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LASER CENTER
& MEDISPA

www.AllureCosmeticSurgery.com

Steven J. Laukaitis, MD, FACS Bryan S. Sires, MD, FACS

April 5th, 2021

United Healthcare
Attn: Appeals Unit
PO BOX 30575
Salt Lake City, UT. 84130-0575
Urgent Appeal Fax: 801-994-1083

RE: Kimberly Streamer
REF NO: A116353854

ID# 815219838

DATE OF BIRTH: 09/11/1968

Please accept this letter as our request for a medical appeal for denied services to our patient Kimberly Streamer. We respectfully request that an oculoplastic surgeon or a surgical ophthalmologist who is familiar with eyelid surgeries be utilized to review this appeal.

The requested CPT codes that were denied were CPT Codes 67900, 67917, 67971. These codes were denied as not medically necessary because of physical appearance.

Please note that CPT Code 67961 was submitted and approved on April 3rd, 2021 with a Reference number of #A119230385. We would like to combine that approval with the approval #A116353854, in which CPT Code 15823 was approved.

Kimberly Streamer: presented for evaluation of visual field obstruction secondary to her upper eyelid skin resting on her eyelashes weighing down the upper eyelids with significant hooding of the lateral brows. The patient was unaware that her brows were a contributing factor to her visual field obstruction.

SUPPORTIVE OR ABNORMAL CLINICAL FINDINGS

Kimberly Streamers visual field obstruction is caused in part of her dermatochalasis (excessive upper eyelid skin) and her brow ptosis (drooping brow). This is supported by the following:

There is 4+ Dermatochalasis of the upper eyelids on the right and 4+ dermatochalasis on the left. **The upper eyelid excess skin is touching her eyelash and is weighing down her eyelids.**

The patient's margin reflex distance is 1 mm on the right and 1 mm on the left. **Normal range is greater than 2.0 mm.**

There is 1 mm of intersection of the pupils in the primary field of gaze on the right and 1 mm of intersection of the pupils in the primary field of gaze on the left. **Normal: The upper eyelid should not intersect with the pupil in the primary field of gaze.**



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There is extensive lateral hooding secondary to excessive upper eyelid skin and the drooping or brow below the brow margin.

The patient suffers from Connell's Syndrome which is where the brow droops below the eyelid margin resulting in a visual field defect from the dramatic lateral hooding.

Visual Field-Testing documents 10 degrees of limitation of the superior visual field restricted by the upper eyelid on the right and 10 degrees of limitation of the superior visual field restricted by the upper eyelid on the left. **Normal: Superior visual field in degrees documents what the patient can see in the normal range. The patient should be able to see 20 degrees or more.**

The patient has an 90% superior vision obstruction in the primary field of gaze on the right and an 90% superior vision obstruction in the primary field of gaze on the left. **The percentage of superior visual field documents the percentage that the patient cannot see in the central 30 degrees. Normal is 95 to 100%.**

Visual Field testing and interpretation are enclosed.

Photographs document that the upper eyelid skin is touching the eyelashes more excessive laterally due to the significant brow ptosis. Please note the exaggerated position of the eyebrows. They are significantly raised laterally due to the patient utilizing her brow muscles to compensate for her brow ptosis and raising her eyelids to see.

Patient has decreased tear lakes bilaterally resulting in dry eye syndrome.

Patient demonstrates 2+ conjunctival folds bilaterally. This **injury** occurs to the cornea when the eyelids are severely lax and no longer able to function properly. The lower eyelids functions as a windshield wiper for the cornea to keep it moist, healthy and to avoid blindness due to chronic dryness. When the eyelid tendons are too lax, chronic dryness and friction result in multiple conjunctival folds. The conjunctival folds are the eyelids response to the gradual thinning and stretching of the conjunctiva that accompanies loss of connection between the conjunctiva and underlying sclera due to the malposition of the eyelids. Conjunctival folds mechanically irritate the eye and disrupt the tear film resulting in decreased tear lakes and its outflow, leading to chronic dry eyes and excess tearing.

Patient is positive for lash ptosis.



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On the actual visual field test, if you look at the lateral beginning of the findings, further documents a downturn and decreased obstruction secondary to the brow being below the brow margin.

Visual Field testing and interpretation are enclosed.

In the patient's photographs, please note the exaggerated position of the eyebrows. They are turning downward laterally demonstrating the patient utilizes her brow muscles to compensate for her brow ptosis.

Photographs: While it is difficult to document an in a one-dimensional photograph Kimberly Streamers photographs clearly document her upper eyelid skin touching and weighing down the upper eyelids bilaterally. The brow ptosis is seen in the lateral photographs is where from the center of the eyebrow you can visually see a down turning of the lateral aspect of the brow by the drooping of the outer corners of the lower eyelids in the outside lateral corners as well as the increased amount of scleral show.

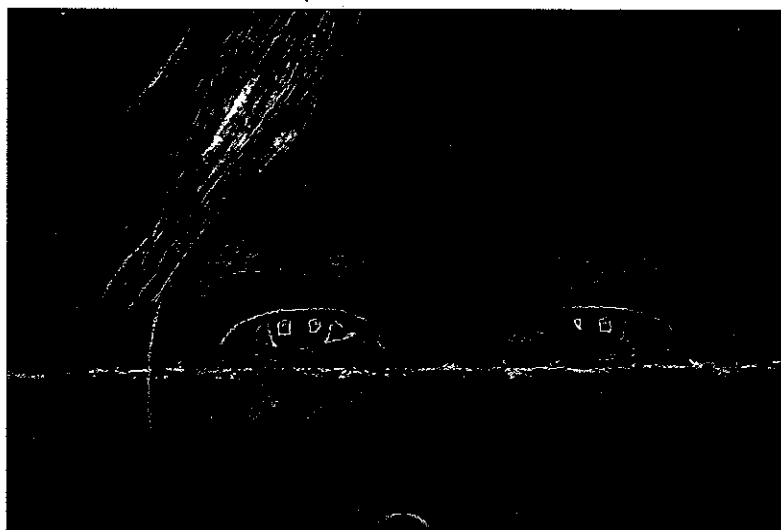
We are enclosing a copy of Dr. Laukaitis' work up and colored photographs to assist you in this reconsideration. Your attention to this matter is greatly appreciated.

Best wishes,

Steven J. Laukaitis, MD, FACS
NPI # 1669407086

CC: Kimberly Streamer

Untaped



taped



Kimberly Streamer

DOB: 9/11/1968

2/12/2021

DSC_00441.JPG

2/12/2021

DSC_0050.JPG

Established Patient / Follow-Up

NAME: Kimberly StreamerDOB: 9/11/68DATE: 2/12/21

OTHERS AT VISIT:

DATE OF SURGERY:

SMOKING: ☐ YES ☒ NO ☐ PASTSMOKING COUNSELLED: ☐ YES ☒ NOPAIN: ☒ NO ☐ YES SCALE 1-10: PNEUMO VACCINE: ☐ YES ☒ NO DATE: FLU VACCINE: ☒ YES ☐ NO DATE: 2020HX OF MELANOMA: ☐ YES ☒ NO LOCATION: TEARING: ☐ YES ☒ NOALLERGIES / SENSITIVITIES REVIEWED: ☒ YES ☐ NOMED LIST REVIEWED: ☒ YES ☐ NO ☐ UPDATEDMEDICATION CHANGES FROM LAST VISIT? ☐ YES ☒ NOHEALTH HX REVIEWED: ☒ YES ☐ NOHEALTH HX CHANGES FROM LAST VISIT? ☐ YES ☒ NODIABETIC: ☐ YES ☐ NO ☐ CONTROLLED

DIET / ORAL MEDICATION / INSULIN

CC: Follow up, Redding process, eyes are getting worse

HPI:

Hx Taken By: TinaDate/Time: 2-12-21ALERT/ORIENTED X 3MOOD: GoodPHOTOS TAKEN BY: TO

VA 20/20 PH 20/

PUPILS / IRIS

(WNL) / φAPD

EOM

(WNL) VERSIONS / ORTHO 1°

20/25 20/

gasse

Ta

VF: See Report

POSTERIOR POLE:

D/M/V WNL

BP: 113/71ARM: ☐ RIGHT ☒ LEFTPOSITION: ☒ SITTING ☐ STANDING ☐ LAYINGBP: WNL / HIGH / LOWADVISED TO SEE PCP: ☐ YES ☒ NO

LL/CONJ

KERATOPATHY

POS

(NEG)

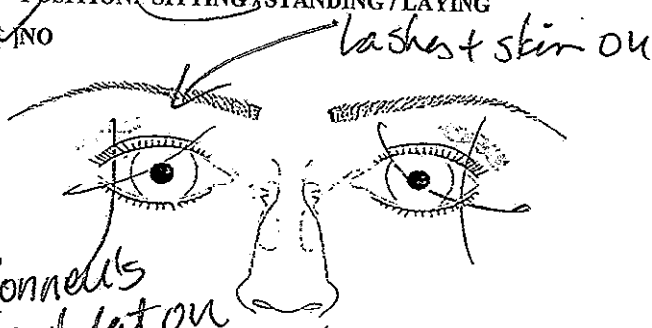
K

(CLR)

A/C

(S/F/DEEP)

LENS

(CLR)

④ Connell's
④ Hood let on

OPEN / OCCLUDED / REFLEX

A: VISUAL FIELD DEFECT ☐ YES ☐ NO

FISSURES

8/8DOWNGAZE 1/1

TEAR LAKE

↓ on

BROW SPASMS / PTOSIS

1st hand on

DCH-UL

4+ on

DCH-LL

MRD

1/1

LF

NC

LAG

LC

FAT POCKETS: UL

LL

COSMETIC

P:

SNAP

3/3

SCLERAL SHOW

DISTRACTION

12/12

PUNCTUM

NCMRD IMPROVED POST SURGERY: ☐ YES ☐ NOECTROPION / ENTROPION - NORMALIZED LID POSITION: ☐ YES ☒ NO

LESION: BENIGN / SUSPICIOUS / MALIGNANT / COSMETIC

SIZE:

RISKS BENEFITS ALTERNATIVES AND POTENTIAL COMPLICATIONS DISCUSSED: ☒ YES ☐ NOPATH SENT: ☐ YES ☐ NOPATIENT UNDERSTANDS RISKS & BENEFITS: ☒ YES ☐ NOPATIENT WISHES TO PROCEED: ☒ YES ☐ NOADMIT TO FACILITY: ☒ AESTHETIC EYE ASSOCIATES, ASCINITIALS: TODATE: 2/12/21

VERIFIED/REVIEWED BY:

MD DATE: 2/12/21

TIME IN:

TIME OUT:

H+P: ☐ YES ☒ NOASA # II

EKG LABS

OTHER:

Anemia



Visual Field Interpretation

<u>Kimberly Streamer</u>	<u>9-11-68</u>	<u>2-12-21</u>
Patient Name / or Label	DOB	Date
	Right	Left
Limitation of superior visual Field in degrees from eyelids (Superior visual field in degrees that Patient can see normal range: 20 degrees or more)	<u>10°</u>	<u>10°</u>
Pupil obstruction by eyelid in Primary field of gaze (millimeters)	<u>1</u>	<u>1</u>
Patient's MRD (Normal Range Is Greater Than 2mm)	<u>1</u>	<u>1</u>
Percentage of obstruction un-taped	<u>90%</u>	<u>90%</u>
Percentage of obstruction taped	<u>0%</u>	<u>0%</u>
Percentage of obstruction of superior visual field (Superior visual field in percentage that patient cannot see of the central 30 degrees) (normal range: 0%)	<u>90%</u>	<u>90%</u>
Photos (frontal view) documents intersection of pupil by the upper eyelid in the primary field of gaze	<u>Yes</u>	No
Photos (lateral view) documents excessive skin impinging on the Eyelashes	<u>Yes</u>	No
Photos document Ptosis and/or Dermatochalasis of upper eyelids	<u>Yes</u>	No
Photos & visual fields correlate	<u>Yes</u>	No

Additional Comments:

 Doctor

 Date

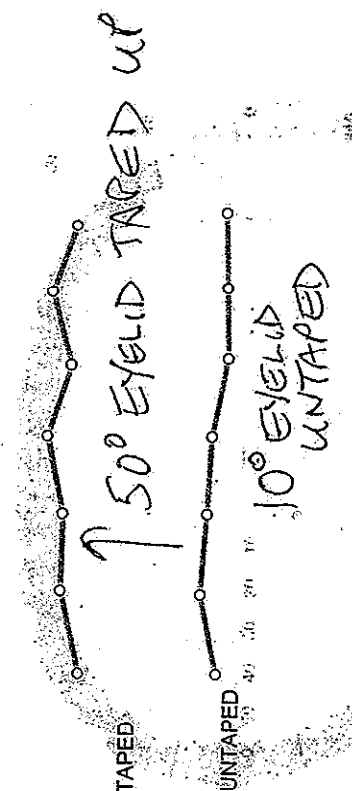
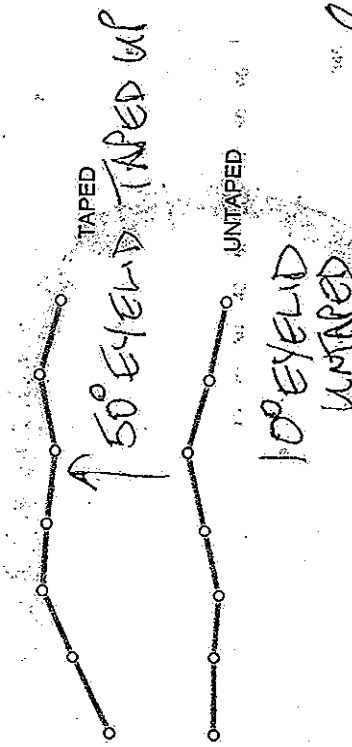
625 4th Ave Suite 301 Kirkland, WA 98033 • 425-216-7200 Office • 425-216-7272 Fax
Other Location • Anacortes • Kennewick • Yakima

Streamer, Kimberly, 09/11/1968

Allure Laser Center & Medispa
425-216-7200

OS Feb 12, 2021 10:37:11 AM

OD Feb 12, 2021 10:41:09 AM



Programs:	Kinetic / White/White	No. RT vectors:	14 / 0
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Reaction time [ms]:	-	RT corrected:	0.00
Refraction S/C/A:	0.00/0.00/0	VA:	0.00
Pupil [mm]:	0.0	IOP [mmHg]:	0.0

Comment:
Classification:

OCTOPUS® EyeSuite™ Kinetic V 2.0.4
OCTOPUS 900, SNr: 910, V 2.1.2



Aesthetic Eye Associates
dba Allure Laser Center
& Medispa
625 4th Ave.
Kirkland, WA 98033-9028

United Healthcare
Attn: Appeals Unit
PO BOX 30575
Salt Lake City, UT 84130-0575

84130-0575

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