



UnitedHealth Group®

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THIS DOCUMENT WAS RECEIVED IN

APPEAL PO BOX 31364 or FAX 801-994-1082, SLC, UT-RMO WEST

FAX

06/02/2021

0805

**United Health Group - West, Central and Cirrus RMO**

Operated by Firstsource Solutions

1355 South 4700 West  
Salt Lake City, UT 84104



UnitedHealthcare®  
A UnitedHealth Group Company

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**DO NOT Return to the RMO for  
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**David M. Odom, M.D.**  
**3001 E. Tahquitz Canyon Way, Suite 103**  
**Palm Springs, CA 92262**

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**Telephone (760) 698-8400**  
**Facsimile (866) 598-2420**  
**email: info@dr-odom.com**

**FAX**

**Date: June 2, 2021**

**Attn: United Healthcare Pharmacy Appeal**  
**Also, OptumRx (844-403-1027)**

**Phone: (Unknown)**

**FAX: 801-994-1082**

**From: David M. Odom, M.D.**

**Pages: 6, including this sheet.**

**re: patient, Jayce Gastinger (DOB 11/05/2007)**  
**Prior Authorization for Dexcom G6 sensors**

**Additional Information: I did not realize that a separate prior authorization was needed for each of the various components of the Dexcom G6 system (sensors and transmitter being separately determined). Thus, I filed for the transmitter, but mistakenly did not file for the sensors. This child is using his last remaining sensor. Please review this matter on an urgent basis.**

**Thank you!**  
**-Dr. Odom-**

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**UnitedHealthcare**

Health Plan (80840) **911-87726-04**

Member ID: **915004053**

Group Number: **916569**

Member:

**CHRIS GASTINGER**

Dependents

Veracity Research Company

Tiered Benefits

**JENNIFER GASTINGER**

Payer ID 87726 Eff Dt 03/01/2021

**JAYCE GASTINGER**

**KEIRA GASTINGER**

Copays:

Office: \$15

Urg Care: \$25

Spec: \$100

**Tier 1 Spec: \$50**

Office Age<19: \$0

EPO

DOI-0508

**OPTUMRx**

Rx Bin: **610279**

Rx PCN: **9999**

Rx Grp: **UHEALTH**

Copay Tiers: **\$10/\$35/\$60**

**UnitedHealthcare Choice**

Underwritten by UnitedHealthcare Insurance Company







05/23/2021

Jayce Gastinger  
112 Rain Cloud Dr  
Waxahachie, TX 75165

Name and DOB: Jayce Gastinger, 11/05/2007  
Member ID: 91500405303  
Requested Drug: Dexcom G6 Sensor  
Requesting Physician's Name: David Odom  
Authorization Request Reference #: PA-88114967

Dear Jayce Gastinger,

On 05/22/2021 we received your provider's request for the above referenced service. Before we can review these services, we need more information. This information has been requested from your provider but it either has not been received or the information received to date is insufficient to render a determination.

In the case of your request, the following extension is required while we contact your provider to request that the following information be submitted to OptumRx within **24 hours**:

\*Your request for the above product is incomplete and cannot be processed without additional information. To expedite your request, please provide the following information, where applicable:

\*(1) Is the patient motivated and knowledgeable about the use of continuous glucose monitoring, adherent to the diabetic treatment plan, and participates in ongoing education and support? YES ☒ NO ☐

\*(2) Is the patient on an intensive insulin regimen (3 or more insulin injections per day or uses a continuous subcutaneous insulin infusion pump)? YES ☒ NO ☐

\*(3) Does the patient regularly monitor their blood glucose 3 or more times per day? YES ☒ NO ☐

During this extension there is no action required by you at this time. We are requesting the additional information from your provider in order to process this request.

If the requested information is received within 24 hours, a decision will be made based on the requested information received. Failure of your provider to respond or submit the requested information by this deadline may result in the request being denied.

This review process is on hold until we receive this information. When we receive this information, we will review it and notify all parties in writing of our recommendation. If in the event you have been notified that this information has already been received by OptumRx from your provider in advance of this notice reaching you, please disregard this notice.

Please note that the information in this letter is not a treatment decision. Treatment decisions are made between you and your physician. Coverage for services is subject to the terms and conditions of your health benefit plan including exclusions, limitations, conditions and patient eligibility. You are responsible for deductibles, coinsurance, copayments and items not covered by the plan.

Thank you for your patience during this process. Please direct any further questions or information by

calling the OptumRx Prior Authorization department at 1-800-711-4555.

Sincerely,

Clinical Pharmacy Services

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