A		os	Windows 10 Enterprise (20H2)
09/20/2021 10:23:29AM	Smith, Michael A		state	connected

Case Summary

SpecialtyCare Intraoperative Neuromonitoring
One American Center
3100 West End Avenue, Suite 800
Nashville TN 37203

Phone: 615-345-5400
Fax: 615-345-5405

SpecialtyCare Neuromonitoring Record

Patient Last Name:
Patient First Name:
Patient CDS ID: 100002904039
Month of Surgery: 09
Day of Surgery: 20
Year of Surgery: 2021

SUB

Procedure Date: 9/20/2021 07:14
Patient:
Age:

Surgeon: Dr Seal
Neurophysiologist: Michael Smith

Procedure: ACDF C4-7
Diagnosis: Cervical Radiculopathy
Comments: Patient is a year old male presenting with complaints of neck pain radiating into the upper extremities, right worse than left. Patient stated having a torn rotator cuff on the right shoulder, and numbness/tingling down the right arm into the hand. Past medical history includes hypertension. Past surgical history includes lumbar decompression in 2016. No radiology report available for review. Patient history is negative for cranial/cochlear implants, seizure, and pacemaker/defibrillator.

Comments and Events

Time	Event	Priority
10:48:19	!Amplifier calibration check performed without note	Medium
10:48:20	IONM plan - Offered SSEP, MEP, and EMG. Surgeon accepted all modalities. Prepositional baselines declined.	Medium
10:48:21	Anesthesia plan - Discussed monitoring plan with anesthesia team. Requested TIVA, bilateral soft bite blocks, and TOF 4/4 for baselines. Anesthesia team agreed to plan	Medium
11:16:12	!In Room	Medium High
11:20:38	!Anesthesia Start	Medium High
11:22:01	!NEEDLE COUNT (IN) - 52	Medium
11:35:49	BP 93/62, MAP 72, Temp 98.3, Dex 0.5 mcg/kg/hr, Prop 175 mcg/kg/min, Sevo 0.6% ET	Low
11:36:07	Impedance (1.2 kΩ - 3.3 kΩ)	Low
11:36:10	!All recording electrode impedances test at <=5kOhm	Medium
11:36:23	TOF 4/4	Low
11:36:35	Right Delt EMG noted at baselines	Low
11:36:42	Bite Block Warning Confirmed	Low
11:36:42	Baseline Set - L MEP	Low
11:36:44	Baseline Set - R MEP	Low
11:37:49	TcMEPs present in the bilateral Target muscles with the exception of the bilateral Delts, Surgeon acknowledged.	Low
11:38:01	Baseline Set - L UN SSEP	Low
11:38:01	Baseline Set - R UN SSEP	Low
11:38:02	Baseline Set - L PTN SSEP	Low
11:38:02	Baseline Set - R PTN SSEP	Low
11:38:53	Baseline Set - L MN SSEP	Low
11:38:53	Baseline Set - R MN SSEP	Low
11:40:25	!BASELINES - SSEP bilaterally present and reliable from ulnar and posterior tibial nerves; EMG quiet and reliable; TCMEP bilaterally present and reliable from all target muscle groups, with the exception of the bilateral Deltoids. TOF 4/4, 4:1=1. Surgeon informed and acknowledged.	Low

11:42:22	Unable to view anesthetic information. Anesthesia team agreed to inform of any changes in anesthetic regimen or hemodynamics	Medium
11:42:58	!Timeout	Medium
11:43:18	!Incision	Medium High
11:46:18	!Real time start 11:40	Medium High
11:51:24	caspar pins	Low
11:55:13	decompression	Low
11:59:18	SSEPs stable, EMG quiet and reliable	Low
11:59:29	trialing	Low
12:03:30	placing graft	Low
12:07:05	decompressing 2nd level	Low
12:10:00	Right Biceps EMG noted, Surgeon acknowledged.	Low
12:10:23	SEPs stable, EMG quiet and reliable except Right Biceps as previously noted	Low
12:13:40	EMG quiet and reliable	Low
12:14:08	TcMEPs stable to baselines, Surgeon acknowledged.	Low
12:14:46	graft 2 in	Low
12:15:00	SSEPs stable, EMG quiet and reliable	Low
12:19:51	trialing	Low
12:22:46	TcMEPs stable, Surgeon acknowledged.	Low
12:23:07	3rd trial in	Low
12:24:18	plating	Low
12:25:55	BP 123/81, MAP 94, Temp 98.3, Dex 0.5 mcg/kg/hr, Prop 175 mcg/kg/min, Sevo 0.75% ET	Low
12:32:14	SSEPs stable, EMG quiet and reliable	Low
12:39:05	Final TcMEPs stable to baselines, Surgeon acknowledged.	Low
12:41:32	Closing	Low
12:43:43	!CLOSING COMMUNICATION - Surgeon informed and acknowledged that bilateral PTN, UN, and MN SSEPs are stable to baseline with no significant decrease in amplitude or increase in latency, EMG quiet and reliable with TOF=4/4, TcMEPs stable to baseline with responses in all target muscles with the exception of bilateral Deltoids.	Medium High
12:44:53	!Real Time End	Medium High

Stack Data

SpecialtyCare

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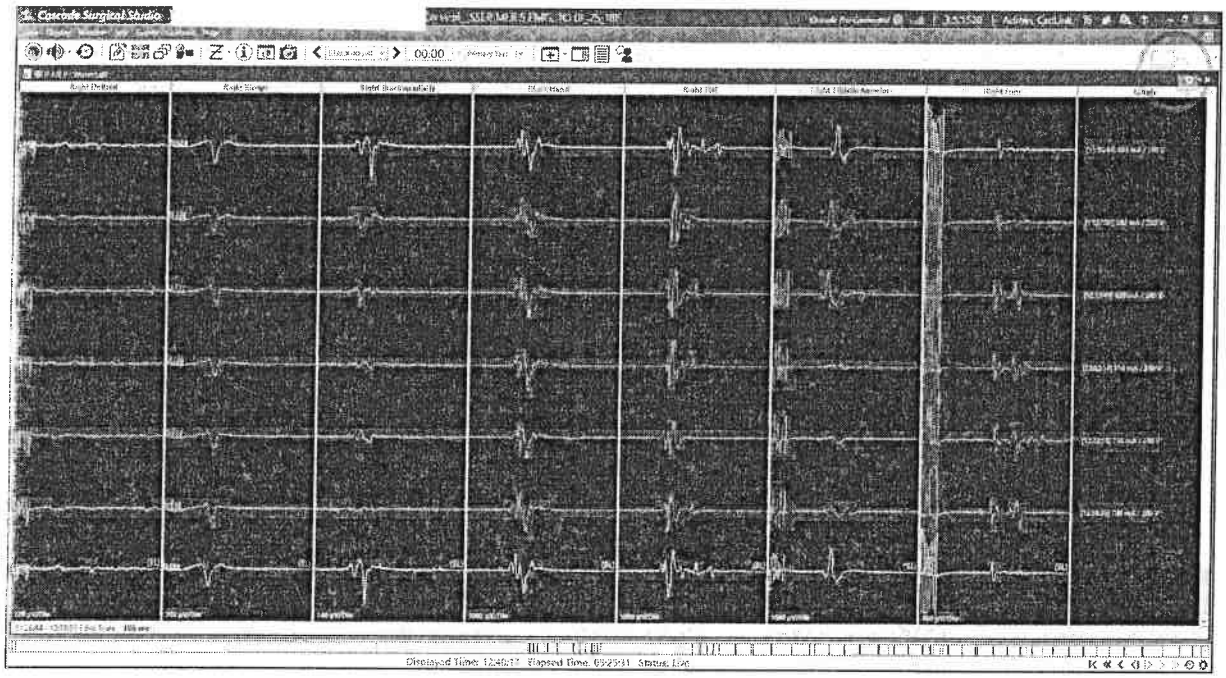
User: NeuroPhys



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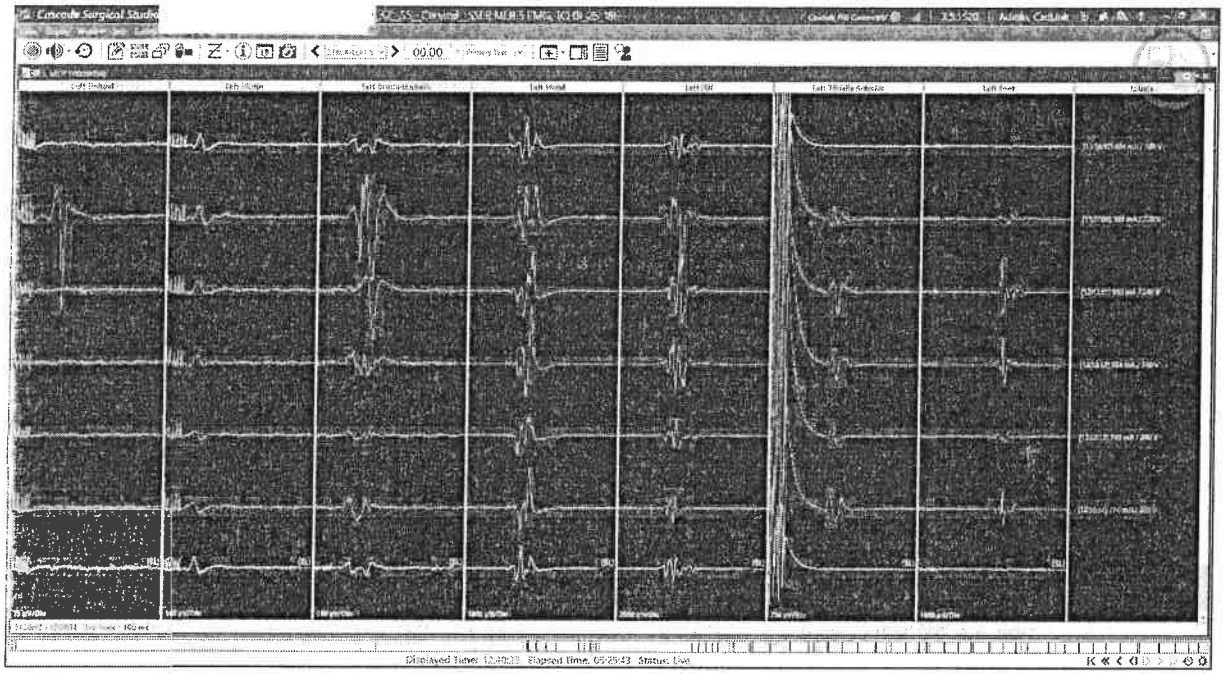

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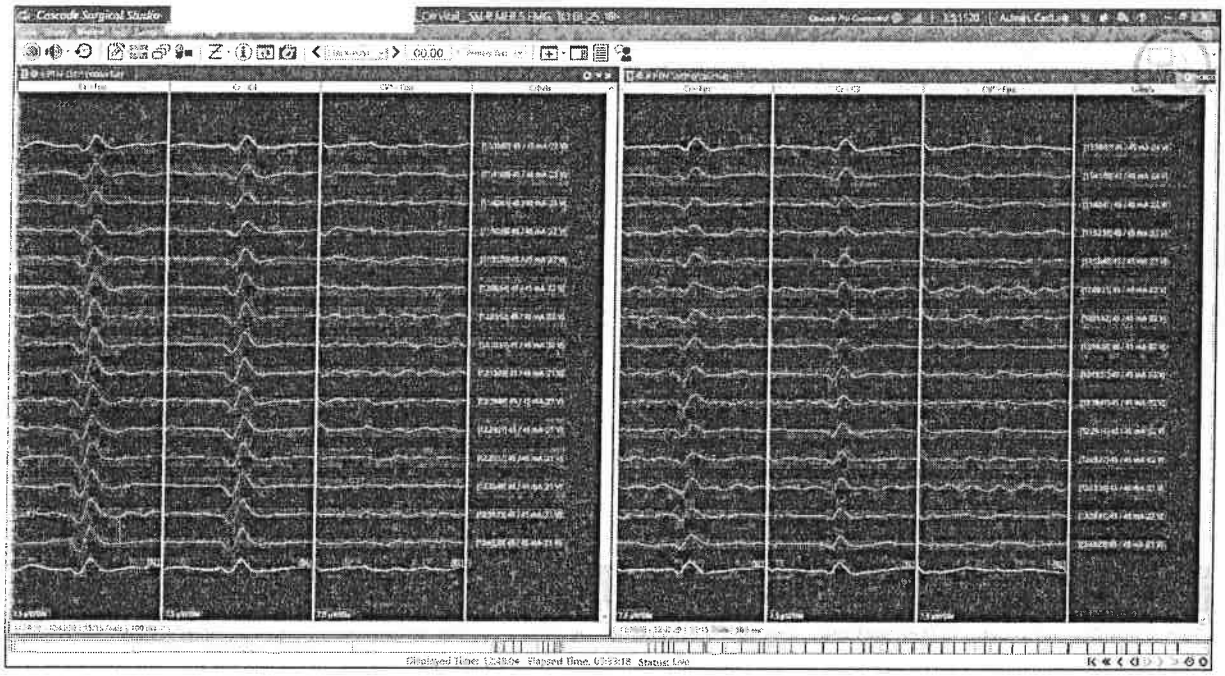

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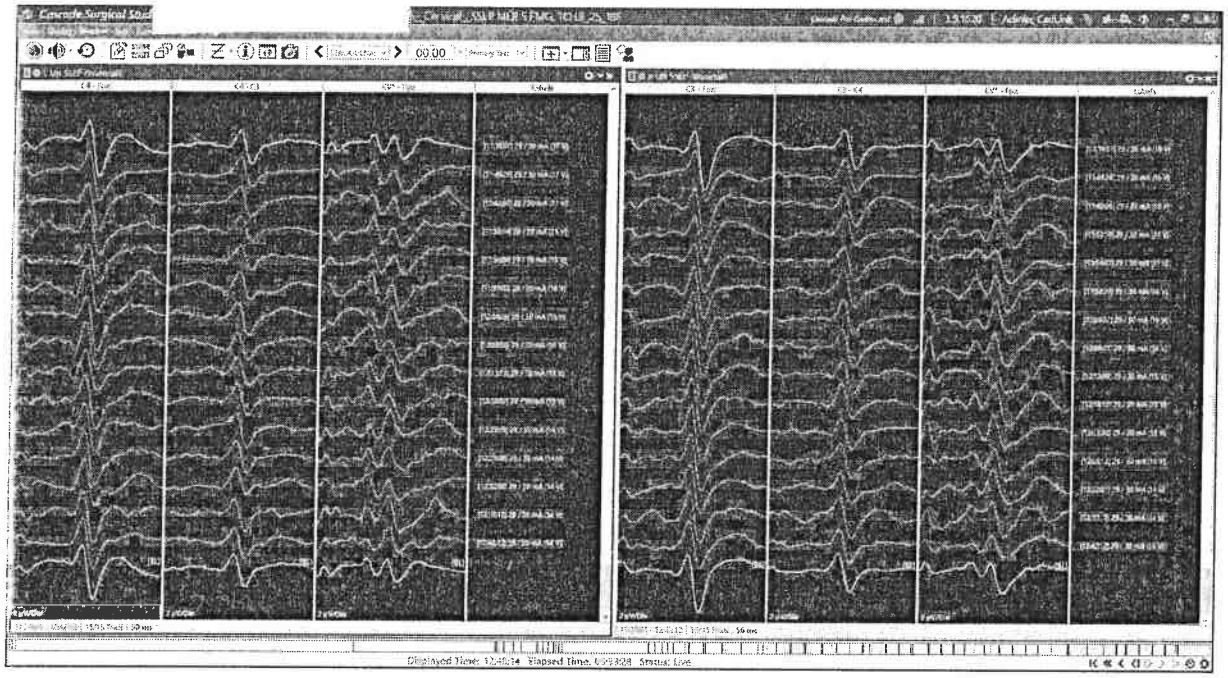

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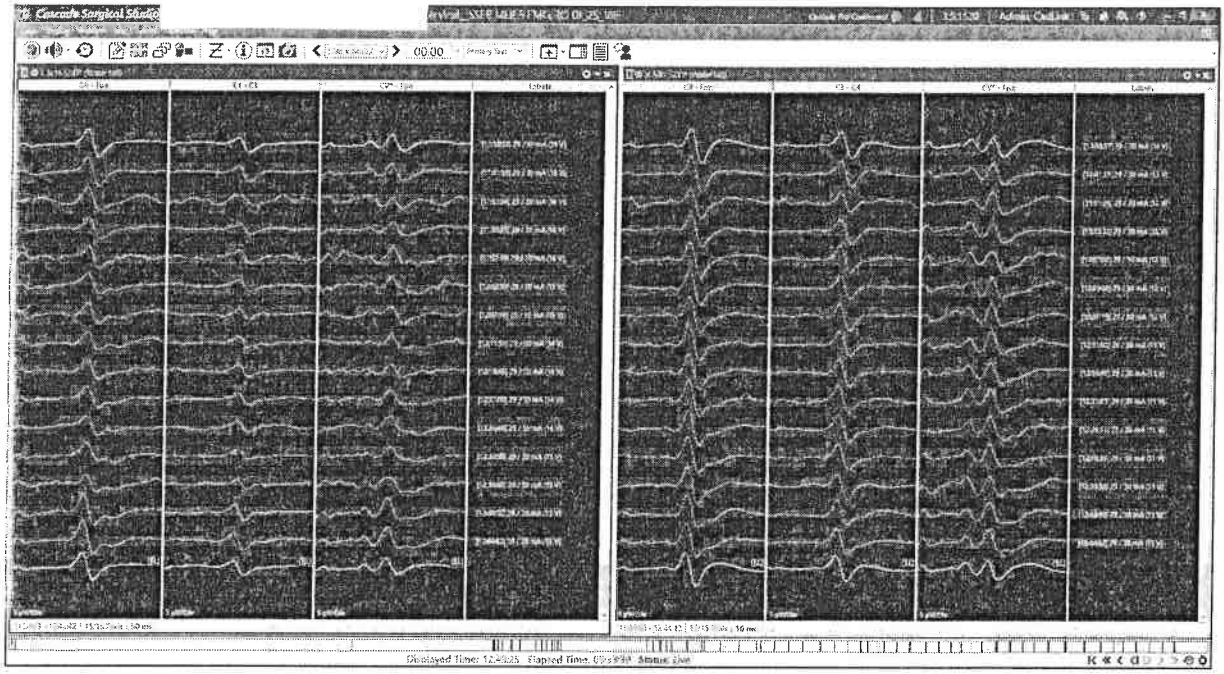

Baseline Data

SpecialtyCare

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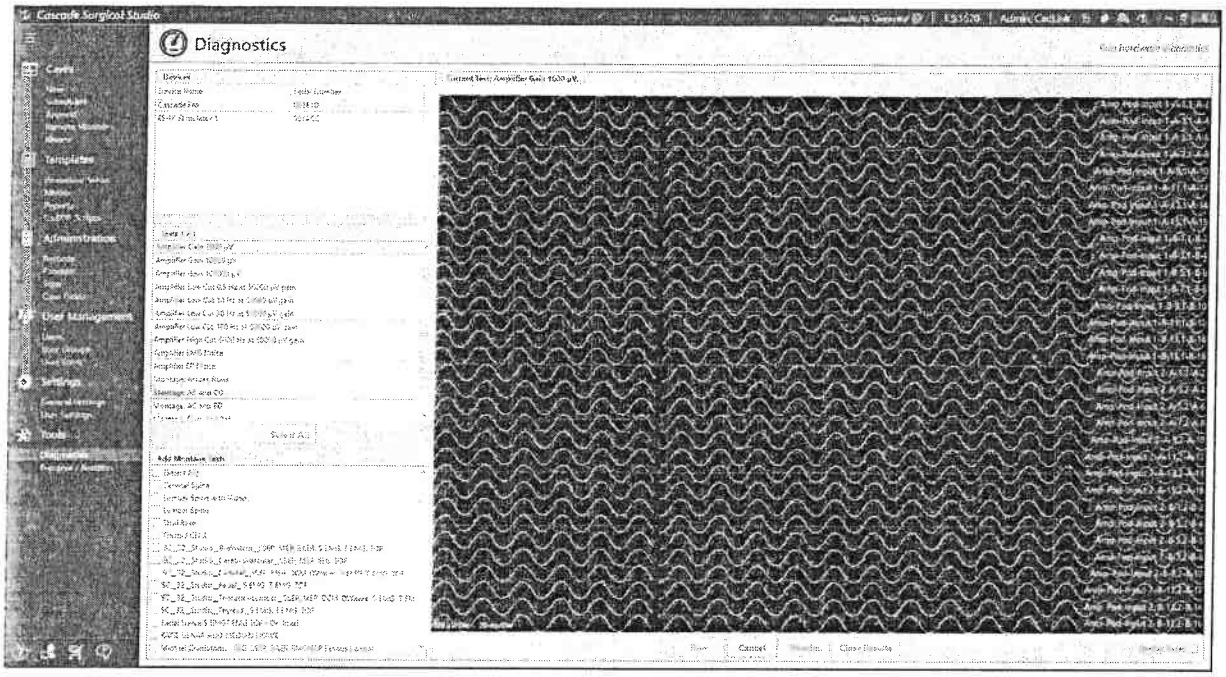

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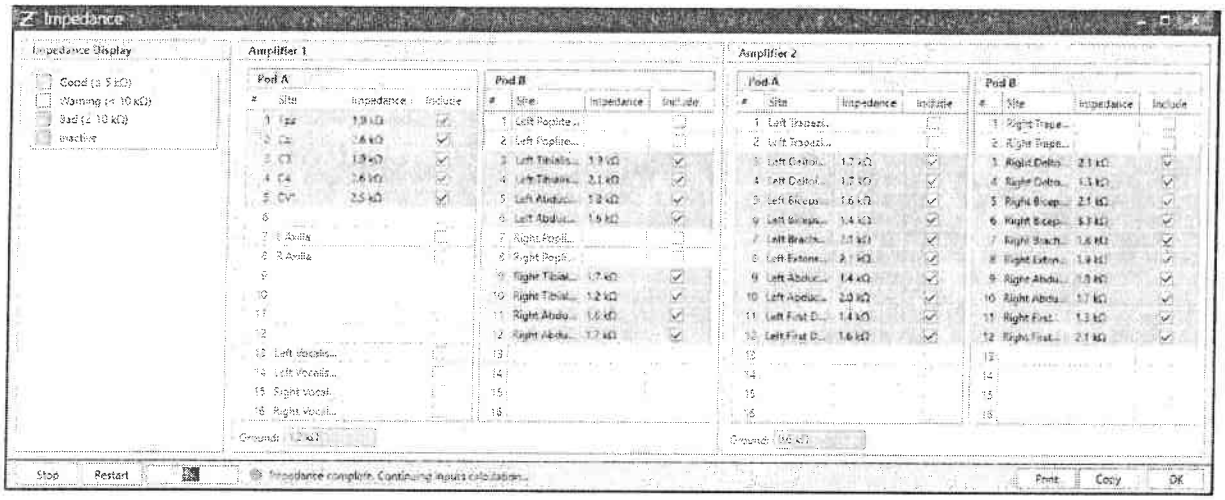

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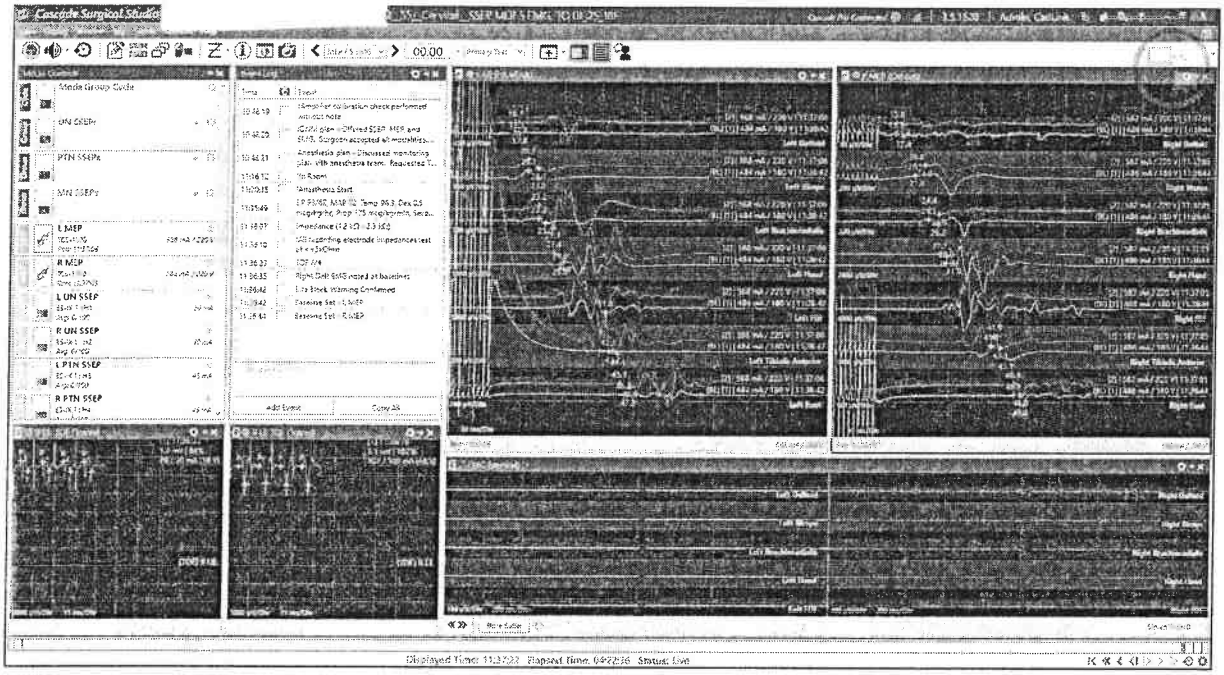

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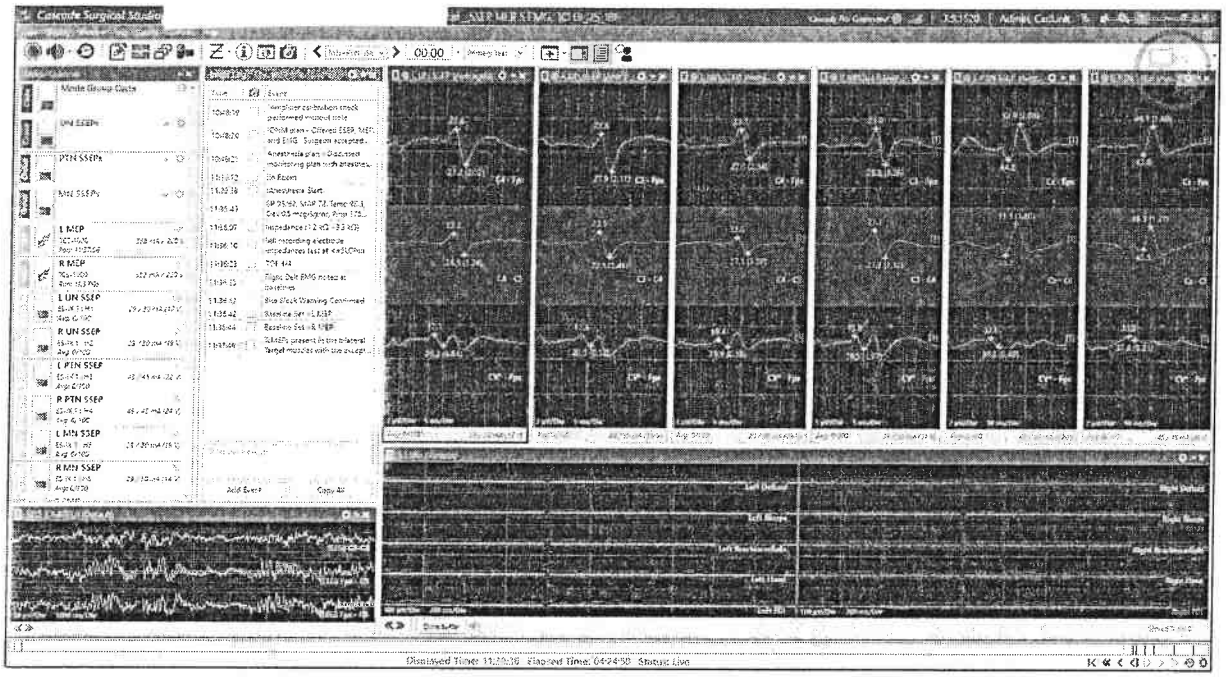

Supplementary Data

SpecialtyCare

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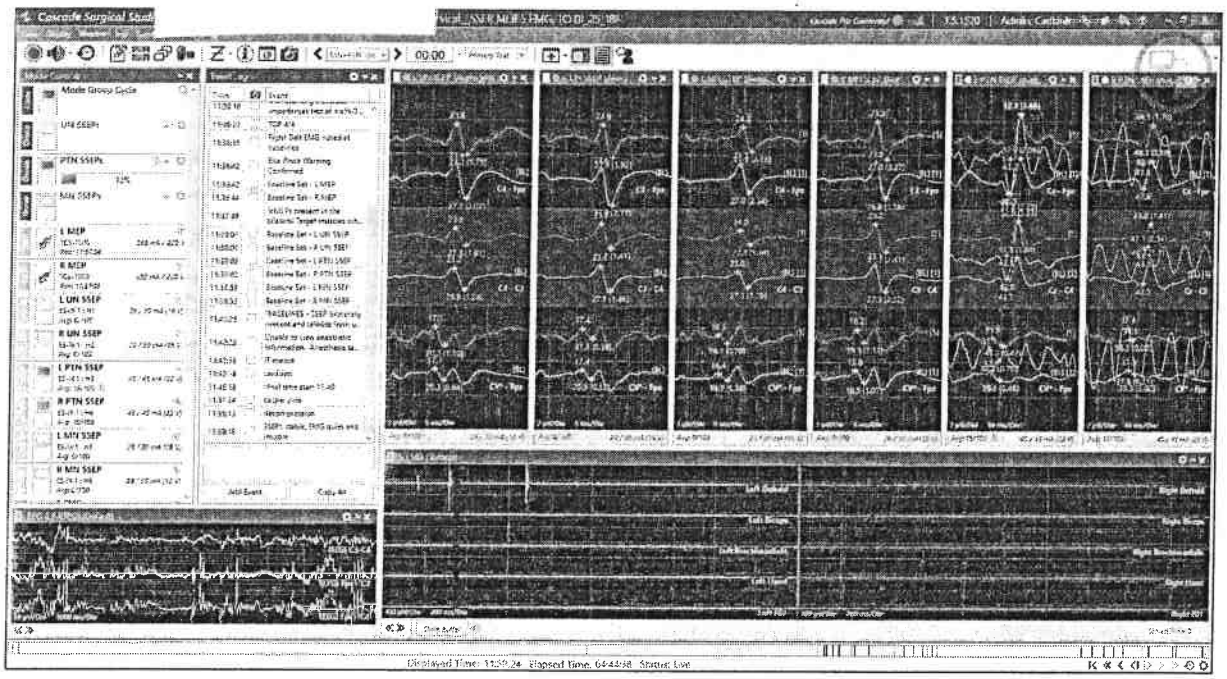

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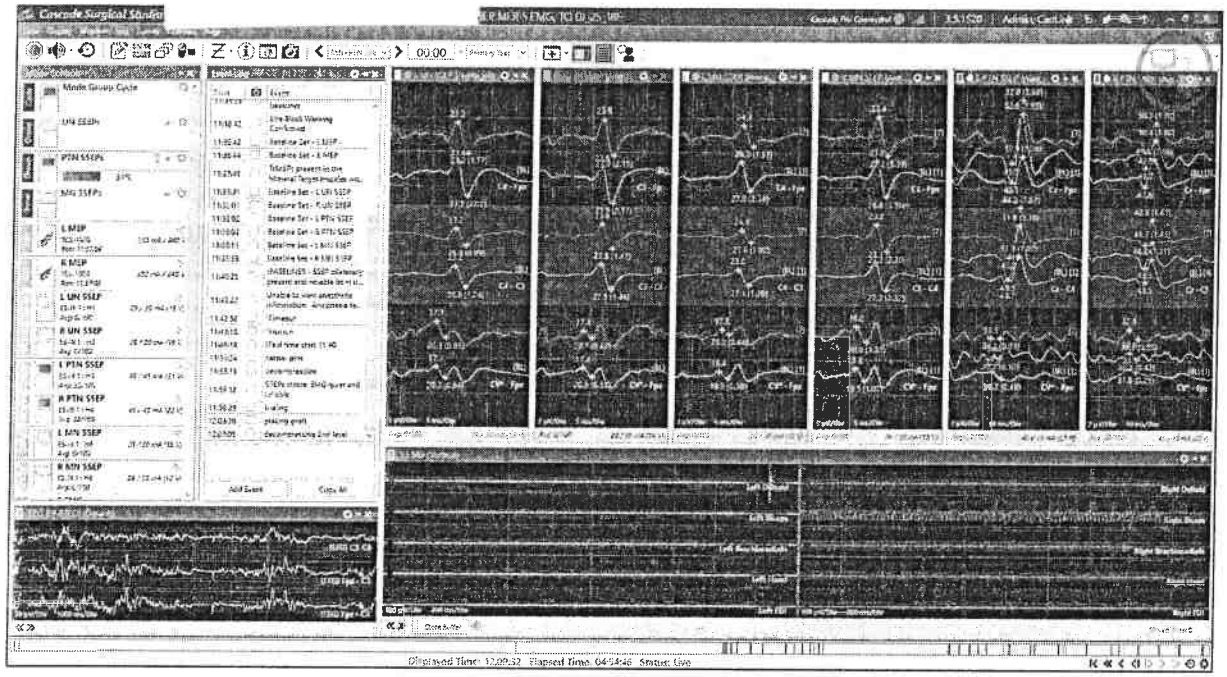

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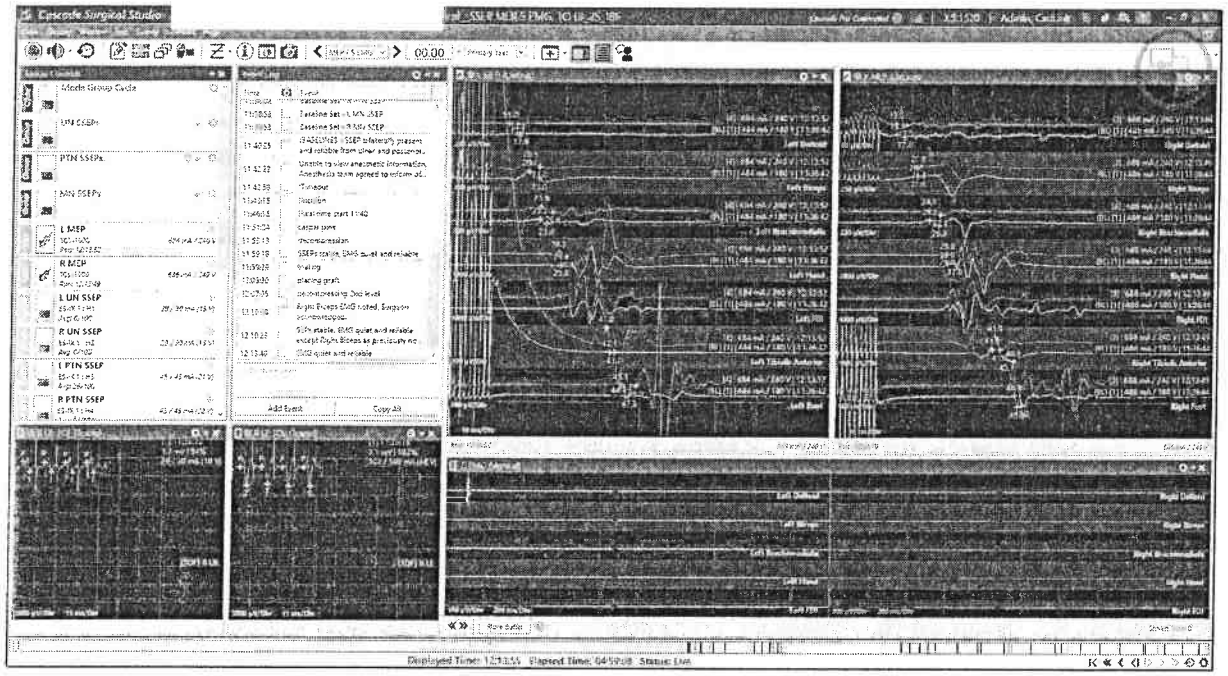

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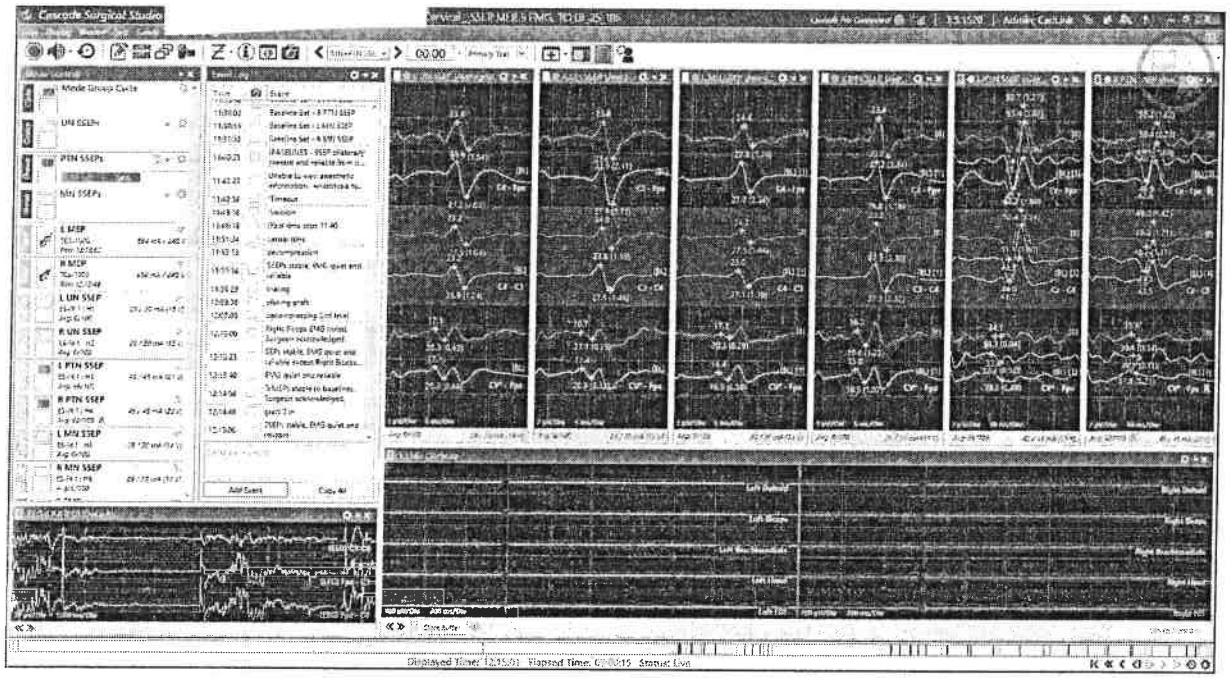

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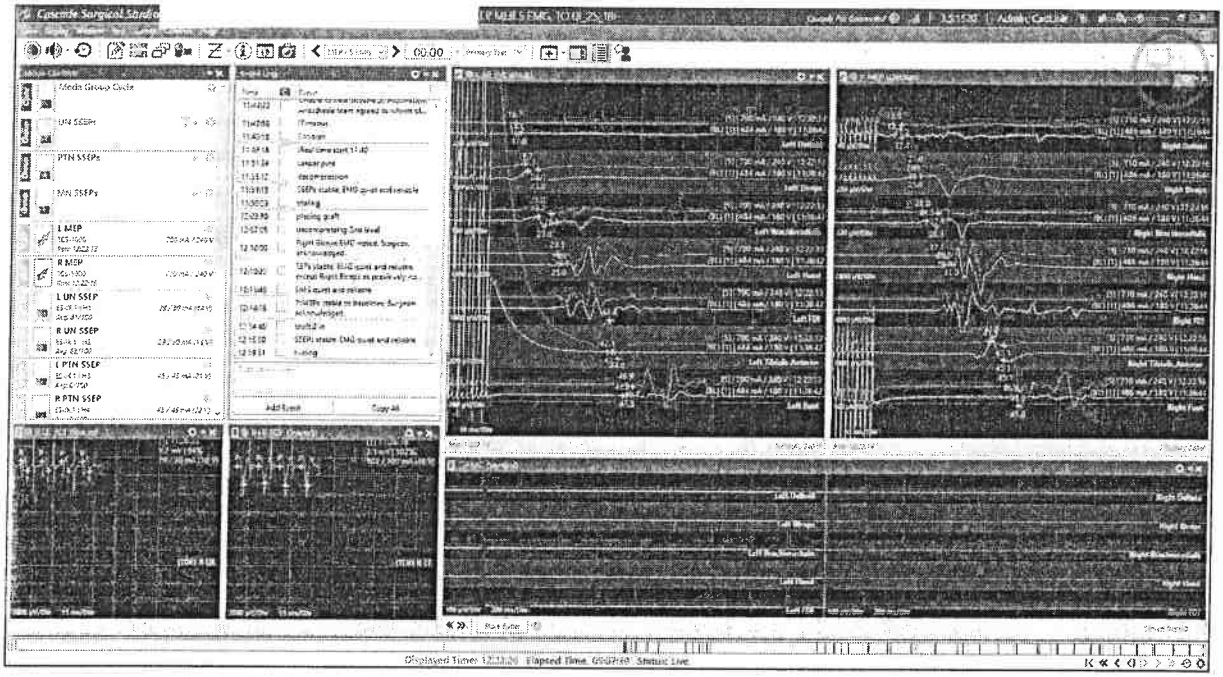

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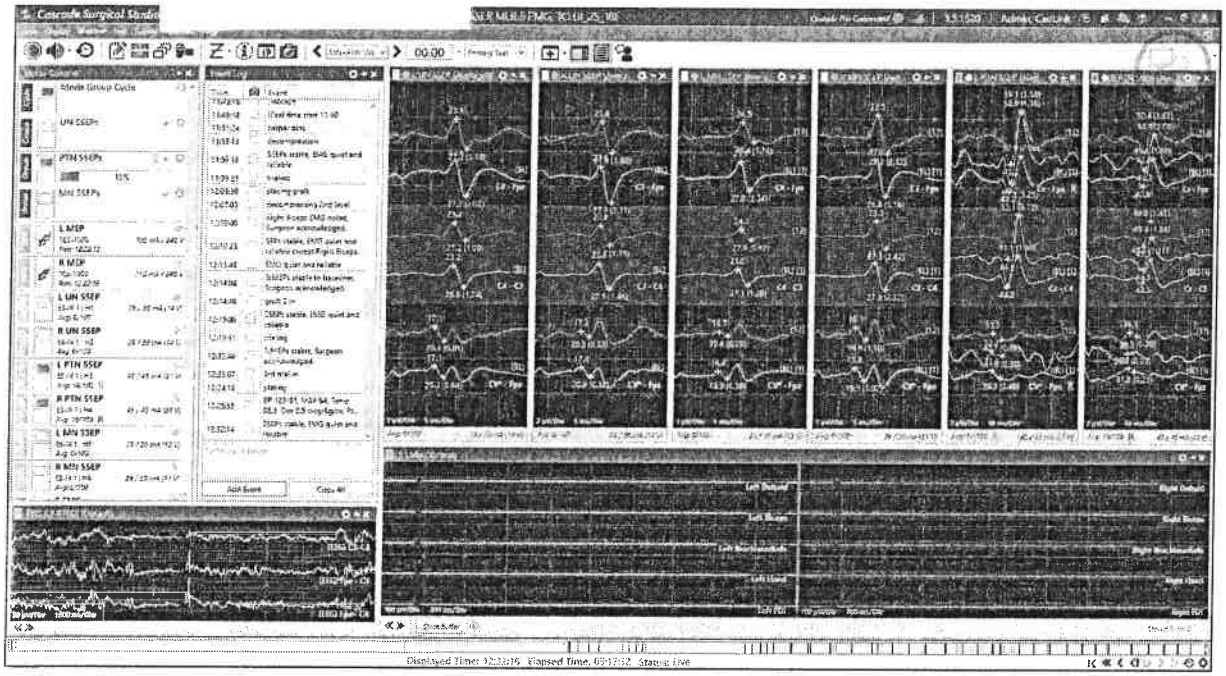

Closing Data

SpecialtyCare

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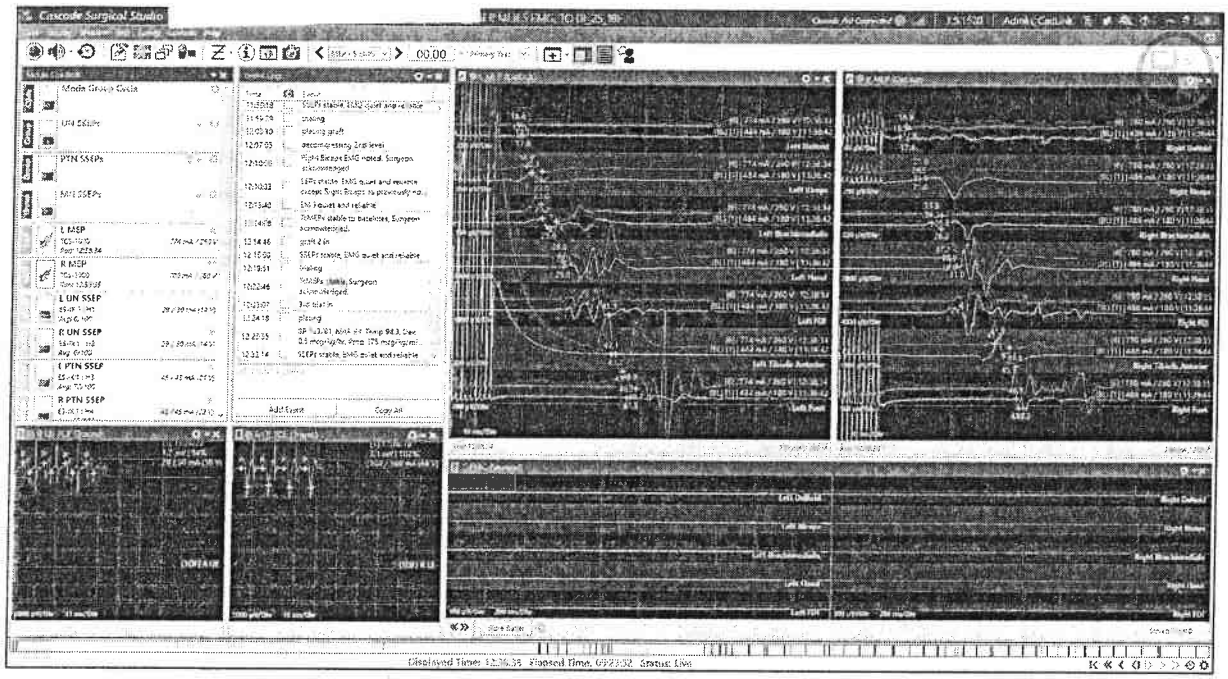

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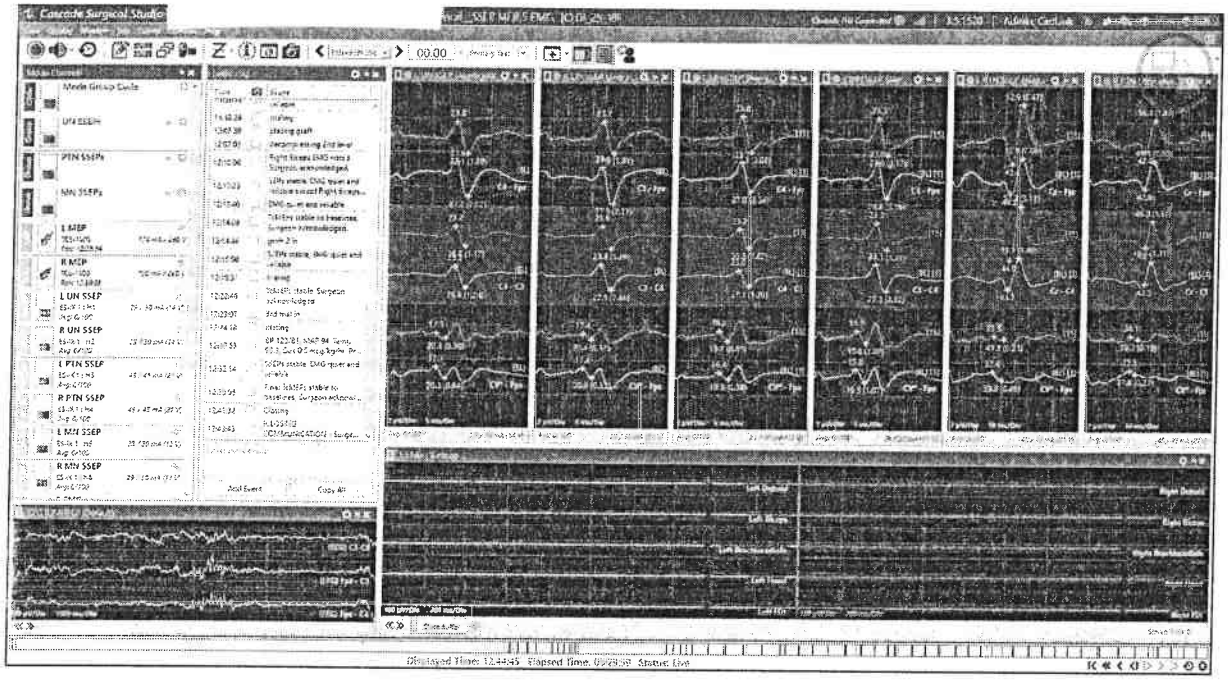

P5144014006

Associated Administrators, LLC.
911 Ridgebrook Road
Sparks, MD 21152-9451

Return Service Requested

202110293302

ALL FOR AADC 350
379 0.3584 AB 0.458

REMOTE NEUROMONITORING PHYSICI 7
PO BOX 11407
DEPT 2105
BIRMINGHAM, AL 35246-0100

Explanation of Benefits - This is NOT a Bill
Please retain for Tax Purposes

BAKERS UNION & FELRA H&W

If you have any questions, please call (866) 66-BAKER

ENV 379 1 OF 1

Claim #: BMQW98
Statement Date: 10/28/21
Employee Name:
Employee #:
Patient's Name:
Patient Acct#: 001700457148
Provider: NEUROMONITORING PHYSICI REMOTE

Line	Dates of Service	CPT Code	Amount Charged	Not Covered	Remark Codes	Allowed Amount	Deductible	Type	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
	09/20/21-09/20/21	95938 26	3,003.00	3,003.00	A1 A2	0.00	0.00		0	0.00	0.00	3,003.00
	09/20/21-09/20/21	95939 26	3,685.00	3,685.00	A1 A2	0.00	0.00		0	0.00	0.00	3,685.00
	09/20/21-09/20/21	95861 26	1,561.00	1,561.00	A1 A2	0.00	0.00		0	0.00	0.00	1,561.00
	09/20/21-09/20/21	95941	2,452.00	2,452.00	A1 A2	0.00	0.00		0	0.00	0.00	2,452.00
		TOTALS	10,701.00	10,701.00		0.00	0.00			0.00	0.00	10,701.00

TYPE	DESCRIPTION
B	Basic Benefit
M	Major Medical Benefit

Total Plan Benefit:	0.00
Less COB Adjustment:	0.00
Less Provider Discount:	0.00
Less Provider Payment Adjustment:	0.00
Total Benefits Paid:	0.00

Payment To	Amount	Check #	Paid Date
REMOTE NEUROMONITORING PHY	0.00	NC	10/28/21

Line#	Code	Messages
01	A1	THE PROVIDER IS NOT A PPO NETWORK PARTICIPANT.
01	A2	SVCS MUST BE PROVIDED BY A CIGNA PROVIDER TO BE COVERED. PG 75 OF SPD.

Appeal Rights

If your claim has been wholly or partially denied (as shown in the **Messages** section on the front of this Explanation of Benefits or "EOB"), you have the right to appeal this decision within 180 days of your receipt of the EOB. You may submit written comments, documents and other information relating to your claim. You have the right to designate, in writing, a representative to act on your behalf. You must provide the Fund with the representative's name, address and telephone number. The Fund will direct all future communications to the representative.

If the Fund relied upon an internal rule, guideline or protocol in making the decision, it will be available upon request, free of charge. If the Fund based its determination upon medical necessity, experimental treatment or similar exclusion or limit, such explanation is available upon request and free of charge. If the Fund obtained any advice from a medical expert on the claim (even if the advice was not relied upon) the Fund will identify, upon request, the firm providing the medical expert's advice.

The Board of Trustees will review your appeal at its next scheduled meeting unless the appeal is filed within 30 days of that meeting, in which case it will be reviewed at the following meeting. If circumstances require more time for a decision, you will be notified in writing. The notice will describe the reason for the delay and the approximate date a decision will be made. The decision will be made no later than the third Board of Trustees meeting following the date the Fund receives your appeal. The review will take into account all information you submit relating to your claim. The Fund will notify you in writing of the Board of Trustees' decision within five days after the decision is made. In the event your appeal is denied, you have the right to bring a civil action under Section 502(a) of the Employee Retirement Income Security Act (ERISA).

If your situation meets the definition of urgent under law, your review will be conducted within the urgent time frames established by law. An appeal of an Urgent Care Claim denial may be oral or in writing. You or your doctor should supply all information for an Urgent Care Claim appeal by hand delivery to the Fund Office or by telephone to **1-410-683-6500, toll free 1-800-638-2972 or by fax to 1-877-227-3536.**

If your claim is denied, in whole or in part, you are not required to appeal the decision. Further, you have the right to file suit in federal or state court under Section 502(a) of ERISA on your claim for benefits. However you must exhaust your administrative remedies by appealing the denial to the Board of Trustees before you have the right to file suit in state or federal court. Failure to exhaust these administrative remedies will result in the loss of your right to file suit, as described in the ERISA Rights statement in your Summary Plan Description.

Should you have any questions about your appeal rights, please contact Participant Services at the number shown in your SPD or mail your appeal to "**Associated Administrators, LLC, 911 Ridgebrook Road, Sparks, Maryland 21152-9451, Attn: Appeals Coordinator**". You may also contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272).