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FAX

06/02/2021

United Health Group - West, Central and Cirrus RMO
Operated by Firstsource Solutions
1355 South 4700 West
Salt Lake City, UT 84104

0805

UnitedHealthcare®



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David M. Odom, M.D. 3001 E. Tahquitz Canyon Way, Suite 103 Palm Springs, CA 92262

Telephone (760) 698-8400 Facsimile (866) 598-2420 email: info@dr-odom.com



(Rage.3. pf. 8).

Date: June 2, 2021

United Healthcare Pharmacy Appeal Attn:

Also, OptumRx (844-403-1027)

Phone: (Unknown)

FAX: 801-994-1082

From: David M. Odom, M.D.

Pages: 6, including this sheet.

re: patient, Jayce Gastinger (DOB 11/05/2007) Prior Authorization for Dexcom G6 sensors

Additional Information: I did not realize that a separate prior authorization was needed for each of the various components of the Dexcom G6 system (sensors and transmitter being separately determined). Thus, I filed for the transmitter, but mistakenly did not file for the sensors. This child is using his lat remaining sensor. Please review this matter on an urgent basis.

Thank you! -Dr. Odom-



UnitedHealthcare

911-87726-04 Health Plan (80840)

915004053 Member ID:

Spec: \$100

Group Number:

916569

Member:

CHRIS GASTINGER

Dependents

JENNIFER GASTINGER

JAYCE GASTINGER KEIRA GASTINGER

Veracity Research Company **Tiered Benefits**

Payer ID 87726

Eff Dt 03/01/2021

Copays:

Office: \$15

UrgCare: \$25

EPO DOI-0508 Tier 1 Spec: \$50

Office Age<19: \$0

OPTUMRX

610279 Rx Bin:

Rx PCN: 9999 UHEALTH

Rx Grp: Copay Tiers: \$10 /\$35 /\$60

UnitedHealthcare Choice

Underwritten by UnitedHealthcare Insurance Company

DATE	PROGRESS NOTES	
3/23/2021	13 yo M = >3 yo hy DMType 1, who has been	
12/Am	using Dexcom cob system since December 2018	
	I has maintained excellent blood sugar control	
	E guidance by his RN Mom presents to me	
	too to low-up prior to their move to Texas,	
	since unable to conductive the face nor	
	merson appointment a pediatric endocrinologist	
	Linda Pediatric Endocrinology clinic	
	Fitient his been monitoring his blood	
MARIA NI SARI WALLANDE TO THE TANK ON THE SARI WALLAND TO THE SARI	gluese levels multiple times deily while	
**************************************	smultropously engaging in day-to-day home	
	schooling of sport activities (enious southor)	
	when not in covid-19 lockdown.	
	totents family moving very soon from	
	CA to Pallas area.	
	Imp. Diabetes Mellitus, Type I	
	Jan	
	Plan: Ocentique use of Descent siden	
	@ continuing following France by	
derland work - 22 m - Whitelen is - Whitele	his Bot man, 2 SPAVID M. ODOM, N	<i>ለየ</i> ግ
***************************************		114
amanda) 6-3-3-21 m. Market Sant Anna Anna Anna An a sa		
The state of the s	David M. Odom MD	



David M. Odom, MD

3001 E. Tahquitz Canyon Way, Suite 103 — Palm Springs, CA 92262

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Name Sayce

E Gastager

_DOB<u>///05/200</u>7

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5/22/2021 4:49:03 PM PAGE

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Fax Server



Optumitx has partnered with CoverNyMeds to receive prior authorization requests, saving you time and often delivering real-time determinations.

Visit <u>do.covermymeds.com/OptumRx</u> to begin using this free service.

Please note: All information below is required to process this request.

Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE FOR	RMS ARE UPDATED FREQUENTLY AND MAY BE BARCO	A 다본다.
Member Information (lequiled)	Provider Information	DEC
dember Name: Jayce Gastinger	Provider Name: David Odom	24.1 (S) 1 (A) (1 (A)
ns.rance ID: 91500405303	NPt: 1205035086	Specially:
Date of Sirth: 11/05/2007	Office Phone: (760)326-4292 (760)698-8	
Street Address: 112 Rain Cloud Dr	Office Fax: 8665986459 (866) 598-242	
City: Waxahachie State: TX Zip: 75165	Office Street Address: 3001 E Tahquitz Canyor	Nicolanda Allahan da kanan da
Phone: (MANDATORY) (951) 543-2872	City: Palm Springs State:CA	Zio: 92262
	ion Information (வருக்கு	COLUMN TO A TOP OF THE PROPERTY OF THE PROPERT
fedication Name: Dexcorn G6 Sensor	Strength:	Dosage Form:
Check if requesting brand	Directions for Use: CHANGE EVERY 10 DAYS	
Clinica	al Information (reguler)	
our patient's pharmacy benefit program is administered by t	UnitedHealthcare which uses Ontimer for certain ab	sarmacy henefit services
Ani twengura benasur diau tedrilas ilastas lestem celaju ted	Itlests for coverace with the prescriptor obviolen. Thi	ilan isan la solenia areans areans areas.
enem coverage beyond plan specifications. Please complete	e the following questions and than fax this form to the	tall from a tenhar listed below
pan receipt of the completed form, prescription benefit cave Continuation of therapy**:	tage will be determined based on the benefit plan's n	uies.
is this request for continuation of therapy? Myes [] No	,	
Will medical records be submitted documenting any of the	information below? MYes II No	
Has the member been on the requested medication in the	e last 180 days or is currently stabilized? Myas 🗇 wa	٥
rias ine requested medication been safe and effective in	: Mealing the member's medical condition? 🕅 Year 🖼 N	des a
Has the member fried another prescription drug in the sa Were prior-medications discontinued that to a lack of affice	me pharmacological class of same mechanism of actio	m7 M Yes 🗆 No
Ware prior nedications discontinued due to a lack of effic What is the member's diagnosis for the medication bel	racy or enectiveness, climinanes enect, or an adverse e	event? A Yes LI MO
Diagnosis: <u>Diabetes Mellitus</u> , Type 1	ing requested?" ICD-10 Code(s): E10.9	
Riesse provide the medications the member has a fallu	us contraindication or intelesance to	200 - pt
ಗಣಿಕೆ ಮುರ್ಗಿ: <u>Lancets used multiple times</u>		tdak _6 weeks
Medication: per day to monitor blood sugar	Date of trial: Duration of	mai:
Maccabco	Date of trial: Duration of	With:
Medication:	Date of trial: Duration of	(US)
Mecksation:	Date of triel: Duration of	Alai.
Prescriber attestation:		
Does the prescriber attest that the information provided is to	Are and accurate to the best of their knowledge and unr	derstand that
UnitedHealthcare may perform a soutine auditand request provided? M Yes C No.		sy of the information
Prescriber's signature.	Date: 6/02/2021	
David M. Odom, MD	Are we say a	

This review? I did not realize that a separate prior authorization was needed for each of the various components of the Dexcom Go system (sensors and transmitter being separately determined). Thus, I filled for the transmitter, but mistaken and transmitter being separately determined.	Are there any	other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to
SYSTEM (Sensors and transmitter being separately determined). Thus, I filed for the transmitter, but mistakens did	This review?	t all not realize that a separate prior authorization was needed for each of the various components of the Devcom Ge
not tile for the sensors. This child is using his last ramsming capacit. Ulsage the sensors in the sensor in the		System (sensors and transmitter being separately determined). Thus, I filed for the transmitter, but mistakents and
David M Orland MD.		not tile for the sensors. This child is using his last remaining sensor. Please review this matter on an urgent basis

Please note:

This request may be denied unless all required information is received within established timelines. For Litgent or expedited requests please call 1-806-711-4555.

This form may be used for non-urgent requests and fexed to 1-844-403-1027,



The confinent and others if attached content a formation first to provide a confidential ancient may contain prototed health information (PM). The Provider names above is required to asteguard PM by applicable law. The information in the discussion for the sole use of OttomRY. Proper consent to disclose PM captures these parties has been unamented by providing or leading to be information in the declaration and applicable and the law. If you are not the informational paragraph and the law in against the law. If you are not the information pleased monty the sensor branching to be of the information and recipient, pleased monty the sensor branching.

Office use only: Overeis 19.0.0990, 200.0000.

[&]quot; May hot apply to all plans

Mi Flease hote: Chart documentation of the above is required to be submitted along with this fax form



05/23/2021

(Page 7. L. p.f. .. 8.). ..

Jayce Gastinger 112 Rain Cloud Dr Waxahachie, TX 75165

Name and DOB: Jayce Gastinger, 11/05/2007

Member ID: 91500405303

Reqested Drug: Dexcom G6 Sensor

Requesting Physician's Name: David Odom

Authorization Request Reference #: PA-88114967

Dear Jayce Gastinger,

4144-45-42-000/275-6362-0003510

On 05/22/2021 we received your provider's request for the above referenced service. Before we can review these services, we need more information. This information has been requested from your provider but it either has not been received or the information received to date is insufficient to render a determination.

In the case of your request, the following extension is required while we contact your provider to request that the following information be submitted to OptumRx within 24 hours:

- *Your request for the above product is incomplete-and-cannot be processed without additional information. To expedite your request, please provide the following information, where applicable:
- *(1) Is the patient motivated and knowledgeable about the use of continuous glucose monitoring, adherent to the diabetic treatment plan, and participates in ongoing education and support? YES NO____
- *(2) Is the patient on an intensive insulin regimen (3 or more insulin injections per day or uses a continuous subcutaneous insulin infusion pump)? YES NO____.
- *(3) Does the patient regularly monitor their blood glucose 3 or more times per day? YESX NO___.

During this extension there is no action required by you at this time. We are requesting the additional information from your provider in order to process this request.

If the requested information is received within 24 hours, a decision will be made based on the requested information received. Failure of your provider to respond or submit the requested information by this deadline may result in the request being denied.

This review process is on hold until we receive this information. When we receive this information, we will review it and notify all parties in writing of our recommendation. If in the event you have been notified that this information has already been received by OptumRx from your provider in advance of this notice reaching you, please disregard this notice.

Please note that the information in this letter is not a treatment decision. Treatment decisions are made between you and your physician. Coverage for services is subject to the terms and conditions of your health benefit plan including exclusions, limitations, conditions and patient eligibility. You are responsible for deductibles, coinsurance, copayments and items not covered by the plan.

Thank you for your patience during this process. Please direct any further questions or information by

815908347

PA-88114942

DELAY

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214425-82-000875-0002-000810

calling the OptumRx Prior Authorization department at 1-800-711-4555.

Sincerely.

Clinical Pharmacy Services