

Tuesday, June 01, 2004

Appeals Department
United Healthcare
Phone: 866-230-8330
Fax: 218-529-8325

Dear Appeals:

On December 16, 2003, Dr. Todd [REDACTED] and I received written approval and authorization for bariatric surgery ultimately performed February 4, 2004. The United letter, signed by Carol [REDACTED], LPN, clearly states: "We have completed our review of your request for coverage of bariatric surgery under the [REDACTED] benefit plan. Based on the information reviewed, we are pleased to inform you that coverage is available. All covered services are subject to screening for allowable charges. The final allowable charge(s) will be determined when the bill is submitted and will be based on the actual service(s) provided." Record # B33501230356CS1.

On 11/25/03, Dr. [REDACTED]'s office submitted 23 pages of clinical notes, procedure codes and diagnosis codes to Stan in Care Coordination to support the medical necessity of this surgery. On 12/16/04, United issued written approval for the bariatric surgery. The United disclaimer states the payment will be based on the benefit plan and guidelines effective at the time of service. THERE WERE NO CHANGES TO BENEFITS OR PLAN DESIGN. The service was performed under the same contract that was in effect at the time of written approval.

Dr. [REDACTED] submitted all information prior to performing the service to obtain pre notification, pre authorization and pre certification which ultimately resulted in approval. All these steps were taken to prevent undue hardship on me, the patient.

Several attempts were made to correct the error with no success.

- 3/22/2004 UHC member services. Claim sent for reprocessing. Denied. Coverage termed at the time of service. Coverage was in effect at time of service. Will resubmit
- 4/5/2004 UHC member services.
- 4/19/2004 UHC member services/Erin. Erin stated authorization appears to be for admit only. Gave Record # B33501230356CS1. Specifically states "bariatric surgery"
- 5/5/2004 UHC member services/ Sharissa. Will resend with note to refer to authorization
- UHC member services/ Debra. Debra stated claim never rerouted from prior call. Will resend as URGENT.
- 6/1/2004 UHC member services/ Carmen. Still showing unpaid will transfer to supervisor.
- 6/1/2004 UHS claims supervisor/ Paula. Computer system automatically denies this service. Only option is to file an appeal.

Please process the affected claims for payment. If this appeal is not successful, I will take all the necessary steps including Department of Financial Services to ensure United pays this claim. Your written approval on 12/16/2003 is clear. The disclaimer does not retroactively protect United from arbitrarily denying services that were previously approved based on medical necessity. The [REDACTED] benefit plan, its guidelines, plan design and policies effective were the same on 12/16/2003 (date of approval letter) as 2/04/2004 (date of service).

