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THIS DOCUMENT WAS RECEIVED IN

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

FAX

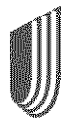
05/04/2021

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

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Authorization of Representative attached 5.4.2021

FAX TRANSMITTAL**Speech-Language-Hearing Clinic**

Department of Communication Sciences and Disorders

College of Behavioral and Community Sciences

4202 East Fowler Avenue, PCD 1017

Tampa, FL 33620

DATE: 4/5/2021

FROM: USF HEARING CLINIC



TO: ATTN UHC AUTHORIZATION APPEALS

FAX: 813-905-9819

FAX#: 801-938-2100

Number of pages including Cover Sheet:

Subject: Alane C Ngo recipient id 972950141 DOB 11/12/2009

 Message: Please see attached authorization denial stating that you need to know that the patient's current processor is not repairable. The current processor is not repairable by Dr. Gospodinsky nor is it repairable for Advanced Bionics. AND the warranty has expired. This child is in need of a new processor in order to to meet the patient's need to hear his teachers in school, a police or fire engine sound. Therefore, it is not acceptable that you would deny an upgrade of the current faulty processor that the patient is using. The current processor is no longer under warranty. Also note that we do not believe that you received the medical notes to make the decision. Medical note and a Letter of Medical Necessity from the provider is attached. 

Should you feel this is not adequate, we will advise the provider to do a peer-to-peer review. We do not know if you received the appropriate information to allow approval of a new processor. For if you did, surely you would not have denied the authorization.

Should you have any questions, please contact me at 813-974-9154.

Sincerely,

Kathy Williams

Confidentiality Notice

The information contained in this facsimile is privileged and confidential information. This fax is intended only for the individual named above. If the receiver of this message is not the intended recipient, you are notified that you are not at any time to further distribute or copy any information being sent. If you have received this fax in error, please notify us and destroy any and all information you have received.

Thank You



April 22, 2021

USF HEARING CLINIC
ATTN: KATHY WILLIAMS
4202 E FOWLER AVE PCD 1017
TAMPA FL 33620

Auth Number: 116712811
Good until 02-20-2021 to 07-20-2021

LEGAL ENTITY: UNITEDHEALTHCARE INSURANCE COMPANY
CLAIM AMOUNT: PRE-SERVICE
PRODUCT: POS - POINT OF SERVICE
TRANSACTION NUMBER: R0980738001
GROUP NAME: CITY OF TAMPA
GROUP NUMBER: 730334
EMPLOYEE: LONG NGO
ID NUMBER: 972950141
PATIENT NAME: ALANE NGO
PROVIDER NAME: ADVANCED BIONICS
DATE(S) OF SERVICE: PRE-SERVICE

Dear USF Hearing Clinic:

We received your request on behalf of our UnitedHealthcare member listed above. However, pursuant to applicable regulations, we require you to secure written authorization from the patient in order to submit an appeal or document request on that patient's behalf.

Your request either did not include the required authorization or the authorization submitted did not include all necessary information. Please reference the attached authorization requirements.

Attached for your convenience is an authorization form. Please forward the signed authorization with the request within 30 days to:

UnitedHealthcare
PO Box 30432
Salt Lake City, UT 84130

Please note that the time frame within which we will respond to the request will begin with our receipt of the authorization from the patient. Upon receipt of the authorization, all applicable regulatory requirements will apply.

Your satisfaction is important to us. As part of our continuing efforts to increase Member satisfaction, it is our goal to thoroughly review appeals and provide you with a prompt and complete response. If you have any questions, please call us at the telephone number listed on the back of the health plan's ID card (TTY users can dial 711).

Sincerely,

Sharon F.
Appeals Coordinator

Enclosure: Authorization Requirements
Member Authorization Form

cc: Parent or Guardian of Alane Ngo

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Criteria for Authorized Representative to submit on a member's behalf

Authorization must include:

- Member name and one or more other identifying element (date of birth, member ID, claim/authorization number, etc.) 9
- Name of provider/practice group from which services were/will be received 1
- Name of party designated as authorized representative 0
- Member signature 2
- Effective date of authorization and/or date authorization was signed 1
- Date authorization expires or description of expiration event 1
- Indicates member is acknowledging, consenting to and/or understands that protected health information may be disclosed to the authorized representative 2
- Indicates authorization is in connection to services received from named provider/practice group and/or request for documents 4
- Includes member's right to revoke authorization at any time 1
- Authorization has not been revoked or expired 6



UnitedHealthcare Insurance Company

Designation of Authorized Representative

Member Name (please print)	Date of Birth	Member ID Number
Alane Ngo	11/12/2009	972950141
Member Street Address	City	State
11311 COVENTRY GROVE CIR	LITHIA	FL
Name of Individual/Company/Law Firm being designated as the authorized representative		
USF HEARING CLINIC Hannah Gospodinsky, CCC-AUD		
Designated Representative's Address	City	State
4202 East Fowler Avenue	Tampa	Florida
Phone		
813-974-8804		
Provider of Service		
Advanced Bionics		
Date(s) of Service or Proposed Service		
To be determined PRE-SERVICE		

I, Alane Ngo, am appointing
Print the name of the member who is receiving the service or supply
Angela Cheng Ngo

Print the name of the person who is being authorized to act on the member's behalf

to act on my behalf as my authorized representative for (check all that apply)

☐ a complaint ☒ an appeal ☐ documents
from

UnitedHealthcare Insurance Company
regarding the above-noted service or proposed service.

I understand and agree that:

- This authorization is voluntary;
- my health information may contain information created by other persons or entities including health care providers and may contain medical, pharmacy, dental, vision, mental health, substance abuse, HIV/AIDS, psychotherapy, reproductive, communicable disease and health care program information;
- I may not be denied treatment, payment for health care services, or enrollment or eligibility for health care benefits if I do not sign this form;
- my health information may be subject to re-disclosure by the recipient, and if the recipient is not a health plan or health care provider, the information may no longer be protected by the federal privacy regulation;
- this authorization will expire one year from the date I sign the authorization. I may revoke this authorization at any time by notifying UnitedHealthcare in writing; however, the revocation will not have an effect on any actions taken prior to the date my revocation is received and processed.

Signature of Member	DocuSigned by: <u>Angela Ngo</u>	Date 5/4/2021
If the person signing this authorization is not the member, describe the relationship to the Member (i.e. Parent, Legal Representative)		
Mother-Parent		

Legal Representatives signing this authorization on behalf of a member must furnish a copy of a health care power of attorney, or other relevant document that grants the applicable legal authority.



Date: 2/4/2021

Insurance: United Health Care

Re: Alane Ngo

Patient DOB: 11/12/2009

Address: 11311 Coventry Grove Circle
Lithia, FL 33547

Member ID #: 972950141

Dear Dr. / Medical Utilization Review Specialist:

I am writing to support / request pre-authorization for replacement of Alane Ngo's cochlear implant sound processor. They use a cochlear implant manufactured by Advanced Bionics. I am recommending that their current sound processor be replaced. The sound processor is a miniature computer. It receives sounds through a microphone and uses software to code them into electrical signals which are then transmitted through the implanted receiver to the cochlear nerve, which then sends the signal to the brain.

Medical Necessity: My patient is an 11 year old who has severe-to-profound sensorineural hearing loss diagnosis. The cochlear implant is an auditory prosthesis that is the only accepted medical treatment for Alane's condition. In addition to the surgically implanted internal receiver, the device requires an external sound processor. My patient was implanted 7 years ago. A new sound processor is medically necessary for this patient because the existing processor:

- Alane's sound processor is 7 years old, out of warranty, has exceeded its useful lifetime, and no longer provides clinically meaningful therapy to the patient. The patient has current complaints of decreased sound awareness and is not receiving adequate aided benefit with the device. Alane relies on the full-time use of properly working devices in order to communicate while at school and at home. She has also experienced intermittencies in the past, which required replacement equipment. During these periods of intermittencies Alane is without sound, which poses a safety risk due to decreased sound awareness. Alane has recently experienced non-auditory stimulations with her current device. A new sound processor would provide increased flexibility programming, possibly decreasing occurrence of non-auditory stimulation and allowing for greater aided benefit with the device.

Clinical Assessment: Alane has a history of severe to profound sensorineural hearing loss, bilaterally. Alane underwent cochlear implant surgery in her left ear in 2014, and has continuously used the device since. She depends on the sound processor for normal, everyday communication. Based on the clinical data involving similar patients, I believe that Alane will likely experience the following clinical benefits if she receives the new sound processor: Enriched speech understanding, better sound processor reliability, greater independence at home and in school, and enhanced personal safety-expanded ability to hear emergency alarms, ambulances, fire trucks, car horns, etc.

Coding Information: The ICD-10 diagnosis code for Alane's condition is H90.3. I am requesting approval for patient's new sound processor. The HCPCS billing codes for this prosthetic equipment replacement are L8619, L8615, L8616 and L8624. Please do not hesitate to call me at 813-974-8804 or email me at hgospodinsky@usf.edu if you have questions or need any additional information. Thank you for your consideration.

Sincerely,
DocuSigned by:

A handwritten signature in black ink that reads 'K. Paul Boyev'.

8725E791E57B4AF

K. Paul Boyev, MD



Hearing Clinic
(813) 974-8804
(813) 905-9819 - FAX
hearingclinic@usf.edu - EMAIL

Audiology Log Notes

Patient Name: Alane Ngo

MRN: 1764464

Date:

2/3/2021

Spoke with Mrs. Ngo Alane's mother on the phone. She stated that she
contacted Advanced Bionics regarding a replacement processor for Alane.
According to Mrs. Ngo, Alane's current sound processor is not functioning
properly. She stated that the processor is "vibrating at the headpiece."
Components have been changed, which did not resolve the issue.
- Hannah Gospodinsky, AuD 4/14/21

Speech, Language, and Hearing Center • 4202 E. Fowler Ave, PCD 1017 • Tampa, FL 33620

rev. 02/14/2017

United HealthCare Services, Inc.
5757 Plaza Drive Cypress, CA 124-0129
Cypress, CA 90630



March 9, 2021

Service Ref #: A116712811

ADVANCED BIONICS
28515 WESTINGHOUSE PL
VALENCIA CA 91355

For your attention

Dear Advanced Bionics:

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 for your records.

Sincerely,
UnitedHealthcare



Go Paperless! UHCprovider.com/paperless

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United HealthCare Services, Inc.
5757 Plaza Drive Cypress, CA124-0129
Cypress, CA 90630



March 9, 2021

ALANE NGO
11311 COVENTRY GROVE CIR
LITHIA FL 33547

Patient:	Alane Ngo
Service Ref #:	A116712811
Member:	Long Ngo
Member ID:	XXXXXX0141
Plan:	CITY OF TAMPA
Plan #:	0730334
Letter ID:	FL_MEDNEC_ANC

Dear Alane Ngo:

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

Medically necessary means the service meets accepted standards of medicine and is needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms.

Requested service or care:

- Physician/health care professional: Kestutis Boyev
- Facility name: Advanced Bionics
- Place of service: Home
- Date(s) of service: 02/20/21 - 05/19/21
- Diagnosis: H90.3 Sensorineural hearing loss, bilateral
- Date(s) determined not to be medically necessary: 02/20/21 - 05/19/21
- The reason for our determination is: Your doctor has requested new cochlear implant processors for your implants. We looked at all the information sent to us. We looked at your health plans benefit document for coverage for new processors. The new processors are not a covered benefit because we did not receive documentation that your current processors cannot be repaired. We did not receive a letter from a qualified technician that your processors are not functioning or hearing tests showing that they are not working well. We did not receive enough information on whether your processors are out of warranty. Please discuss all treatment options with your doctor.
- Denial code: Not applicable
- Claim amount: Not applicable

Description of services					
Procedure code	Procedure description	Total requested		Start date	End date
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement	1	Units	02/20/21	05/19/21
L8615	Headset/headpiece for use with cochlear implant device, replacement	1	Units	02/20/21	05/19/21

L8616	Microphone for use with cochlear implant device, replacement	1	Units	02/20/21	05/21/21
L8624	Lithium ion battery for use with cochlear implant or auditory osseointegrated device speech processor, ear level, replacement, each	2	Units	02/20/21	05/19/21

This decision is based on the following information: Cochlear Implants Policy Number 2020T0070Y Effective Date August 1, 2020.

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.

Before getting service, it's a good idea to check your provider's network status and cost of service.

- A network provider is a doctor, health care professional, or facility (like a hospital) that has a contract with us to provide services or supplies at an agreed upon rate, so you usually pay less when you get services in network.
- Some plans have a designated or a tiered network of providers. These doctors, health care professionals, facilities, and suppliers provide health care services at the highest benefit level. If you have this type of plan, you may pay less depending on which provider you see.

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.

Your doctor or health care professional can discuss this case with us by calling the UnitedHealthcare Peer-to-Peer Support Team at **1-800-955-7615**.

- The decision of a peer-to-peer review is not counted as a grievance/appeal.
- If you have already started a grievance/appeal, you cannot ask for a peer-to-peer review.

If you don't agree with our decision, you have the following options:

Member options

1. You, your physician or your health care professional have the right to request the information we reviewed to make this coverage decision free-of-charge. This includes reasonable access to and copies of all documents, records, health benefit plan provisions, internal rules, guidelines and protocols and any other relevant information. Please mail your request for this information and a copy of this letter to:

UnitedHealthcare Central Escalation Unit
Appeal Document Request
P.O. Box 30573

Please include description of urgency

You may request an expedited external review at the same time as requesting an expedited internal appeal for urgent care.

Standard external 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 will review the denial and issue a final decision.

Expedited external review

An expedited external review may be available to you if the medical condition:

1. Is such that the time needed to complete an expedited internal grievance/appeal or standard external review could seriously jeopardize the patient's life, health or ability to regain maximum function; or
2. Concerns an admission, availability of care, continued stay, or health care item or service for which the patient received emergency services, but have not been discharged from a facility.

If we confirm that an expedited grievance/appeal is needed, you will receive a decision within 72 hours of receiving the grievance/appeal request and any additional information.

To arrange an expedited grievance/appeal, please call Customer Care at the toll-free number listed on your member ID card or fax your grievance/appeal request to the UnitedHealthcare Appeals Unit at 1-801-994-1083.

You will be provided more information about the external review process at the time we receive your 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 Department of Health and Human Services Health Insurance Assistance Team, HIAT, at 1-888-393-2789.

Contact us if you:

- Have questions about our decision
- Need help filing an grievance/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,
Gordon E. Genta, MD
Medical Director

Copy to: Kestutis Boyev

Salt Lake City, UT 84130-0573

2. You have the right to be represented by someone else regarding this decision. To have someone else represent you, call us at the toll-free number on your member ID card and we will send you the form needed to designate another representative.
3. You or your representative may accept our decision as it stands.
4. You or your representative may request a grievance or an appeal.

The following information is helpful to us when reviewing a grievance or an appeal:

- A written grievance or appeal request asking us to reconsider our decision
- The specific coverage decision you would like 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

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.

The person who reviews your appeal will not be the person, or a subordinate of that person, who made the original decision.

You, or your authorized representative, may file a grievance (if you belong to a HMO or have an EPO plan) or request an appeal (if you have an insurance plan) within 365 calendar days of receiving this letter. If you don't comply with these requirements, you may forfeit your right to challenge a denial or rejection. Inquiring about the appeals/grievance process does not change the time frame to submit an appeal. When we receive an appeal request, we review it within 15 calendar days for services not yet received and within 30 calendar days for services already received. We will notify you in writing of our decision.

Expedited internal grievance/appeals

An expedited or urgent grievance/appeal may be available if the patient's medical condition is such that the time required to complete a standard grievance/appeal would reasonably be expected to seriously jeopardize life, health, or ability to regain maximum function. If we confirm that an expedited grievance/appeal is needed, we will complete the review within 72 hours of receiving the grievance/appeal request and any additional information.

To request an expedited (urgent) grievance/appeal:

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

Telephone: Call Customer Care at the toll-free number listed on your member ID card.

Copy to: Advanced Bionics

Enclosure: *Non-Discrimination Notice*

FL - Medical Necessity Ancillary Adverse
Revised: 03/2020

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Visit myuhc.com® to access the cost estimator tool, view your claims, Health Statements and Explanation of Benefits, look up benefits, update account information, find a doctor or facility, or to learn more about healthy living. Registration is easy and gives you access to useful tools and information to help you take charge of your health and health care.