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Tracking No :

70201810000123868050

Last Name : COLONNESO

First Name : VINCENT

RecvDate : 04/29/2021

Arrival Date: 04/29/2021

POBox : 30575

OperID : FTP1



9102111971080

This document was  
received in the Appeals  
PO Box 30575  
Salt Lake City, UT

April 22<sup>nd</sup>, 2021

UnitedHealthcare Appeals Unit  
P.O. Box 30575  
Salt Lake City, UT 84130-0575

Re: Vincent Colonnese Jr EGD coverage determination appeal  
Plan ID: 0730152  
Member ID: 968847809  
Reference #: A117926360

Dear Appeal Reviewer:

I am writing regarding the coverage determination for reference number A117926360 denying in-network coverage for the EGD procedure with CPT code 43235. Although my plan currently provides out of network coverage the provider, Intercoastal Medical Group Ambulatory, where I was to have the procedure performed is not an HCA facility and has refused to schedule my procedure at the out of network rate.

I would like the out of network coverage decision to be reviewed since my physician, Dr. Robert Summerlee, as a provider with Intercoastal Medical Group does not currently provide services at any HCA facility specified in the coverage letter such as Blake Medical Center, Doctors Hospital of Sarasota or South Bay Hospital.

I have an over 20 year history of being treated for esophageal reflux disease, my father was diagnosed with esophageal cancer and ultimately succumbed to the disease in 2017. Since my father's death I have made a commitment to get checked regularly for any precursors to esophageal cancer by having an EGD done every three years as recommended by most major GI organizations. I have enclosed my last three years of medical history from Intercoastal Medical Group as reference of the on-going monitoring of my condition. My last EGD was done in 2018 by Dr. Summerlee which involved an EGD with Bravo procedure which also went thru a coverage determination review to be considered at the in-network rate since I needed to have this performed at a non-HCA facility.

In closing, I would like the coverage determination for reference number A117926360 mentioned above to be considered for the in-network rate based on my family history of long term GERD issues. Also, Dr. Summerlee has been my physician now for almost 4 years and has prescribed effective medications to help treat my symptoms and has offered me other GI diagnostic tools that other providers have failed to consider. At this point to switch providers and proceed to a point where I can get an EGD scheduled within a reasonable amount of time would be detrimental to the overall maintenance of this chronic condition.

I look forward to hearing your decision in the near future and I appreciate your time.

Sincerely,  
  
Vincent A. Colonnese Jr

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# Intercoastal Medical Group

## Vincent A. Colonnese

11/16/1974, M

Patient #542616

Displaying data as of 04/21/18 - 04/21/21  
Information about active health conditions may be included, even if it falls outside of the selected date range.

### Vitals

Date **01/13/2021**  
Height **70"**  
Weight **216 lbs**  
BMI **31.00 kg/m<sup>2</sup>**  
Temp **97.4 ° F**

### Vitals History

DATE	BP	HEIGHT	WEIGHT	BMI
11/28/2018	112/78		207.8 lbs	
05/30/2018	118/80		209 lbs	

### Allergies

#### Acetaminophen-Codeine

Nausea, Vomiting, Diarrhea

Active

### Care Plan

No recorded Care Plan

### Social History

#### Never smoked

Last Updated: 01/13/2021

#### No alcohol use

Last Updated: 11/28/2018

#### Smoking status : Never smoker

#### No tobacco use

Last Updated: 05/30/2018

### Lab Results

#### COLOGUARD

02/17/2021	RESULT	NORMAL
COLOGUARD RESULT REPORTABLE	Negative	(Not Applicable)

Exact Sciences

#### Lab Address:

145 East Badger Rd, Suite 100,  
Madison, WI, 53719

#### Notes:

## Care Team

**Robert E Lee Browning, IV, MD**

+1 SEE THE VISIT

11505 Rangeland Pkwy

1st Floor

Bradenton, FL 34211

**Scott Clulow, DO ++, Primary Care Physician**

+1 941 313 7142

5601 21st Ave W

Ste D

Bradenton, FL 34209

**Robert James Summerlee, MD**

+1 SEE THE VISIT

11715 Rangeland Pkwy

Bradenton, FL 34211-9529

## Current Medications

**Fluticasone Propionate 50 MCG/ACT Nasal Suspension**

**Instructions: SPRAY IN SPRAY INTO EACH NOSTRIL TWICE DAILY**

Active

December 07, 2020

**Amitriptyline HCl 25MG Oral Tablet**

**Instructions: At bedtime**

**Dose: 1 Frequency: once a day**

Active

## COLOGUARD RESULT REPORTABLE

A negative result indicates a low likelihood that a colorectal cancer (CRC) or an advanced adenoma (adenomatous polyps with more advanced pre-malignant features) is present. The chance that a person with a negative Cologuard test has a colorectal cancer is less than 1 in 1500 (negative predictive value >99.9%) or has an advanced adenoma is less than 5.3% (negative predictive value 94.7%). These data are based on a prospective cross-sectional screening study of 10,000 individuals at average risk for colorectal cancer who were screened with both Cologuard and colonoscopy. (Imperiale T. et al, N Engl J Med 2014;370(14):1286-1297) The normal value (reference range) for this assay is negative. COLOGUARD RE-

## SCREENING RECOMMENDATION

Periodic routine colorectal cancer screening is an important part of preventive healthcare for asymptomatic persons at average risk for colorectal cancer. Following a negative Cologuard result, the American Cancer Society and U.S. Multi-Society Task Force screening guidelines recommend a Cologuard re-screening interval of 3 years.

References: American Cancer Society (ACS). Colorectal cancer prevention and early detection. Atlanta, GA: American Cancer Society; [updated 2016-Apr 24].

<https://www.cancer.org/cancer/colorectal-cancer/detection-diagnosis->

January 08, 2019

**Singulair 10 MG Oral Tablet QTY: 0 tablet**

**Days: 0 Refills: 0 Written: 11/28/18**

**Dose: 1 Frequency: once a day**

Active

November 28, 2018

**Ginger Root 550 MG Oral Capsule QTY: 0**

**capsule Days: 0 Refills: 0 Written: 11/28/18**

**Dose: 1 Frequency: once a day**

Active

November 28, 2018

**Flonase 50MCG/ACT Nasal Suspension**

**Instructions: twice a day**

**Dose: 1 Frequency: 2 times a day**

Active

September 29, 2018

**Omeprazole 40 MG Oral Capsule Delayed**

**Release QTY: 0 capsule Days: 0 Refills: 0**

**Written: 05/30/18**

**Dose: 1 Frequency: once a day**

Active

May 30, 2018

## Past Medications

**Fluticasone Propionate 50 MCG/ACT Nasal Suspension**

**Instructions: SPRAY IN SPRAY INTO EACH NOSTRIL TWICE DAILY**

Inactive

July 17, 2020

staging/acs-recommendations.html.

Accessed August 31, 2018; Rex DK,

Boland CR, Dominitz JK, Colorectal

Cancer Screening: Recommendations

for Physicians and Patients from the

U.S. Multi-Society Task Force on

Colorectal Cancer Screening, Am J

Gastroenterology 2017; 112:1016-

1030. TEST TYPE: Composite

algorithmic analysis of stool DNA-

biomarkers with hemoglobin

immunoassay. Quantitative values of

individual biomarkers are not

reportable and are not associated with

individual biomarker result reference

ranges. PRECAUTIONS AND

LIMITATIONS: Cologuard is intended

for colorectal cancer screening of

adults of either sex, 45 years or older,

who are at average-risk for colorectal

cancer (CRC). Cologuard has been

approved for use by the U.S. FDA.

Cologuard may produce a false

negative or false positive result. A

negative Cologuard test result does

not guarantee the absence of CRC or

advanced adenoma (pre-cancer).

Patients with a negative Cologuard

test result should be advised to

continue participating in a colorectal

cancer screening program. The

screening interval for Cologuard is

currently recommended at an interval

of every 3 years by the American

Cancer Society and U.S. Multi-Society

Task Force. A false positive result

occurs when Cologuard produces a

positive result, even though a

colonoscopy may not find colorectal

cancer or precancerous polyps. The

**CVS Fluticasone Propionate 50 MCG/ACT  
Nasal Suspension**

**Instructions: 1 spray each nostril twice daily**

**Dose: 1 Frequency: 2 times a day**

Inactive

July 17, 2020

**CVS Fluticasone Propionate 50 MCG/ACT  
Nasal Suspension**

**Instructions: 1 spray each nostril twice daily**

**Dose: 1 Frequency: 2 times a day**

Inactive

June 22, 2020

**Fluticasone Propionate 50 MCG/ACT Nasal  
Suspension**

**Instructions: 1 spray each nostril BID**

Inactive

March 25, 2020

**Fluticasone Propionate 50 MCG/ACT Nasal  
Suspension**

**Instructions: twice a day**

**Dose: 1 Frequency: 2 times a day**

Inactive

November 04, 2019

**Fluticasone Propionate 50MCG/ACT Nasal  
Suspension**

**Instructions: twice a day**

**Dose: 1 Frequency: 2 times a day**

Inactive

May 14, 2019

**Baclofen 10MG Oral Tablet**

performance of Cologuard has been established in a cross sectional study (i.e., single point in time) of average-risk adults aged 50-84. Cologuard performance in patients ages 45 to 49 years was estimated by sub-group analysis of near-age groups.

Cologuard performance data in a 10,000 patient pivotal study using colonoscopy as the reference method can be accessed at the following location: [www.exactlabs.com/results](http://www.exactlabs.com/results). Additional description of the Cologuard test process, warnings and precautions can be found at [www.cologuardtest.com](http://www.cologuardtest.com). Rx only.

**Surgical Pathology**

09/25/2018	RESULT	NORMAL
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Surgical Pathology	See Note
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SaraPath Diagnostics

**Lab Address:**

2001 Webber Street, Sarasota, FL  
34239

**Notes:**

**Surgical Pathology:**

SaraPath Diagnostics 2001 Webber  
St., Sarasota, FL 34239 941.362.8900  
Fax: 941.362.8971 [www.sarapath.com](http://www.sarapath.com)  
Surgical Pathology Report Sarasota  
Memorial Hospital Patient:  
COLONNESO, VINCENT A. JR

**Instructions: four times a day**

**Dose: 1 Frequency: 4 times a day**

Inactive

August 21 , 2018

**Flonase 50 MCG/ACT Nasal Suspension**

**QTY: 0 Days: 0 Refills: 0 Written: 05/30/18**

**Dose: 1 Frequency: once a day**

Inactive

May 30 , 2018

**Baclofen 10MG Oral Tablet**

**Instructions: four times a day**

**Dose: 1 Frequency: 4 times a day**

Inactive

May 30 , 2018

## Health Considerations

**Gerd**

Active

05/30/2018

Specimen #: S18-49631 Med Rec #: 2653395 Encounter #: 84714066 DOB (Age)/Sex: 11/16/1974 (Age: 43) M Obtained: 9/25/2018 Physician(s): Robert J. Summerlee, MD Received: 9/25/2018 Scott K. Clulow, D.O. Location: Outpatient Hospital Reported: 9/26/2018 Testing performed at: SaraPath Diagnostics, 2001 Webber Street, Sarasota, FL 34239, unless otherwise indicated. Diagnosis: "Esophageal bx": - Squamous mucosa with no diagnostic alteration. - No columnar component identified. - Negative for significant inflammation (including no increased eosinophils) and dysplasia/neoplasia, and no infectious organisms identified by H and E stain. SCS/9/26/2018 Stephen C. Schmechel, M.D. \*\* Report Electronically Signed \*\* Addendum - Copy To: Addendum Comment 9/26/2018: Addendum issued to add an additional physician to staff distribution. lab/9/26/2018 Stephen C. Schmechel, M.D. \*\* Report Electronically Signed \*\* 9/26/2018 Specimen(s) Received: A: Esophageal bx Clinical History: Reflux, GERD. Esophagitis. R/O EOE. Gross Description: Received in formalin labeled with proper patient identification, accession number and "esophageal bx". The specimen consists of two pieces of tan tissue measuring from 0.3 x 0.1 x 0.1 cm up to 0.4 x 0.1 x 0.1 cm. Totally submitted in one cassette labeled A1. GKB/gkb/9/25/2018



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## Procedures and Medical History

**11/28/2018**

*Upper gastrointestinal endoscopy*

Completed

**09/25/2018**

*EGD, flex, transoral; W/biopsy, single or multiple*

Completed

**09/25/2018**

*Gor W/mucosal Telemetry Electr Plcm; Prof*

Completed

## Demographics

**Race : White**

**Ethnicity : Not Hispanic or Latino**

**Preferred Language : English**



43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
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You are only covered for services up to your plan's limit for visits or services.

**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.

**Payment is based on:**

- Information in the submitted claim
- The services your health plan covers
- The actual health care services you received
- The guidelines and policies in place when you received services
- Reimbursement policies
- Correct coding
- Co-payments, co-insurance, and deductibles Your eligibility at the time of service

We review claims submitted by providers to make sure that the codes match the approved services.

**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:

**Urgent grievance 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?**

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).

**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](http://justplainclear.com) for help with definitions and medical terms.

Sincerely,

The UnitedHealthcare Team

Copy to: Robert Summerlee

Copy to: Intercoastal Medical Group Ambulatory

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



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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 30 days for services you haven't received yet and within 60 days for services you have received. This is known as a standard 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 30575  
Salt Lake City, UT 84130-0575

Standard grievance fax: 1-801-938-2100

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.

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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：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU 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 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.



6901 13<sup>th</sup> Avenue Dr W  
Bradenton, FL 34209

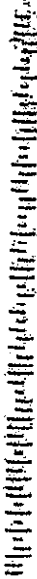
**CERTIFIED MAIL**



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United Healthcare  
Appeals Unit  
P.O. Box 30575  
Salt Lake City, UT 84130-0575

84130-0575



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