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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



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A UnitedHealth Group Company

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CONFIDENTIAL

To:

From:

Mederi Auto-Fax

Mederi Services, LLC

Sugar Land

TX

77459

Phone:

Phone:

(855) 556-8800 * 101

Fax Phone: (801) 938-2109

Fax Phone: 18555568800

Date 03/24/2021

**Pages including
cover sheet:** 3

Note:

Millennium Surgical Associates Staffing LLC - MCFATHER MARY - 160478
- PON_AW28009683 0081400453_96234.docx

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Phone:**Phone:**

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Fax Phone: (001) 930-2109**Fax Phone:** 10555560000**Date** 03/24/2021**Pages including
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Millennium Surgical Associates Staffing LLC
2437 Bay Area Blvd
Houston TX 77058

Date: March 24, 2021

Patient: MCFATHER, MARY

Policy #: 967853039

Group #: 702581

Ref #: AW28009683 0081400453

Date of Service: 10/18/19

Total Charges: \$4,569.00

UHC
PO BOX 30559
Salt Lake City UT 84130-0573

Request for Reconsideration

CPT(s) 58571

Dear Director of Claims:

I am in receipt of the benefit determination for the above referenced claim. ***I am challenging your benefit determination for service rendered.*** It is my understanding that benefits were significantly reduced due to your belief that the billed charges are more than the reimbursement rate, Medicare fee schedule or the multiple procedure rule for the procedure(s) or item(s).

Per Federal/ERISA 42 U.S.C. § 33-30-21: improper rate reductions ~ PPO Federal statute prohibits health plans from altering the amount of reimbursement as "Out-of-network providers are to be reimbursed at the full charge as there is not a fee schedule." To do or have done so is in violation of non-par rights.

Federal/ERISA § 33-30-23(b)(5). "Out-of-network is not subject to any UCR fee schedules, plan, policy, contract or any entity of your company with "in-network allowable within thereof." To do so or have done so is a violation of non-par rights.

Per Medicare Federal Law, we are not subject to ANY Medicare allowable: Per 42 CFR 401-405 UHC is considered a Group Health Plan per Medicare. Medicare is its own entity and ONLY Medicare can utilize Medicare Fee Schedule. To have paid or about to pay under Medicare Fee schedule is a violation.

Multiple procedures are typically defined as separate procedures performed by a provider, or providers in the same group with the same specialty, on the same patient during the same operative session or on the same day. However, the multiple procedure rule does not apply for co-surgeons, surgical teams or assistants at surgery who participate in performing multiple surgeries on the same patient on the same day. Further, exceptions to this rule are often granted for CPT codes which by definition are always done and billed in conjunction with another procedure. It is our position that the multiple procedures rule, if used, was incorrectly applied to this claim.

If UHC does not release additional benefits, please outline the applicable language which justifies the reduction as well as the date used to establish the reimbursement rate so that we may determine your company's and the patient's liability in regard to the unpaid balance. In looking at your reductions and payments, they do not meet the industry standards for Out of Network providers.

Based on this information, we request that the reductions be reversed, and an additional payment be made. If UHC does not release additional benefits provided in accordance with the authority of sections 503 and 505 of the Employee Retirement Income Security Act of 1974 (ERISA), please provide copies of all documents, records, and any other information considered in your determination, including a copy of the plan at issue and the referenced fee schedule. See 29 CFR 2560.503-1(g)(1). Please identify (including contact information) the plan administrator and all persons who had any part in the determination made regarding the aforementioned patient. We are entitled to review any referenced fee schedules, the plan and, specifically, the detailed language addressing the bases for the determination, as well as the right to appeal requirements and the timeframes in order to ensure a full and fair review.

If this policy is regulated under ERISA, there is a \$110.00 per day penalty for failure to provide the detailed denial within 30 days of this request. In looking at your reductions and payments, they do not meet any industry standards or norms for this type service and network status.

There has been ***no negotiated fee discussed or considered*** for this service, therefore I have not been properly reimbursed. It does not work for the facility or the primary surgeon. The procedure(s) and / or services were medically necessary and should be reimbursed accordingly.

www.mederiservices.com
info.mederi@gmail.com

F- 866-730-5515
P- 877-583-3374

We expect your prompt attention to this matter.

Sincerely,

Theresa Heslop
Millennium Surgical Associates Staffing LLC

Enclosures: 1. Explanation of Benefits or claim reference number

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