



UnitedHealth Group®

9
1
0
2
1
1
3
7
2
6
0
1
9

THIS DOCUMENT WAS RECEIVED IN

APPEAL PO BOX 30432 or FAX 801-938-2100, SLC, UT-RMO WEST

FAX

05/17/2021

1040

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

**RECEIVED
VIA
FAX/FTP**

BEST COPY AVAILABLE

**DO NOT Return to the RMO for
Rescan**

9
1
0
2
1
1
3
7
2
6
0
1
9

Fax

To: UHC APPEALS From: Courteney Hill
Fax: 8019382100 Fax:
Company: Voice:

Date: May 17, 2021
Subject: Regarding Patient: Astudillo, Lola
Comments:

APPEAL FOR A120350825

We are appealing your decision to deny coverage of code 36471 x 2 for Lola Astudillo, dob: 06/01/1964. This code has been denied as a "plan exclusion" according to your letter. Your policy is very unclear about sclerotherapy treatments, but sclerotherapy is not a plan exclusion according to your policy. Your policy specifically states- Guideline Number CDG.007.17 in the Limitations and Exclusions: "Sclerotherapy treatment of veins" (Note: Sclerotherapy in excess of 3 sessions per leg within 12 months from the date of ablation procedure is considered cosmetic.) So this would indicate that less than 3 sessions per leg after an ablation is not an exclusion. For Lola Astudillo we are requesting 2 sessions of medically necessary sclerotherapy treatments. This is not done for cosmetic reasons and is not a plan exclusion according to your own policy. We are not treating spider veins <1.0mm in diameter. Please review the notes for this patient and approve 2 sessions (1 right and 1 left) for this patient.

Thank you,

Courteney
Direct conf line: 248-847-4877
Fax: 248-855-5455

The information contained in this transmission is privileged and confidential and/or protected health information (PHI) and may be subject to protection under the law, including the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA). This transmission is intended for the sole use of the individual or entity to whom it is addressed. If you are not the intended recipient, you are notified that any use, dissemination, distribution, printing or copying of this transmission is strictly prohibited and may subject you to criminal or civil penalties.

Lola Astudillo

Female

DOB: 06/01/1964

PAGE: 1

Ins: United Health Care

Ins ID:

PID: 118944

History of Present Illness

Chief Complaint: Patient complains of aching sensation and varicose veins/spider veins in both legs.

Patient is here for: Lola Astudillo is a 56 year old female that complains of aching sensation and varicose veins/spider veins in both legs for 20 years. Condition worsens with standing and end of day and improves by elevation and beginning of day. Patient is here for further evaluation.

Vitals

Height (in): 61

Weight (lb): 186

BMI: 35.27

BP Sitting: 137 / 81

Pulse rate (bpm): 86

Vitals Signs recorded by: Islam Ali

Previous Treatments & Conservative Measures

wears stockings regularly without relief

Histories

Past Medical History (Reviewed Today)

Unremarkable
cholesterol

Surgical History (Reviewed Today)

Hysterectomy
abdominoplasty

Family History - Blood Relatives Only

Venous Insufficiency mother

Social History

Married

Employed Target stands all day

Alcohol: none

Smoking: never smoker

Gravida: 7

Para: 3

Allergies

No Known Allergies

Medications

* VITAMINS

Problems

Varicose Veins of the bilateral lower extremities with other complications (ICD-454.8) (ICD10-I83.893)

Risk Factors

Age, gender, multiple pregnancies, and prolonged standing.

Review of Systems

Constitutional: Denies fevers, chills, and significant weight loss.

Cardiac: Denies chest pain, palpitation, and orthopnea.

Respiratory: Denies SOB, cough, and wheezing.

Gastrointestinal: Denies abdominal pain, vomiting, heartburn, and jaundice.

Genitourinary: Denies hematuria, polyuria, and incontinence.

Musculoskeletal: Denies complaints.

Neuro: Denies complaints.

Psychosocial: Denies anxiety, depression, and bipolar disorder.

Skin: Denies complaints.

Ultrasound Report Complete

Technologist: Islam Ali

Machine: GE Logiq E

Patient Positioning: Reverse Trendelenburg

Lower Right Extremity Superficial Veins

Sapheno-Femoral Junction:

Compress: yes **Reflux Time:** 966ms **Diameter:** 7.13mm

Great Saphenous Proximal Thigh:

Compress: yes **Reflux Time:** 525ms **Diameter:** 6.64mm

Great Saphenous Mid Thigh:

Compress: yes **Diameter:** 4.83mm

Great Saphenous Distal Thigh:

Compress: yes **Diameter:** 5.50mm

Great Saphenous Knee:

Compress: yes **Diameter:** 5.27mm

Great Saphenous Proximal Calf:

Compress: yes **Diameter:** 4.92mm

Great Saphenous Mid Calf:

Compress: yes **Diameter:** 4.14mm

Great Saphenous Distal Calf:

Compress: yes **Diameter:** 3.80mm

Anterior Accessory Saph Prox Thigh:

Compress: yes **Diameter:** 3.46mm

Intersaphenous/Giacomini:

Compress: yes **Diameter:** 2.46mm

Sapheno-Popliteal Junction:

Comments: ANATOMICALLY ABSENT

Small Saphenous Proximal Calf:

Compress: yes **Diameter:** 2.23mm

Small Saphenous Mid Calf:
Compress: yes **Diameter:** 3.08mm

Small Saphenous Distal Calf:
Compress: yes **Diameter:** 2.80mm

Tributary 1:
Compress: yes **Reflux Time:** 525ms **Diameter:** 6.7mm **Comments:** DISTAL MED THIGH

Tributary 2:
Compress: yes **Reflux Time:** 791ms **Diameter:** 5.51mm **Comments:** KNEE

Lower Left Extremity Superficial Veins

Sapheno-Femoral Junction:
Compress: yes **Reflux Time:** 741ms **Diameter:** 7.52mm

Great Saphenous Proximal Thigh:
Compress: yes **Reflux Time:** 800ms **Diameter:** 8.04mm

Great Saphenous Mid Thigh:
Compress: yes **Diameter:** 5.12mm

Great Saphenous Distal Thigh:
Compress: yes **Diameter:** 5.28mm

Great Saphenous Knee:
Compress: yes **Diameter:** 5.17mm

Great Saphenous Proximal Calf:
Compress: yes **Diameter:** 4.51mm

Great Saphenous Mid Calf:
Compress: yes **Diameter:** 3.45mm

Great Saphenous Distal Calf:
Compress: yes **Diameter:** 3.75mm

Sapheno-Popliteal Junction:
Compress: yes **Reflux Time:** 866ms

Small Saphenous Proximal Calf:
Compress: yes **Diameter:** 5.20mm

Small Saphenous Mid Calf:
Compress: yes **Diameter:** 4.81mm

Small Saphenous Distal Calf:
Compress: yes **Diameter:** 4.15mm

Tributary 1:
Compress: yes **Reflux Time:** 850ms **Diameter:** 5.60mm **Comments:** DISTAL MED THIGH

Tributary 2:
Compress: yes **Reflux Time:** 875ms **Diameter:** 5.36mm **Comments:** DISTAL MED THIGH

Lower Right Extremity Deep Veins

Common Femoral:

Compressible **DVT:** no

Profunda Vein:

Compressible **DVT:** no

Femoral Proximal Thigh:

Compressible **DVT:** no

Femoral Mid Thigh:

Compressible **DVT:** no

Femoral Distal Thigh:

Compressible **DVT:** no

Popliteal:

Compressible **DVT:** no

Lower Left Extremity Deep Veins

Common Femoral:

Compressible **DVT:** no

Profunda Vein:

Compressible **DVT:** no

Femoral Proximal Thigh:

Compressible **DVT:** no

Femoral Mid Thigh:

Compressible **DVT:** no

Femoral Distal Thigh:

Compressible **DVT:** no

Popliteal:

Compressible **DVT:** no

Technologist's Impression

Bilateral lower extremity common femoral, femoral, popliteal, popliteal trunk, gastrocs, posterior tibial, and peroneal veins "Compression Only" are patent and free of thrombus with side by side image open and compressed, color flow, normal Doppler waveform, and normal phasic flow distal to augmentation response, confirming this study is negative for deep venous thrombosis.

Bilateral reflux greater than 500 msec noted in right and left GSV (ABOVE KNEE ONLY)

Left reflux greater than 500 msec is noted at the proximal calf SSV with distal augmentation and valsalva maneuver.

REFLUX NOTED IN RIGHT AND LEFT OEN TRIBUTAIRES x2

Scan Quality: good

Physical Exam

Constitutional: Alert, no acute distress, well hydrated, well developed and well nourished.

Skin: Normal turgor, normal color, no rashes, no lesions and no unusual bruising.

Head: Atraumatic and normocephalic.

Ears: No external deformities.

Nose: mask

Mouth: mask

Neck: Supple, no adenopathy, no masses.

Cardiovascular: RRR, no murmurs, no gallops, peripheral pulses intact and no edema.

Respiratory: No respiratory distress and clear to auscultation.

Abdomen: Nontender, no guarding, normal BS, no hepatosplenomegaly.

Neurologic: Cranial nerves II-XII intact, DTR's normal, sensation intact, motor intact and station & gait normal.

Psychiatric: Oriented to all spheres and affect and mood appropriate.

Extremities: Full joint motion and no deformities.

Vascular (Right)

Spider Veins: Present

Telangiectasias: Present

Varicose Veins: Present

Vascular (Left)

Spider Veins: Present

Telangiectasias: Present

Varicose Veins: Present

Arterial Vascular/Pulse Check (Right)

Pulses: Normal

Arterial Vascular/Pulse Check (Left)

Pulses: Normal

C. E. A. P. Classification of Venous Disorders

Clinical Findings (Right)

C1 telangectatic or reticular veins

C2 varicose veins

Clinical Findings (Left)

C1 telangectatic or reticular veins

C2 varicose veins

Etiology (Right)

Ep primary disease (not due to another cause)

Etiology (Left)

Ep primary disease (not due to another cause)

Anatomic Findings (Right)

As superficial veins

Anatomic Findings (Left)

As superficial veins

Pathophysiologic Findings (Right)

Pr reflux

Pathophysiologic Findings (Left)

Pr reflux

Right C.E.A.P. Score: C1,C2,Ep,As,Pr

Date: 01/04/2021

Left C.E.A.P. Score: C1,C2,Ep,As,Pr

Date: 01/04/2021

V. C. S. S.

Right Side

Pain: occasional, not restricting activity or requiring analgesics

Varicose Veins: multiple; GS varicose veins confined to calf or thigh

Left Side

Pain: occasional, not restricting activity or requiring analgesics

Varicose Veins: multiple; GS varicose veins confined to calf or thigh

Right Total Score: 3

Left Total Score: 3

Impression:

The patient has signs and symptoms of varicose veins of the bilateral lower extremities with other complications.

Procedures Ordered:

1. Radio Frequency Right GSV
2. Phlebectomy Right Calf
3. US guided Sclero for 15 mins Right Open Tributaries
4. Radio Frequency Left GSV
5. Radio Frequency Left SSV
6. Phlebectomy Left Calf
7. US guided Sclero for 15 mins Left Open Tributaries

Plan:

Radio Frequency Right GSV
Phlebectomy Right Calf
US guided Sclero for 15 mins Right Open Tributaries x 2
Radio Frequency Left GSV
Radio Frequency Left SSV
Phlebectomy Left Calf
US guided Sclero for 15 mins Left Open Tributaries x 2

Electronically signed by Patrick McGovern MD on 1/5/2021 at 9:16 AM

Lola Astudillo

Female

DOB: 06/01/1964

PAGE: 1

Ins: United Health Care

Ins ID:

PID: 118944

Radio Frequency

Surgeon: Patrick McGovern MD

Consent Signed

Time Out Completed

Indications: Aching sensation and varicose veins/spider veins in both legs.

Prep Solution: Betadine

Premedication: none

The skin was anesthetized with 1% lidocaine using a 30 gauge needle.

Tumescent: 101-150cc

Closure Fast / RF Ablation

Treated Vein 1: Right Great Saphenous Above Knee

Cycles: 6

Time: 2 min 0 sec

Treatment Length: 33 cm

Access: Dist Thigh Medial

Post Closure U/S

CFV: Patent

Sheath Used: 7F

Sheath Intact: yes

Laser Fiber Intact: yes

Notes

Right Great Saphenous vein endovenous ablated. rf

ADDITIONAL COMP. COSMETIC SCLERO USING 0.5% FOAMED 4:1 2CC TOTAL TO RIGHT THIGH AND CALF

Summary

Right great saphenous vein endovenous ablated with radiofrequency.

Electronically signed by Patrick McGovern MD on 2/8/2021 at 10:14 AM

Lola Astudillo

Female

DOB: 06/01/1964

PAGE: 1

Ins: United Health Care

Ins ID:

PID: 118944

Follow Up Visit

Chief Complaint: Patient complains of aching sensation and varicose veins/spider veins in both legs.

Patient is here for: Pt is s/p Right GSV RFA and presents for follow up.

Vitals

Height (in): 61

Weight (lb): 186

BMI: 35.27

BP Sitting: 112 / 70

Vitals Signs recorded by: Edyta Rudzinski

Past Medical History(Reviewed Today)

Unremarkable
cholesterol

Surgical History(Reviewed Today)

Hysterectomy
abdominoplasty

Family History - Blood Relatives Only(Reviewed Today)

Venous Insufficiency mother

Social History(Reviewed Today)

Married

Employed Target stands all day

Smoking: never smoker

Review of Systems

Constitutional: Denies fevers, chills, and significant weight loss.

Cardiac: Denies chest pain, palpitation, and orthopnea.

Respiratory: Denies SOB, cough, and wheezing.

Gastrointestinal: Denies abdominal pain, vomiting, heartburn, and jaundice.

Genitourinary: Denies hematuria, polyuria, and incontinence.

Musculoskeletal: Denies complaints.

Neuro: Denies complaints.

Psychosocial: Denies anxiety, depression, and bipolar disorder.

Skin: Denies complaints.

Physical Exam

Constitutional: Alert, no acute distress, well hydrated, well developed and well nourished.

Extremities: Right medial thigh with clean, dry, intact surgical site.

Impression

Pt is s/p Right GSV RFA with no problems or complications. Normal post-op healing with no evidence of infection, phlebitis, or DVT. The vein is closed and based on ultrasound results there is no DVT in the bilateral lower extremities. Treatment is progressing toward the goal of reducing symptoms and represents overall improvement in patient's chronic venous insufficiency, as well as the patient's quality of life.

Staff conducted additional COVID 19 screening questionnaire and temperature check prior to the patient being seen.

Staff performed additional cleaning of all rooms and surfaces prior to the patient being taken back. 3 or more

surgical masks were utilized by patients and/or staff for this visit. Additional cleaning supplies were required and additional quantities of hand sanitizer are utilized and made available.

Plan

left gsv planned next

Ultrasound Report Postoperative

Technologist: Edyta Rudzinski

Machine: GE Logiq E

Patient Positioning: Reverse Trendelenburg

Indications: P/O RT GSV

Lower Right Extremity Superficial Veins

Sapheno-Femoral Junction:

Compress: yes

Great Saphenous Proximal Thigh:

Compress: no **Comments:** closed post ablation

Great Saphenous Mid Thigh:

Compress: no **Comments:** closed post ablation

Great Saphenous Distal Thigh:

Compress: no **Comments:** closed post ablation

Lower Right Extremity Deep Veins

Common Femoral:

Compressible **DVT:** no

Profunda Vein:

Compressible **DVT:** no

Femoral Proximal Thigh:

Compressible **DVT:** no

Femoral Mid Thigh:

Compressible **DVT:** no

Femoral Distal Thigh:

Compressible **DVT:** no

Popliteal:

Compressible **DVT:** no

Posterior Tibial Vein 1:

Compressible **DVT:** no

Posterior Tibial Vein 2:

Compressible **DVT:** no

Peroneal Vein 1:

Compressible **DVT:** no

Peroneal Vein 2:

Compressible **DVT:** no

Technologist's Impression

Right GSV is closed post ablation. Right CFV, FV, Pop V, and PTV/PERV "Compression Only" are competent (negative for DVT) with B-mode side by side compression, color flow and distal augmentation.

Scan Quality: good

Electronically signed by Patrick McGovern MD on 2/15/2021 at 9:24 AM

9
1
0
2
1
1
3
7
2
6
0
1
9

Lola Astudillo

Female

DOB: 06/01/1964

PAGE: 1

Ins: United Health Care

Ins ID:

PID: 118944

Electronically signed by Patrick McGovern MD on 2/15/2021 at 4:48 PM

9
1
0
2
1
1
3
7
2
6
0
1
9

Lola Astudillo

Female

DOB: 06/01/1964

PAGE: 1

Ins: United Health Care

Ins ID:

PID: 118944

Radio Frequency**Surgeon:** Patrick McGovern MD

Consent Signed

Time Out Completed

Indications: Aching sensation and varicose veins/spider veins in both legs.**Prep Solution:** Betadine**Premedication:** none

The skin was anesthetized with 1% lidocaine using a 30 gauge needle.

Tumescent: 101-150cc**Closure Fast / RF Ablation****Treated Vein 1:** Right Great Saphenous Above Knee**Cycles:** 6**Time:** 2 min 00 sec**Treatment Length:** 27 cm**Access:** Dist Thigh Medial**Notes:** additional comp cosmetic sclero of spider veins at left knee using 0.5% 4:1 foam 2 cc total**Post Closure U/S****CFV:** Patent**Sheath Used:** 7f**Sheath Intact:** yes**Laser Fiber Intact:** yes**Notes**

Left great saphenous vein endovenous ablated. Pt. tolerated procedure without complications.

Staff conducted additional COVID 19 screening questionnaire and temperature check prior to the patient being seen. Staff performed additional cleaning of all rooms and surfaces prior to the patient being taken back. 3 or more surgical masks were utilized by patients and/or staff for this visit. Additional cleaning supplies were required and additional quantities of hand sanitizer are utilized and made available.

Summary

Left great saphenous vein endovenous ablated with radiofrequency. Access site was hemostatic at the end of the procedure with steri-strip closure. Patient tolerated procedures well, without any complications. Post operative instructions were given to the patient. Patient was sent home in stable condition and ambulated out of the office w/o issue.

Electronically signed by Patrick McGovern MD on 2/16/2021 at 8:27 AM

Lola Astudillo

Female

DOB: 06/01/1964

PAGE: 1

Ins: United Health Care

Ins ID:

PID: 118944

THE LEFT SIDE WAS THE VEIN TREATED.

Electronically signed by Patrick McGovern MD on 2/18/2021 at 1:43 PM

9
1
0
2
1
1
3
7
2
6
0
1
9

Lola Astudillo

Female

DOB: 06/01/1964

PAGE: 1

Ins: United Health Care

Ins ID:

PID: 118944

Follow Up Visit

Chief Complaint: Patient complains of aching sensation and varicose veins/spider veins in both legs.

Patient is here for: Pt is s/p Left GSV RFA and presents for follow up.

Vitals

Height (in): 61

Weight (lb): 186

BMI: 35.27

Vitals Signs recorded by: Edyta Rudzinski

Past Medical History(Reviewed Today)

Unremarkable

cholesterol

Surgical History(Reviewed Today)

Hysterectomy

abdominoplasty

Family History - Blood Relatives Only(Reviewed Today)

Venous Insufficiency mother

Social History(Reviewed Today)

Married

Employed Target stands all day

Smoking: never smoker

Review of Systems

Constitutional: Denies fevers, chills, and significant weight loss.

Cardiac: Denies chest pain, palpitation, and orthopnea.

Respiratory: Denies SOB, cough, and wheezing.

Gastrointestinal: Denies abdominal pain, vomiting, heartburn, and jaundice.

Genitourinary: Denies hematuria, polyuria, and incontinence.

Musculoskeletal: Denies complaints.

Neuro: Denies complaints.

Psychosocial: Denies anxiety, depression, and bipolar disorder.

Skin: Denies complaints.

Physical Exam

Constitutional: Alert, no acute distress, well hydrated, well developed and well nourished.

Extremities: Left medial thigh with clean, dry, intact surgical site.

Impression

Pt is s/p Left GSV RFA with no problems or complications. Normal post-op healing with no evidence of infection, phlebitis, or DVT. The vein is closed and based on ultrasound results there is no DVT in the bilateral lower extremities. Treatment is progressing toward the goal of reducing symptoms and represents overall improvement in patient's chronic venous insufficiency, as well as the patient's quality of life.

Staff conducted additional COVID 19 screening questionnaire and temperature check prior to the patient being seen.

Staff performed additional cleaning of all rooms and surfaces prior to the patient being taken back. 3 or more surgical masks were utilized by patients and/or staff for this visit. Additional cleaning supplies were required and

additional quantities of hand sanitizer are utilized and made available.

Plan

left ssv next

Ultrasound Report Postoperative

Technologist: Edyta Rudzinski

Machine: GE Logiq E

Patient Positioning: Reverse Trendelenburg

Indications: P/O LT GSV

Lower Left Extremity Superficial Veins

Sapheno-Femoral Junction:

Compress: yes

Great Saphenous Proximal Thigh:

Compress: no **Comments:** closed post ablation

Great Saphenous Mid Thigh:

Compress: no **Comments:** closed post ablation

Great Saphenous Distal Thigh:

Compress: no **Comments:** closed post ablation

Lower Left Extremity Deep Veins

Common Femoral:

Compressible **DVT:** no

Profunda Vein:

Compressible **DVT:** no

Femoral Proximal Thigh:

Compressible **DVT:** no

Femoral Mid Thigh:

Compressible **DVT:** no

Femoral Distal Thigh:

Compressible **DVT:** no

Popliteal:

Compressible **DVT:** no

Posterior Tibial Vein 1:

Compressible **DVT:** no

Posterior Tibial Vein 2:

Compressible **DVT:** no

Peroneal Vein 1:

Compressible **DVT:** no

Peroneal Vein 2:

Compressible **DVT:** no

Technologist's Impression

Left GSV is closed post ablation. Left CFV, FV, Pop V, and PTV/PERV "Compression Only" are competent (negative for DVT) with B-mode side by side compression, color flow and distal augmentation.

Scan Quality: good

Electronically signed by Patrick McGovern MD on 3/1/2021 at 10:35 AM

9
1
0
2
1
1
3
7
2
6
0
1
9

Lola Astudillo

Female

DOB: 06/01/1964

PAGE: 1

Ins: United Health Care

Ins ID:

PID: 118944

Radio Frequency

Surgeon: Patrick McGovern MD

Consent Signed

Time Out Completed

Indications: Aching sensation and varicose veins/spider veins in both legs.

Prep Solution: Betadine

Premedication: none

The skin was anesthetized with 1% lidocaine using a 30 gauge needle.

Tumescent: 101-150cc

Closure Fast / RF Ablation

Treated Vein 1: Left Small Saphenous Below Knee

Cycles: 7

Time: 2 min 20 sec

Treatment Length: 22 cm

Access: Dist Calf Posterior

Notes: COMP COSMETIC SCLERO 0.5%/4:1 FOAM /2CC LEFT POPLITEAL AREA POSTERIOR

Post Closure U/S

Pop V: Patent

Sheath Used: 7F

Sheath Intact: yes

Laser Fiber Intact: yes

Notes

Small saphenous vein endovenous laser ablation. LEFT RFpt. tolerated procedure without complications.

Staff conducted additional COVID 19 screening questionnaire and temperature check prior to the patient being seen. Staff performed additional cleaning of all rooms and surfaces prior to the patient being taken back. 3 or more surgical masks were utilized by patients and/or staff for this visit. Additional cleaning supplies were required and additional quantities of hand sanitizer are utilized and made available.

Summary

Left small saphenous vein endovenous ablated with radiofrequency. Access site was hemostatic at the end of the procedure with steri-strip closure. Patient tolerated procedures well, without any complications. Post operative instructions were given to the patient. Patient was sent home in stable condition and ambulated out of the office w/o issue.

Electronically signed by Patrick McGovern MD on 3/1/2021 at 10:36 AM

Lola Astudillo

Female

DOB: 06/01/1964

PAGE: 1

Ins: United Health Care

Ins ID:

PID: 118944

9

1

0

2

1

1

3

7

2

6

0

1

9

History of Present Illness**Chief Complaint:** Patient complains of aching sensation and varicose veins/spider veins in both legs.**Patient is here for:** Pt is s/p Left SSV RFA and presents for follow up.**Vitals****Height (in):** 61**Weight (lb):** 186**BMI:** 35.27**Vitals Signs recorded by:** Edyta Rudzinski**Previous Treatments & Conservative Measures**

wears stockings regularly without relief

Histories**Past Medical History (Reviewed Today)**

Unremarkable

cholesterol

Surgical History (Reviewed Today)

Hysterectomy

abdominoplasty

Family History - Blood Relatives Only (Reviewed Today)

Venous Insufficiency mother

Social History (Reviewed Today)

Married

Employed Target stands all day

Alcohol: none**Smoking:** never smoker**Gravida:** 7**Para:** 3**Allergies (Reviewed Today)**

No Known Allergies

Medications (Reviewed Today)

* VITAMINS

Problems (Reviewed Today)

Varicose Veins of the bilateral lower extremities with other complications (ICD-454.8) (ICD10-I83.893)

Risk Factors

Age, gender, multiple pregnancies, and prolonged standing.

Ultrasound Report Remeasure**Technologist:** Edyta Rudzinski

Machine: GE Logiq E

Patient Positioning: Reverse Trendelenburg

Indications: P/O RT SSV + REMEASURE DUE TO UHC POLICY

Lower Right Extremity Superficial Veins

Sapheno-Femoral Junction:

Compress: yes **Reflux Time:** 675ms **Diameter:** 5.71mm

Sapheno-Popliteal Junction:

Compress: yes

Small Saphenous Proximal Calf:

Compress: no **Comments:** closed post ablation

Small Saphenous Mid Calf:

Compress: no **Comments:** closed post ablation

Small Saphenous Distal Calf:

Compress: no **Comments:** closed post ablation

Tributary 1:

Compress: yes **Reflux Time:** 1275ms **Diameter:** 5.08mm **Comments:** MID ANTERIOR THIGH

Tributary 2:

Compress: yes **Reflux Time:** 633ms **Diameter:** 5.20mm **Comments:** POSTERIOR CALF

Lower Left Extremity Superficial Veins

Sapheno-Femoral Junction:

Compress: yes **Reflux Time:** 1033ms **Diameter:** 5.87mm

Tributary 1:

Compress: yes **Reflux Time:** 1625ms **Diameter:** 5.33mm **Comments:** MID ANTERIOR THIGH

Tributary 2:

Compress: yes **Reflux Time:** 683ms **Diameter:** 5.57mm **Comments:** PROXIMAL MEDIAL CALF

Lower Right Extremity Deep Veins

Common Femoral:

Compressible **DVT:** no

Profunda Vein:

Compressible **DVT:** no

Femoral Proximal Thigh:

Compressible **DVT:** no

Femoral Mid Thigh:

Compressible **DVT:** no

Femoral Distal Thigh:

Compressible **DVT:** no

Popliteal:Compressible **DVT:** no**Posterior Tibial Vein 1:**Compressible **DVT:** no**Posterior Tibial Vein 2:**Compressible **DVT:** no**Peroneal Vein 1:**Compressible **DVT:** no**Peroneal Vein 2:**Compressible **DVT:** no**Technologist's Impression**

REFLUX NOTED IN B/L OPEN TRIBUTUARIES,

Right SSV is closed post ablation. Right CFV, FV, Pop V, and PTV/PERV "Compression Only" are competent (negative for DVT) with B-mode side by side compression, color flow and distal augmentation.

Scan Quality: good**Physical Exam****Constitutional:** Alert, no acute distress, well hydrated, well developed and well nourished.**Extremities:** Left calf with clean, dry, intact surgical site.**Vascular (Right)****Spider Veins:** Present**Telangiectasias:** Present**Varicose Veins:** Present**Vascular (Left)****Spider Veins:** Present**Telangiectasias:** Present**Varicose Veins:** Present**Arterial Vascular/Pulse Check (Right)****Pulses:** Normal**Arterial Vascular/Pulse Check (Left)****Pulses:** Normal**C. E. A. P. Classification of Venous Disorders****Clinical Findings (Right)**

C1 telangectatic or reticular veins

C2 varicose veins

Clinical Findings (Left)

C1 telangectatic or reticular veins
C2 varicose veins

9

1

0

Etiology (Right)

2

Ep primary disease (not due to another cause)

1

1

Etiology (Left)

3

Ep primary disease (not due to another cause)

7

Anatomic Findings (Right)

2

As superficial veins

6

0

Anatomic Findings (Left)

1

As superficial veins

9

Pathophysiologic Findings (Right)

Pr reflux

Pathophysiologic Findings (Left)

Pr reflux

Right C.E.A.P. Score: C1,C2,Ep,As,Pr

Date: 01/04/2021

Left C.E.A.P. Score: C1,C2,Ep,As,Pr

Date: 01/04/2021

V. C. S. S.**Right Side**

Pain: occasional, not restricting activity or requiring analgesics

Varicose Veins: multiple; GS varicose veins confined to calf or thigh

Left Side

Pain: occasional, not restricting activity or requiring analgesics

Varicose Veins: multiple; GS varicose veins confined to calf or thigh

Right Total Score: 3

Left Total Score: 3

Impression:

The patient has signs and symptoms of varicose veins of the bilateral lower extremities with other complications.

Procedures Ordered:

1.Sclerotherapy of Left Open Tributaries

2.Sclerotherapy of Right Open Tributaries

Plan:

Sclerotherapy of Left Open Tributaries

Sclerotherapy of Right Open Tributaries

Electronically signed by Patrick McGovern MD on 3/9/2021 at 8:24 AM

9
1
0
2
1
1
3
7
2
6
0
1
9

Lola Astudillo

Female

DOB: 06/01/1964

PAGE: 1

Ins: United Health Care

Ins ID:

PID: 118944

PATIENT HAS CONTINUED SYMPTOMS DESPITE SUCCESSFUL ABLATION. THEY AFFECT HER
ABILITY TO STAND DESPITE CONTINUED USE OF STOCKINGS. WE SHOULD CONTINUE WITH
PLAN FOR US GUIDED SCLEROTHERAPY TO ALLEVIATE THE CONTINUED SYMPTOMS
PJ McGOVERN

Electronically signed by Patrick McGovern MD on 4/21/2021 at 3:12 PM

9
1
0
2
1
1
3
7
2
6
0
1
9

United HealthCare Services, Inc. on behalf of UnitedHealthcare Insurance Company
5757 Plaza Drive Cypress
CA124-0129
Cypress, CA 90630

PATRICK MCGOVERN JR
6860 AUSTIN ST STE 400
FOREST HILLS NY 11375

9
1
0
2
1
1
3
7
2
6
0
1
9

United HealthCare Services, Inc. on behalf of UnitedHealthcare Insurance Company
5757 Plaza Drive Cypress
CA124-0129
Cypress, CA 90630



Service Ref #	A120350825
---------------	------------

April 14, 2021

PATRICK MCGOVERN JR
6860 AUSTIN ST STE 400
FOREST HILLS NY 11375

For your attention

Dear Patrick McGovern, Jr.:

Included in this envelope is a copy of the determination letter for services requested for the member listed on the enclosed letter. The letter in this envelope was sent to the member.

Please keep a copy of this letter for your records.

Sincerely,
UnitedHealthcare



Go Paperless! UHCprovider.com/paperless

United HealthCare Services, Inc. on behalf of UnitedHealthcare Insurance Company
5757 Plaza Drive Cypress
CA124-0129
Cypress, CA 90630

LOLA ASTUDILLO
8926 170TH ST APT 4
JAMAICA NY 11432

9
1
0
2
1
1
3
7
2
6
0
1
9

This page is intentionally left blank.

9
1
0
2
1
1
3
7
2
6
0
1
9

United HealthCare Services, Inc. on behalf of UnitedHealthcare Insurance Company
5757 Plaza Drive Cypress
CA124-0129
Cypress, CA 90630



April 14, 2021

LOLA ASTUDILLO
8926 170TH ST APT 4
JAMAICA NY 11432

Patient:	Lola Astudillo
Service Ref #:	A120350825
Member:	Lola Astudillo
Member ID:	XXXXXX5864
Plan:	TARGET CORPORATION
Plan #:	0185002
Letter ID:	NYADV001_R04_HL

Dear Lola Astudillo:

We received a request to cover health care services. After review of the information submitted and your plan documents, it was determined that this service is not covered by your plan.

Requested service or care:

- Physician/health care professional: Patrick McGovern, Jr.
- Place of service: Office
- Date(s) of service: 04/02/21 - 07/02/21
- Diagnosis: I83.893 Varicose veins of bilateral lower extremities with other complications
- Claim amount: Not applicable
- Denial code: Not applicable

Description of services	
Procedure code	Procedure description
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg

This decision is based on information found in your plan documents in the following section:
Section 8 - Exclusions And Limitations: What The Medical Plan Will Not Cover:

Physical Appearance

1. Cosmetic Procedures except as described in Treatment of Gender Dysphoria (Gender Identity Disorder) in Section 6, Additional Coverage Detail. See the definition in Section 14, Glossary.
Examples include:

- Sclerotherapy treatment of veins.

Remember:

- You're still responsible for your copayment, coinsurance, and deductible (when applicable).
- Your plan may have limits on how many visits or services the plan covers. Please check your plan documents.

If required by your plan, your primary care provider must send an electronic referral before you see a specialist. If you see a specialist without a referral, you might have to pay the full cost for services.

This is a benefit determination, not a medical decision. Only you and your doctor can decide what medical care you need.

Can I get copies of information used to make the decision?

You, your doctor, health care professional, or a person you trust to represent you, such as a family member (authorized representative) may ask to see any information we used to make this decision. This information is free of charge and includes:

- Documents
- Records
- Health benefit plan provisions
- Internal rules
- Guidelines and protocols
- Any other relevant information

Mail your request for this information and a copy of this letter to:

UnitedHealthcare Central Escalation Unit
Appeal Document Requests
P.O Box 30573
Salt Lake City, UT 84130-0573

What if I don't agree with this decision?

1. You or your authorized representative may accept our decision as it stands.
2. You or your authorized representative may request an appeal.

What is an appeal?

An appeal is a formal way of asking us to review a coverage decision.

Who can file an appeal?

You, your doctor, health care professional, or authorized representative can file an appeal.

- This person must have your written approval to make appeals for you.
- To have someone else represent you, call the toll-free member number on your health plan ID card, and we'll send you a form.

How long do I have to file an appeal?

You have 180 days from the time you receive this letter to send an appeal request. If you don't send the appeal on time, you may lose your right to appeal the decision.

We'll review your appeal and give you a decision within 15 days for services you haven't received yet and within 30 days for services you have received. This is known as a first level appeal.

What if my situation is urgent?

If your situation is urgent, you can request an urgent appeal. If your request is approved, we'll review your appeal within 72 hours. You may ask for an urgent external review to be completed at the same time as an internal urgent appeal.

Generally, an urgent situation means your health may be in serious jeopardy or, in your doctor's opinion, you may have pain that cannot be adequately controlled while you wait for a decision on your appeal.

How do I file an appeal?

The following information is what we need to review an appeal:

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

Mail or fax this information to:

UnitedHealthcare Appeals Unit
P.O. Box 30573
Salt Lake City, UT 84130-0573

Standard appeal fax: 1-801-938-2100

Expedited (urgent) appeal fax: 1-801-994-1083

Or call the toll-free member number listed on your health plan ID card.

Please tell us why your request is urgent.

We'll send you a letter that explains our decision about your appeal and what you can do if you don't agree.

The person who reviews your appeal will not be the same person, or work for the person, who made the original decision.

What if I still think this service should be covered?

If you aren't satisfied with the first level appeal decision, you can request a second level appeal. You must make the request within 60 calendar days from the date of the first level appeal decision.

We'll review your second level appeal and give you a decision within 15 days for services you haven't received yet and within 30 days for services you have received.

What if I'm not satisfied with the outcome of my second level appeal?

You may be able to ask for an external review.

What is an external review?

An external review is when a health care professional outside of the insurance company reviews the denial and issues a final decision.

You will get more information about the external review process when we receive your appeal request.

Are there other resources that can help me understand the appeal process?

There may be other resources available to help you understand the appeal process. For questions about your rights, this notice, or for assistance, you can contact the Employee Benefits Security

Administration at 1-866-444-EBSA (3272). Your state consumer assistance program may also be able to assist you at:

Community Service Society of New York
Community Health Advocates
633 Third Avenue, 10th Floor
New York, NY 10017
Toll-free telephone: 1-888-614-5400
Website: communityhealthadvocates.org
Email: cha@cssny.org

Other member rights

You may have the right to file a civil action under ERISA if all required reviews of your claim have been completed.

Contact us if you:

- Have questions about our decision
- Need help filing an appeal
- Need an interpreter to help you to understand the information in your language
- Need this letter in another format like large print

We're here to help

Please call the toll-free member number on your health plan ID card Monday through Friday, 8 a.m. to 8 p.m. local time. TTY users dial 711.

You can also visit **justplainclear.com** for help with definitions and medical terms.

Sincerely,

The UnitedHealthcare Team

Copy to: Patrick McGovern, Jr.

Copy to: Patrick McGovern

Enclosure: *Non-Discrimination Notice*

NY Administrative
Revised: 8/19

The company does not treat members differently because of sex, age, race, color, disability, or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability, or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the member toll-free phone number listed on your ID card.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free: 1-800-368-1019 or TTY Toll-free: 1-800-537-7697

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed on your ID card.

ATENCIÓN: Si habla español (**Spanish**), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如蒙您使用 (Chinese)，我們免費為您提供語言協助服務。請參閱會員卡上的電話號碼查詢電話號碼。

XIN LUU Ý: Nếu quý vị nói tiếng Việt (**Vietnamese**), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어(Korean)를 사용하시는 경우 언어 지원 서비스는 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (**Tagalog**), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: Бесплатные услуги перевода доступны для людей, чей родной язык является русским (Russian). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث العربية (Arabic)، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني المرفرد على بطاقة الهوية.

ATANSYON: Si w pale Kreyòl ayisyen (**Haitian Creole**), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION: Si vous parlez français (**French**), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (**Polish**), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (**Portuguese**), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ACHTUNG: Falls Sie Deutsch (**German**) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

ترجيہ: اگر زبان شما فارسی (Farsi) است، خدمات کمک زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایجی که روی کارت شناسایی شما درج شده تماس بگیرید.

ध्यान दें: यदि आप हिंदी (Hindi) बोलते हैं, आपको भाषा सहायता सेवाएं, निःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध फोन-फ्री फोन नंबर पर कॉल करें।

DÍÍ BAA'ÁKONÍNÍZIN: Diné (**Navajo**) bizaad bee yánilti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqódi ninaaltsoos nítł'izi bee nééhozinígíí bine'dé é ' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodílnih.

Non-Discrimination Notice
Revised: 11/2020



Appeal Fax Cover Sheet

To: UnitedHealthcare Appeals	Date:
Fax Number:	Patient's Name:
	From:
	Fax Number:
	Phone Number:
Comments:	

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

1. Letter of appeal
2. Original denial information
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: 1-801-994-1083

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.

Revised: 12/20

9
1
0
2
1
1
1
3
7
2
6
0
1
9

APPEAL FOR A120350825

We are appealing your decision to deny coverage of code 36471 x 2 for Lola Astudillo, dob: 06/01/1964. This code has been denied as a "plan exclusion" according to your letter. Your policy is very unclear about sclerotherapy treatments, but sclerotherapy is not a plan exclusion according to your policy. Your policy specifically states- Guideline Number CDG.007.17 in the Limitations and Exclusions: "Sclerotherapy treatment of veins" (Note: Sclerotherapy in excess of 3 sessions per leg within 12 months from the date of ablation procedure is considered cosmetic.) So this would indicate that less than 3 sessions per leg after an ablation is not an exclusion. For Lola Astudillo we are requesting 2 sessions of medically necessary sclerotherapy treatments. This is not done for cosmetic reasons and is not a plan exclusion according to your own policy. We are not treating spider veins <1.0mm in diameter. Please review the notes for this patient and approve 2 sessions (1 right and 1 left) for this patient.

Thank you,

Courteney

Direct conf line: 248-847-4877

Fax: 248-855-5455