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FAX

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United Health Group - West, Central and Cirrus RMO

Operated by Firstsource Solutions

1355 South 4700 West
Salt Lake City, UT 84104



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FAX

FROM

Prior Auth Dept .
Idaho Pain Clinic
1327 Superior St STE 101
Sandpoint
Idaho 83864

Phone (208) 263-9757 * 6
Fax Number (208) 263-9757

TO

Phone
Fax Number +18019382109

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Appeal Fax Cover Sheet

To: United Healthcare Appeals	Date: 03/15/2021
Fax number: 801-938-2100	Patient's name: Shirley Brown
	From: Stacy W. / Idaho Pain Clinic
	Fax number: 208-475-4042
	Phone number: 208-263-9757
Comments: Appeal for Denied Right L2-5 Radio Frequency Ablation. Provider has not been able to reach anyone for Peer to Peer.	

To submit an appeal, please fax this cover sheet to the appropriate fax number along with your:

1. Letter of appeal and
2. Original denial information and
3. Applicable medical records

To submit a Standard Appeal, use the following fax number: 1-801-938-2100.

To submit an Urgent/Expedited Appeal, use the following fax number: 1-801-954-1683.
Please tell us why your request is urgent.

Please note: Generally, an urgent or expedited appeal is available when the patient's condition is such that applying standard time frames for deciding the appeal could jeopardize the patient's life, health, or ability to regain maximum function, or subject the claimant to severe pain.

It is very important that you submit this form to one of the fax numbers above. Submission of the form to another address may result in a delay in our receipt and resolution of the appeal.

CONFIDENTIALITY NOTICE: Information accompanying this facsimile is considered to be UnitedHealthcare's confidential and/or proprietary business information. Consequently, this information may be used only by the person or entity to which it is addressed. Such recipient shall be liable for using and protecting UnitedHealthcare's information from further disclosure or misuse, consistent with applicable contract and/or law. The information you have received may contain protected health information (PHI) and must be handled according to applicable state and Federal laws, including, but not limited to HIPAA. Individuals who misuse such information may be subject to both civil and criminal penalties. If you believe you received this information in error, please contact the sender immediately.

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Revised: 06/16

03/15/2021

Patient: Shirley Brown

DOB: 03/30/1942

Policy#: 944887877

Denied Right L2-3, L3-4, L4-5 Radio Frequency Ablation (CPT 64635, 64636 x2) and Left L2-3, L3-4, L4-5 Radio Frequency Ablation (CPT 64635, 64636 x2) to be performed two weeks later

To whom it may concern,

Recently our office received a denial for the Right L2-5 RFA and the request for the left was deleted as a duplicate. These are to be performed on two separate days, at least 2 weeks apart so I need the Right and Left reviewed and approved separately. The denial for the Right stated several reasons for the denial to include no documentation of relief from blocks, documentation must show your pain is interfering with everyday life and the documentation must show that the cause of the pain is not from a cause other than facet joint syndrome. The first diagnostic MBB was performed on 01/28/2021 and resulted in improved function and more than 80% relief. This information was used to obtain authorization for the second MBB that was performed on 02/10/2021. This MBB provided 80-85% relief meaning the Radio Frequency Ablation was the next step.

These MBBs were reviewed and approved through a different Insurance company so I have included the notes where MBBs were first discussed all the way through to the RFA requests. I have also included imaging reports for your review.

With this new and clarifying information, I respectfully request you reverse your decision to deny the patient this Right and Left sided Radio Frequency Ablation to treat her pain.

Thank you!

Sincerely,



Stacy Wright
Idaho Pain Clinic
Prior Authorization Rep
Phone: 208-263-9757
Fax: 208-475-4042