BOREAL HEALTH PLAN

Boreal Health Plan of Minnesota, Inc. | P.O. Box 59042, Minneapolis, MN 55459 | Provider Services: (800) 555-0144 | Payer ID: BHPMN

May 28, 2026

Northstar Orthopedic Specialists, P.A.
Attn: Billing Department
7900 Xerxes Avenue South, Suite 410
Bloomington, MN 55431

RE: ADVERSE BENEFIT DETERMINATION — CLAIM DENIAL NOTICE

Member Name	Lindqvist, Karen J.	**Member ID**	BHP-884512097
Date of Birth	03/14/1978	**Group No. / Employer**	22-4471 — Lakeland Precision Components, Inc.
Claim Number	2026-145-887223	**Determination ID**	ADJ-2026-031158
Rendering Provider	Marcus T. Ellingson, M.D.	**Provider NPI / TIN**	1538227465 / 41-2284567
Date(s) of Service	04/17/2026	**Date Claim Received**	04/24/2026

Line	Procedure (CPT/HCPCS)	Description	Diagnosis (ICD-10)	Billed	Allowed	Paid	Reason Code
1	29881	Arthroscopy, knee, surgical; with meniscectomy (medial or lateral)	M23.221	$8,940.00	$0.00	$0.00	CO-197

Reason for Denial

This claim has been **denied in full**. Adjustment reason code **CO-197: Precertification/authorization/notification/pre-treatment absent.**

Under the terms of the member's benefit plan (Certificate of Coverage, **Section 7.3 — Prior Authorization Requirements**), elective arthroscopic procedures of the knee, including CPT 29881, require prior authorization from Boreal Health Plan at least five (5) business days before the scheduled date of service. Our records indicate that no prior authorization request was received or approved for this service as of the date of service. This is an administrative denial; no determination of medical necessity has been made.

Member Liability

Because this denial results from the provider's failure to obtain required prior authorization, the member **may not be balance billed** for the denied amount, in accordance with Section 4.2 of your Participating Provider Agreement.

Your Appeal Rights

You may submit a **first-level provider appeal** within **180 calendar days** of the date of this notice (appeal deadline: **November 24, 2026**). Appeals must be in writing and should include:

- A copy of this notice and the claim number referenced above;
- The operative report and relevant clinical documentation;

- A letter of medical necessity and/or evidence that authorization was requested or that an exception applies (e.g., urgent/emergent circumstances).

Submit appeals to: Boreal Health Plan — Provider Appeals, P.O. Box 1190, Duluth, MN 55816, or by fax to (218) 555-0177.

Peer-to-peer review: The rendering physician may request a peer-to-peer discussion with a Boreal medical director within 10 business days of this notice by calling (800) 555-0163, option 4.

If the denial is upheld on internal appeal, you or the member may have the right to an external review by an independent review organization in accordance with Minnesota law and the member's Certificate of Coverage. Expedited appeal procedures are available where the standard timeframe could seriously jeopardize the member's health.

Sincerely,

Claims Review Department
Boreal Health Plan of Minnesota, Inc.

cc: Member (explanation of benefits mailed separately)

This notice is provided in accordance with applicable federal and state claim adjudication and disclosure requirements. Reference: Remittance Advice RA-2026-22-58841. If you believe this determination was made in error, please follow the appeal process described above rather than resubmitting the claim. Resubmission without new information may result in a duplicate denial (CO-18).