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03/30/2021

0330

United Health Group - West, Central and Cirrus RMO

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Salt Lake City, UT 84104

MEEA, INC.
300 CROWN COLONY DR
SUITE 201
QUINCY, MA 02169

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United Healthcare
Appeals Unit

PO Box 30359

Salt Lake City Utah 84130

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Single Paper Claim Reconsideration Request Form

This form is to be completed by physicians, hospitals or other health care professionals for paper Claim Reconsideration Requests for our members.

- NOTE**
- Please submit a separate Claim Reconsideration Request form for each request.
 - No new claims should be submitted with this form.
 - Do not use this form for formal appeals or disputes. Continue to use your standard appeals process for formal appeals or disputes.

Please refer to the attached Claim Reconsideration Reference Guide, your provider administrative manual or our provider website for additional details including where to send paper Claim Reconsideration Requests. You may verify the member's address using the eligibility search function on the website listed on the member's health care ID card.

☒ Physician ☐ Hospital ☐ Other Health Care Professional (Lab, Durable Medical Equipment (DME), etc.)

Member information		Date form completed <u>03/23/2021</u>	
Member ID 939473919	Control / Claim # CH60352371	Date of Service 09/17/2020	Billed Amount \$9,360.00
Member Last Name CORLISS		First Name KATHLEEN	MI
Street Address 3 MARLAND ST		State MA	Zip 01810
Patient: Last Name CORLISS		First Name KATHLEEN	MI

Physician/Health care professional information

Tax Identification Number (TIN): 222658209 Phone Number (with area code): 617 804 4714

Email Address: LINDA_PENDLETON@MEEI.HARVARD.EDU

Physician or other Health Care Professional Name(as listed on Provider Remittance Advice (PRA)/Explanation of Benefits (EOB)

Last Name JUNG First DAVID MI MI

Street Address 300 CROWN COLONY DR City QUINCY State MA Zip 02169

Facility/Group Name MEEA, INC Contact Person LINDA PENDLETON

Expected amount owed _____ Contact Fax Number (with area code) 617 804 4714

Reason for request: *(More information on the definition reasons listed below and what documentation needs to be submitted can be found on the Claim Reconsideration Request definition sheet on UnitedHealthcareOnline.com)*

- ☐ 1. Previously denied / closed as "Exceeds Filing Time"
- ☐ 2. Previously denied / closed for "Additional Information"
- ☐ 3. Previously denied / closed for "Coordination of Benefits" information
- ☐ 4. Resubmission of a corrected claim
- ☐ 5. Previously processed but rate applied incorrectly resulting in over/underpayment (Network Providers - Check your fee schedules)
- ☐ 6. Resubmission of "Prior Notification Information"
- ☐ 7. Resubmission of a claim with "Bundled" services
- ☒ 8. Other *(explain below)*

Please include what you are expecting from UnitedHealthcare regarding this Claim Reconsideration Request to close this out in your practice management system, including dollar amount if possible.

Comments

We are seeking reimbursement for claim denied for 15120. Patient has a history of Cholesteatoma. Dr. Jung performed 15120 as a graft that was taken from the upper right arm and placed on the right ear. Please see attached notes for your review. Thank you

Required attachments

- Copy of PRA or EOB
- Claim Form is **ONLY** required for Corrected Claims Submissions
- Other required attachments as listed above

You may have additional rights under individual state laws. Please review the provider website, your provider administrative guide or your provider agreement/contract if you need more information.

Doc#: PCA11850_20140312

Optum,
PO Box 105067
Atlanta, GA 30348



November 4, 2020

DAVID JUNG
300 CROWN COLONY DR STE 201
QUINCY MA 02169-0904



*MRN
1320677
ENT*

RE: Patient Name: KATHLEEN-CORLISS
Policy #: 710264
Group Name: RAYTHEON COMPANY
09/17/2020
Date(s) of Service: to
09/17/2020
File #: 28764356

LP

Dear DAVID JUNG:

UnitedHealthcare has received and reviewed your claim and supporting documentation for reimbursement on the above date(s) of service under the member's benefit plan.

UnitedHealthcare pays for required services and supplies provided for the purpose of preventing, diagnosing or treating a sickness, injury, disease or symptoms. The plan authorizes UnitedHealthcare to determine whether benefits are payable according to reimbursement policies and the terms, conditions and exclusions of your patient's Summary Plan Description.

After careful review of the submitted documentation by our vendor, Optum, coverage was all or partially denied based on the rationale detailed below:

Based on the information submitted and the patient's health benefit plan, we determined that the services are not covered because the medical documentation does not meet the required elements for billing the service.

Date	CPT Code	Mod	CPT Description	Claim Amount	Denial Code	Reason
09/17/2020 to 09/17/2020	69646	RT	TYMPANOPLASTY MASTOIDECTOMY RAD/COMPL W/OCR	\$6468.00	HR	Charges were reconsidered and claim was processed per member benefits as a result of the additional information provided.
Claim/Coding Logic						
Supported.						
Date	CPT Code	Mod	CPT Description	Claim Amount	Denial Code	Reason

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09/17/2020 to 09/17/2020	15120	XS	SPLIT AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/<1 %	\$2892.00	AU	The CPT, HCPCS, or Revenue code billed is incorrect. Please submit a corrected claim with the appropriate code. If you believe the code you submitted is valid for the DOS and correctly identifies the service rendered, you may submit an appeal with the medical record documentation and the rationale for the code as billed.
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Claim/Coding Logic

Not supported. The medical records submitted indicate that a split thickness skin graft was harvested from the patient's right upper arm. However, Current Procedural Terminology (CPT) code 15120, split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children was billed. There is a more appropriate CPT that should be used to bill for the service provided.

This letter contains the outcome of the Optum review; however, your Provider Remittance Advice will provide the final determination of your claim.

This determination can be appealed as outlined in the member's Summary Plan Description or explanation of benefits.

You may initiate an appeal by following the procedure outlined in this notice. If you choose to submit a corrected claim instead of filing an appeal, you may do so by submitting the corrected claim to the address listed on the back of the patient's medical identification card. Do not submit corrected claim forms with appeal requests. Failure to send a corrected claim to the correct address may result in a delay of processing.

Submitting an appeal

To file an appeal, please submit the requested information within the timeframe specified by the member's Summary Plan Description (available to members) after receipt of this notice. The following information is helpful to us when reviewing an appeal:

- A written appeal request asking us to reconsider the decision
- The specific coverage decision you would like us to review
- An explanation of why the requested service should be reconsidered for coverage
- Any additional information that supports your position
- A copy of this letter

You may supply additional information with your appeal. You may request copies (free of charge) of information relevant to your claim by contacting us at the below address. If you appeal, we will complete our review no later than 30 days or as otherwise required by state or federal law after receiving your request for review. Upon completion of our internal appeal review, if we continue to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party, who would review the denial and issue a final decision.

Please submit the above information to the following address:

Get regular information by e-mail on program and product changes.
Sign up today for the UnitedHealthcare Network Bulletin at UnitedHealthcareOnline-emailnews.com.

Optum
PO Box 105067
Atlanta, GA 30348



UnitedHealthcare Appeals Unit-
P.O. Box 30559
Salt Lake City, Utah 84130

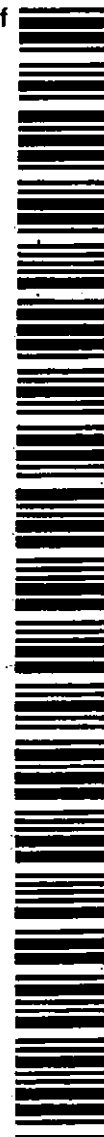
Availability of Consumer Assistance/Ombudsman Services

There are additional resources available to help members understand the appeals process. If members have questions about appeal rights, an adverse benefit determination, or for assistance, they can contact the Employee Benefits Security Administration at 866-444-EBSA (3272). Your state consumer assistance program may also be able to assist members. Your patient may also consult the attached sheet included in their copy of this letter for the name and telephone number of various state consumer assistance programs. You may have the right to file a civil action under ERISA if all required reviews of your claims have been completed.

Thank you for the care you provide to your patients who are UnitedHealthcare members.

Sincerely,

Optum Review Team



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Version 15.0

Get regular information by e-mail on program and product changes.
Sign up today for the UnitedHealthcare Network Bulletin at UnitedHealthcareOnline-emailnews.com.

Explanation of Benefits - UNITED HEALTHCARE

Remittance date: 11/16/2020

Provider: David H Jung, NPI: 1205031739

Patient Information

Patient name: CORLISS,KATHLEEN
 DOB: 7/29/1958
 Subscriber name: CORLISS,KATHLEEN R
 Patient address: 3 MARLAND ST
 ANDOVER MASSACHUSETTS
 01810
 Group/Policy num: 710264
 ICN: CH60352371 0056139831
 Claim number: P1502561990

Insurance Information

UNITED HARVARD PILGRIM PASSPORT PPO
 PO BOX 740800
 ATLANTA, GA 30374

Procedure Code Description

Code	Description
69646	PR TYMPANOPLAS/MASTOIDEC,RAD,REBLD OSSI
15120	PR SPLIT GRFT,HEAD,FAC,HAND,FEET <100 SQCM

Service Information

Date of	Code	Service	Modifier	Units	Billed	Allowed	Deductible	Copay/Coins	Paid	Reason Codes	Due
9/17/2020	69646	RT		1	6468.00	4526.24	0.00	0.00	4526.24	45,MA67	0.00
9/17/2020	15120	XS		1	2892.00	0.00	0.00	0.00	0.00	16,M50	2892.00
Total				2	9360.00	4526.24	0.00	0.00	4526.24		2892.00

Reason Code Description

Code	Description	Amount
16	16-LACKS INFO NEEDED FOR ADJUDICATION.	2892.00
45	45-CHGS EXCD FEE SCH/MAX ALLOWABLE.	1941.76
M50	M50 INCOMPL/INVALID REVENUE CODES.	
MA67	MA67 CORRECTION TO A PRIOR CLAIM.	

Summary

Insurance	Billed	Not Allowed	Deductible	Copay/Coins	Paid	Due
UNITED HEALTHCARE	9360.00	4833.76	0.00	0.00	4526.24	2892.00

Kathleen Corliss8/14/2020 7:30 AM Office Visit
MRN: 1320677Description: Female DOB: 7/29/1958 Provider: David H Jung, MD, PhD Department: Mee Otology Mc
CSN: 3320060068 Patient Age: 62 y.o.**Progress Notes Info**

Author	Note Status	Last Update User	Last Update Date/Time
David H Jung, MD, PhD	Signed	David H Jung, MD, PhD	8/14/2020 5:42 PM

Progress Notes**OTOLOGY, NEUROTOLOGY, AND SKULL BASE SURGERY**David H. Jung, M.D., Ph.D.
Massachusetts Eye and Ear Infirmary
243 Charles Street
Boston, MA 02114
Tel: 617-573-4102
Fax: 617-573-3914Name: Kathleen Corliss
DOB: 7/29/1958
MRN: 1320677

Chief Complaint: bilateral mixed hearing loss, ? Cholesteatoma AU on CT

History of Present Illness:

62 y.o. female seen at the kind request of Dr. Lippmann for bilateral hearing loss and possible cholesteatoma. She has previously noticed hearing loss AU, but states it got significantly worse after having bronchitis in March, and a bilateral ear infection, worse on the right. The ear infection was treated with drops, however her hearing did not improve. She was last seen by Dr. Lippmann in March and had a CT scan that demonstrated a possible cholesteatoma bilaterally, right worse than left. Patient has continued with ciprodex drops as her TM's appeared abnormal at the time of her last visit. Drainage had improved. Denies dizziness. Denies otologic surgical history. Denies a family history of hearing loss. MEEI CT showed erosive masses AU.

Review of Systems:

A 10 point review of systems was reviewed from the patient's intake form and has been scanned into the medical record.

Past Surgical History:

Procedure	Laterality	Date
• KIDNEY STONE SURGERY		

Current Problem List, Family History, Medications: Reviewed and attested in Epic.

Social historyWork: budget analyst at Raytheon
Tobacco: denies
Alcohol: occasionally**Allergies:**

No Known Allergies

Vital signs:

Ht 165.1 cm (5' 5") | Wt 81.6 kg (179 lb 14.3 oz) | BMI 29.94 kg/m²

Otologic Exam:

Because of the patient's clinical presentation and the need for depth perception in evaluating the ear, both ears were examined under binocular microscopy.

AURICLES: No lesions

RIGHT EAR: external canal with keratin debris, tympanic membrane severely retracted posteriorly dropping away and out of sight, opening into a cholesteatoma in the mastoid

LEFT EAR: external canal with keratin, tympanic membrane severely retracted posteriorly and keratin debris was removed from this area, but there doesn't appear to be a cholesteatoma extending back into the mastoid

Facial function normal. No spontaneous nystagmus.

PROCEDURE: Removal of cerumen impaction

PERFORMED BY: David H. Jung, M.D., Ph.D.

To adequately visualize the external auditory canal and the tympanic membrane, impacted debris was removed using microsurgical instruments and suction. Findings are as noted above. The patient tolerated the procedure well.

General Head and Neck Exam:

GENERAL: Well-nourished female, no acute distress.

HEAD: Normocephalic, no large lesions.

VOICE: Strong without significant hoarseness.

EYES: Normal ocular motility.

NOSE: Normal external appearance; mucosa is pink and moist, septum is minimally deviated, no significant turbinate hypertrophy.

ORAL CAVITY/OROPHARYNX: No visible lip lesions, no dental abscesses, no gum lesions.

Mucous membranes are moist, no trismus, no mucosal lesions, salivary secretions are clear, no erythema or exudate.

FACE AND SALIVARY GLANDS: No salivary gland masses or sinus tenderness.

NECK: No masses or crepitus, trachea midline.

THYROID: No thyroid tenderness or appreciable thyroid masses.

LYMPHATIC: No neck lymphadenopathy.

CARDIOVASCULAR: No upper extremity edema.

RESPIRATORY: Unlabored without stridor or retractions.

PSYCH: Oriented and normally conversant.

Audiogram:

8/14/2020, MEEI: Independently interpreted.

Large air bone gaps AU, masking dilemma, good word recognition

MEEI CT: labyrinth intact AU, ossicular erosion AU (AD worse), relatively poorly developed mastoid AD, tegmen intact

Assessment and Plan:

62 y.o. female with cholesteatoma AD and possible cholesteatoma AS. Plan will be for canal wall down procedure AD with skin grafting; we will follow the left ear over time, but it is at high risk for eventual cholesteatoma development if there is not one there already. The risks including failure to eradicate disease, recurrence of disease, tympanic membrane or graft perforation, damage to the facial nerve or inner ear, worsening of tinnitus, changes in taste, bleeding/infection/need for further procedures, possible prosthesis extrusion were discussed in detail and all questions were answered. The consents were signed.

I sincerely appreciate the opportunity to participate in Kathleen's care today. Please contact me with any questions.

David H. Jung, M.D., Ph.D.

Links

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Patient Information

Patient Name	Sex	DOB
Corliss, Kathleen	Female	7/29/1958

Op Note signed by David H Jung, MD, PhD at 9/18/2020 8:46 AM

Author: David H Jung, MD, PhD Service: Otolaryngology Author Type: Physician

Filed: 9/18/2020 8:46 AM Date of Service: 9/17/2020 7:30 AM Status: Signed

Editor: David H Jung, MD, PhD (Physician) H71.91 69646 RT
H66.91 15120 XS

DATE OF SURGERY: 09/17/2020

PREOPERATIVE DIAGNOSES: Right chronic otitis media with cholesteatoma.

POSTOPERATIVE DIAGNOSES: Right chronic otitis media with cholesteatoma.

PROCEDURE:

1. Right type 3 canal-wall-down tympanomastoidectomy with placement of 5 mm Kurz TORP, which is MRI compatible, along with temporalis fascia and cartilage grafting.
2. Split thickness skin grafting.

SURGEON: David H. Jung, MD

ASSISTANT: None.

ANESTHESIA: General.

ESTIMATED BLOOD LOSS: 25 mL.

COMPLICATIONS: None immediate.

FINDINGS: Cholesteatoma had eroded and grown through the medial aspect of the posterior canal wall. There was skin extending into the antrum and the epitympanum. The incus was completely eroded. The superstructure of the stapes was similarly eroded. The footplate was intact and mobile. All visible disease was sharply removed. The labyrinth and tegmen were intact.

INDICATIONS: The patient is a 62-year-old woman with history of chronic ear disease on the right. Preoperative exam and CT scan were consistent with cholesteatoma. After discussion of potential risks and benefits, the decision was made to proceed with surgery for the above noted procedures.

DESCRIPTION OF PROCEDURE: The patient was correctly identified and side had been marked in the preoperative holding area, after which she was brought to the operating room and general anesthesia was uneventfully induced. The inner aspect of the patient's right upper arm was prepped and a split thickness skin graft was harvested using a razor blade and set aside moist on bacitracin infused Otosilk for use later in the case. A dry sterile dressing was placed on the arm. Lidocaine 1% with 1:100,000 epinephrine was infiltrated along the planned postauricular incision. The right ear was then prepped and draped in usual sterile fashion for a postauricular approach. The external auditory canal was thoroughly irrigated. Koerner flap incisions were made using a #15 blade extending into the conchal bowl. A postauricular incision was then made approximately 1.5 cm behind the postauricular crease extending down to the level of temporalis fascia. A generous piece of temporalis fascia was sharply harvested superiorly and set aside to dry for use later in the case. A meatoplasty was performed by excising a crescent of conchal bowl cartilage. The soft tissues immediately posterior to the Koerner flap were excised. The Koerner flap was then retracted forward along with the auricle. The anterior canal skin was incised at the level of the bony tympanic ring and sharply elevated from lateral to medial. This was removed with small cup forceps and set aside in saline for use later. A canal-wall-down mastoidectomy was then performed using a combination of cutting and diamond burs with borders of the bony canal wall anteriorly, the tegmen superiorly, the tip inferiorly, and the sigmoid sinus posteriorly. The antrum was entered and the incus was not seen. The facial ridge was drilled down to the level of the facial nerve. The remnant drum and malleus were excised. Cholesteatoma was carefully lifted free from the area of the oval window. The superstructure of stapes had been completely eroded by the cholesteatoma. The foot plate was intact and mobile. The chorda tympani nerve was sacrificed. Additional skin was removed from adjacent to the tegmen within the epitympanum.

Good hemostasis was achieved and I turned my attention to the reconstructive portion of the case. The TORP sizers were brought into the field and a 5 mm TORP was selected. Small

pieces of cartilage from the meatoplasty were packed in the sinodural angle for a partial mastoid obliteration. Small pieces of Gelfoam soaked in Floxin solution were placed around the mobile footplate. The fascia graft was trimmed on the back table and placed to cover the middle ear cleft extending over the sinodural angle. The posterior aspect of the fascia was turned forward. The TORP was fashioned on the back table and placed over the mobile footplate. The Gelfoam was gently packed around the shaft to hold it upright. One piece of cartilage from the meatoplasty was thinned to a thickness of 0.3 mm using the Kurz cartilage cutter and trimmed appropriately. This was placed over the head of the TORP. The posterior aspect of the fascia was laid back down. The anterior canal skin was trimmed appropriately and placed along the canal wall extending onto the fascia graft. The split thickness skin grafts were divided on the back table and additionally placed to cover the exposed areas of the bony canal wall. A rosebud dressing was placed. The posterior incision was closed using interrupted vertical mattress nylon sutures. The microscope was brought back into the field and the Koerner flap was unfurled behind the rosebud dressing. Two wicks were placed and inflated with Cortisporin drops. A Glasscock dressing was placed. The patient emerged from general anesthesia without incident and was taken to the PACU in stable condition.

ATTESTATION: No assistant was available for this case and I performed all the surgery myself.

Dictated by: David H. Jung, MD, PhD

Dictated for:

NN NERCT09 D: 2020-09-17T10:35:31.000 T: 2020-09-17T13:38:07.118 J: 097773 I: 2000614

Electronically signed by David H Jung, MD, PhD at 9/18/2020 8:46 AM

Routing History