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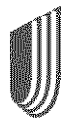
04/21/2021

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United Health Group - West, Central and Cirrus RMO

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Salt Lake City, UT 84104



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FAX

To: UNITED HEALTHCARE
Company: UNITED HEALTHCARE
Fax: (801) 938-2100
Phone: 877-842-3210

From:
Fax:
Phone:
E-mail:

NOTES:

To: UHC Appeal Dept - Addendum to faxed Appeal on 4/20/2021

Acct ID:972487170

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Date and time of transmission: Wednesday, April 21, 2021 4:24:02 PM
Number of pages including this cover sheet: 11



April 21, 2021

United Healthcare Appeal Dept
P.O. Box 30559
Salt Lake City, Utah 84130-0559
(877) 842-3210
Fax: (801) 938-2100

Patient: Sain, James Alan
Member ID: 972487170
DoB: 02/19/1956
Claim# CE40734480
DoS: 08/11/2020
Patient ID: 000106179134

Dear Claims Appeal Processor,

ADDENDUM to the appeal that was faxed to UHC yesterday, 4/20/2021.

We received a copy of the UHC letter sent to Dr. Kline in Oct 2020. The UHC representative faxed this to me yesterday afternoon.

According to the letter, the patient NAME is the problem. As stated in our appeal letter, the patient registered with our clinic using his middle name of Alan. UHC showed patient name as James Sain. Your member has informed UHC of his name and the use of his middle name of "Alan".

We changed the name and refiled claims as James Alan Sain. However, according to this October letter, the medical records have his "invalid" middle name of Alan.

The only legal thing that could be done by the provider was to have an addendum put on Dr. Kline's dictation. See copy. Also attached is the test card dosing which has name correction. Legally, this is all that can be done.

If UHC continues to deny this claim, your member will be billed and we will file a complaint with the Texas Department of Insurance.

Sincerely,

Karen Minyard
UNTHSC
Health Business Specialist
(817) 201-3998
cc: file, patient, TDI pending

THE UNIVERSITY *of* NORTH TEXAS
HEALTH SCIENCE CENTER *at* FORT WORTH

TEL: 817 735-2000 | 3500 Camp Bowie Blvd. Fort Worth, Texas 76107 | unthsc.edu

FSP05794

4/20/2021 12:30:16 PM PAGE

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Fax Server

FAX

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NOTES:

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4/20/2021 12:30:16 PM PAGE 2/006 Fax Server

Attn to : KAREN M.

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Optum
PO Box 105067
Atlanta, GA 30348



October 5, 2020

GEOFFREY KLINE
PO BOX 99335
FORT WORTH TX 76199-0335



RE: Patient Name: JAMES SAIN
Policy #: 730551
Group Name: AVIATION TECHNICAL SERVICES
08/11/2020
Date(s) of Service: to
08/11/2020
File #: 28439416

Dear GEOFFREY KLINE:

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.

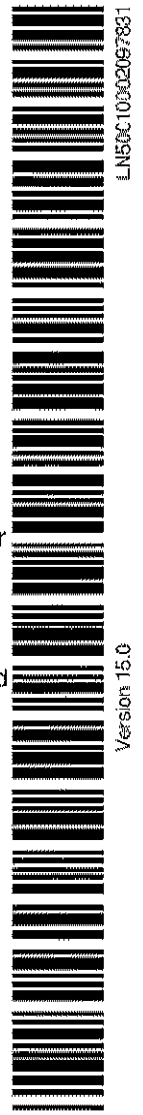
After careful review of the submitted documentation by our vendor, Optum, coverage was all or partially denied based on the rationale detailed below:

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
08/11/2020 to 08/11/2020	93018		CV STRS TST XERS&/OR RX CONT ECG I&R ONLY	\$28.80	DN	Charges submitted show an incorrect date of service and/or patient name.
Claim/Coding Logic						
Not supported. The medical records submitted don't match the name indicated on the claim form. This discrepancy means we can't verify the validity and accuracy of the claim.						
Date	CPT Code	Mod	CPT Description	Claim Amount	Denial Code	Reason

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08/11/2020 to 08/11/2020	78452	26	MYOCARDIAL SPECT MULTIPLE STUDIES	\$148.05	DN	Charges submitted show an incorrect date of service and/or patient name.
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Claim/Coding Logic

Not supported. The medical records submitted don't match the name indicated on the claim form. This discrepancy means we can't verify the validity and accuracy of the claim.

Date	CPT Code	Mod	CPT Description	Claim Amount	Denial Code	Reason
08/11/2020 to 08/11/2020	93015		CV STRS TST XERS&/OR RX CONT ECG W/SI&R	\$144.00	VD	See EOB/PRA

Claim/Coding Logic

This service line submitted as the global service will be recoded to the professional and technical component lines.

Date	CPT Code	Mod	CPT Description	Claim Amount	Denial Code	Reason
08/11/2020 to 08/11/2020	78452	TC	MYOCARDIAL SPECT MULTIPLE STUDIES	\$838.95	DN	Charges submitted show an incorrect date of service and/or patient name.

Claim/Coding Logic

Not supported. The medical records submitted don't match the name indicated on the claim form. This discrepancy means we can't verify the validity and accuracy of the claim.

Date	CPT Code	Mod	CPT Description	Claim Amount	Denial Code	Reason
08/11/2020 to 08/11/2020	93017		CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	\$72.00	DN	Charges submitted show an incorrect date of service and/or patient name.

Claim/Coding Logic

Not supported. The medical records submitted don't match the name indicated on the claim form. This discrepancy means we can't verify the validity and accuracy of the claim.

Date	CPT Code	Mod	CPT Description	Claim Amount	Denial Code	Reason
08/11/2020 to 08/11/2020	A9502		TECHNETM TC 99M TETROFOSMN UNT	\$1000.00	DN	Charges submitted show an incorrect date of service and/or patient name.

Claim/Coding Logic

Not supported. The medical records submitted don't match the name indicated on the claim form. This discrepancy means we can't verify the validity and accuracy of the claim. Therefore billed service and units cannot be verified.

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Date	CPT Code	Mod	CPT Description	Claim Amount	Denial Code	Reason
08/11/2020 to 08/11/2020	J7050		INFUSION NORMAL SALINE	\$2.00	HT	These charges are considered an integral part of the primary procedure and not eligible for separate reimbursement.
Claim/Coding Logic						
Not supported. The fluid used to administer chemotherapy and/or other complex drugs is considered incidental hydration and is not separately reported. In addition, The medical records submitted don't match the name indicated on the claim form. This discrepancy means we can't verify the validity and accuracy of the claim.						
Date	CPT Code	Mod	CPT Description	Claim Amount	Denial Code	Reason
08/11/2020 to 08/11/2020	76452		MYOCARDIAL SPECT MULTIPLE STUDIES	\$987.00	VD	See EOB/PRA
Claim/Coding Logic						
This service line submitted as the global service will be recoded to the professional and technical component lines.						
Date	CPT Code	Mod	CPT Description	Claim Amount	Denial Code	Reason
08/11/2020 to 08/11/2020	93016		CV STRS TST XERS&/OR RX CONT ECG W/O I&R	\$43.20	DN	Charges submitted show an incorrect date of service and/or patient name.
Claim/Coding Logic						
Not supported. The medical records submitted don't match the name indicated on the claim form. This discrepancy means we can't verify the validity and accuracy of the claim.						

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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:

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- 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:

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



UNT HEALTH

PATIENT SERVICES

Exam Date: 08-11-2020

Ordering Physician: GEOFFREY KLINE DO
855 MONTGOMERY ST
FT. WORTH, TX 76107

RE: SAIN, ALAN

Gender: Male

DATE OF BIRTH: 02-19-1956 Height: 71 in Weight: 258.00 lbs BMI: 35.98

TEST PERFORMED:

Exercise myocardial perfusion stress test using 1-day Bruce protocol

INDICATION FOR PROCEDURE:

CAD (I25.10), Stented Coronary Artery (Z95.5),

DESCRIPTION OF PROCEDURE:

Prior to the stress test, the patient was given 12.61 mCi of Tc99m Myoview intravenously at rest and cardiac SPECT imaging was performed 30-60 minutes later. The patient then exercised for a total of 7 minutes on a standard Bruce protocol reaching a work level of 10.16 METS. Resting heart rate was 85 bpm. During exertion, the patient reached 148 bpm or 95% of maximum predicted heart rate. Resting blood pressure was 131/79 mmHg. At peak exercise, the blood pressure was 147/82 mmHg. The exercise was stopped secondary to fatigue, patient request. At peak exercise, 37.50 mCi of Tc99m Myoview was injected intravenously and cardiac gated SPECT imaging was performed 30-60 minutes later.

ECG FINDINGS:

There was a normal physiologic response during exertion. The patient had during testing. Target heart rate was achieved. The patient had exercise capacity. Baseline ECG reveals sinus rhythm with a rate of 85 bpm and NS T-wave inversions. During exertion, there 1.0 mm was horizontal ST depression in the anterolateral leads.

NUCLEAR IMAGING FINDINGS:

Seperate review of the dynamic gated displays reveal normal wall motion with an estimated EF of 57%. Small moderate reversible defect involving the apical, apical inferior segment(s). No other relative perfusion defects noted.



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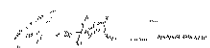
UNT HEALTH

PATIENT SERVICES

SAIN, ALAN
02-19-1956

IMPRESSIONS:

1. Abnormal ECG stress test with evidence of stress induced ischemia.
2. Normal wall motion with an estimated EF of 57%.
3. Perfusion is abnormal:
4. Small moderate ischemia involving the apical, apical inferior segment(s).



Geoffrey Kline, D.O.
Associate Professor of Medicine
Division of Cardiology
Department of Internal Medicine
UNT Health Science Center

Report Date: 08-12-2020

cc:

Addendum

04-21-2021 12:40 Patient: SAIN, ALAN By:

Name correction: Patient's legal name should read "James Alan Sain".



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University of North Texas Health Science Center
Nuclear Medicine Department
855 Montgomery Street PCC 3rd Floor, Fort Worth, TX 76107
Lic. # L06123

April 21, 2021

Filecard Patient Report

Name	:	SAIN, JAMES ALAN	Dept. #	:	650000177654	Hosp. #	:		9
D.O.B.	:	02-19-1956	Age	:	65 Yr.				1
City/St.	:		Zip Code	:		Phone #	:		0
Exam Date		Examination	Radpharm	Lot # (RX)	Dose Act	Vol / Amt	Doctor(s)	Status	2
08-11-2020 09:29		MYOVIEW BRUCE STRI	Myoview	02913188	37.50 mCi	0.989ml	KLINE, GEOFFRI	COMPLETED	1
08-11-2020 08:15		MYOVIEW REST	Myoview	02913185	12.61 mCi	0.581ml	KLINE, GEOFFRI	COMPLETED	1
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									8
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