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FAX

03/24/2021

1641

United Health Group - West, Central and Cirrus RMO

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1355 South 4700 West
Salt Lake City, UT 84104



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A UnitedHealth Group Company

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FAX

To: United Healthcare
Company:
Fax: 801-938-2100
Phone:

From: Ayana S
Fax: 936-266-8622
Phone: 936-266-2692
E-mail:

NOTES:

Please see attach appeal and supporting documents

The information contained in this facsimile transmission is confidential and intended for this addressee only. If the reader of this message is not the addressee or addressee's agent, you are hereby advised that any dissemination, distribution or copying of this information in this transmission is strictly prohibited.

If this information has been disclosed to you from records protected by federal confidentiality rules (42 CFR part 2), the federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65.

If you receive this fax in error, please call us immediately upon receipt and return the facsimile documents to us by first class mail. *Your postage will be reimbursed¹*. Thank you for your cooperation.

Date and time of transmission: Wednesday, March 24, 2021 4:42:44 PM
Number of pages including this cover sheet: 51

FSP05794

3/8/2021 4:51:25 PM PAGE 12/013 Fax Server



UnitedHealthcare®

Appeal Fax Cover Sheet

To: UnitedHealthcare Appeals	Date: 3/23/21
Fax Number: 801-938-2100	Patient's Name: Michael Rushing
	From: Hyana
	Fax Number: 936-266-8622
	Phone Number: 936-266-2692
Comments: Please see attached appeal letter and medical records for review.	

To submit an appeal please fax this cover sheet to the appropriate fax number along with your:

1. Letter of appeal
2. Original denial information
3. Applicable medical records

To submit a standard appeal, use the following fax number: 1-801-938-2100

To submit an urgent/expedited appeal, use the following fax number: 1-801-994-1083

Please tell us why your request is urgent.

Please note: Generally, an urgent or expedited appeal is available when the patient's condition is such that applying standard time frames for deciding the appeal could jeopardize the patient's life, health, or ability to regain maximum function, or subject the claimant to severe pain.

It is very important that you submit this form to one of the fax numbers above. Submission of the form to another address may result in a delay in our receipt and resolution of the appeal.

CONFIDENTIALITY NOTICE: Information accompanying this facsimile is considered to be UnitedHealthcare's confidential and/or proprietary business information. Consequently, this information may be used only by the person or entity to which it is addressed. Such recipient shall be liable for using and protecting UnitedHealthcare's information from further disclosure or misuse, consistent with applicable contract and/or law. The information you have received may contain protected health information (PHI) and must be handled according to applicable state and federal laws, including, but not limited to HIPAA. Individuals who misuse such information may be subject to both civil and criminal penalties. If you believe you received this information in error, please contact the sender immediately.

Revised: 12/20



03/24/2021

United Healthcare
Appeals Department
Fax: 801-938-2100

RE: Michael Rushing
Member ID: 932494320
DOB: 12/21/1979
Case #: A117679116

To Whom It May Concern,

This is the office of Dr. James Dickerson writing in on behalf of Michael Rushing, to appeal the decision to deny our patient's Gastrojejunostomy procedure. The purpose of this letter is to request an appeal and to provide additional information in support of this appeal. We received a denial letter dated 03/04/2021 stating the healthcare service is not covered. Attached is the clinical history and supporting documentation for appealing the initial decision.

Patient Need/ Clinical Justification

Michael Rushing is a 41 year old, male who has a 10 year history of GERD in which his symptoms have only gotten worse over the last several years. He suffers from heartburn on a regular basis and has to sleep with multiple pillows or in a chair in order to be comfortable. He wakes up at night with regurgitation which then leads to him vomiting. Patient also completed a GI workup which showed that he suffers from reflux. He had a DeMeester score of 74.9 with high symptom association probability for heartburn, chest pain and regurgitation. Per James Dickerson's recommendations the gastrojejunostomy would be his best surgical option. This surgery is needed to help with the patient's reflux and the primary indication is not weight loss.

We hope this information helps to render a decision that is favorable to our mutual patient. We do believe the completion of the Gastrojejunostomy will greatly improve the patient's health as well as his overall well-being.

Thank you,

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3/9/2021 4:51:25 PM PAGE 4/012 Fax Server

United HealthCare Services, Inc. on behalf of UnitedHealthcare Insurance Company
 5757 Plaza Drive Cypress
 CA124-0129
 Cypress, CA 90630



March 4, 2021

MICHAEL RUSHING
 4006 SPRUCE VALLEY DR
 KINGWOOD TX 77345

Patient:	Michael Rushing
Service Ref #:	A117679116
Member:	Michael Rushing
Member ID:	XXXXXX4320
Plan:	BARR AIR PATROL, LLC
Plan #:	04Y1701
Letter ID:	TXADV001_R04_HL

Dear Michael Rushing:

On 03/03/21, United HealthCare Services, Inc., on behalf of UnitedHealthcare Insurance Company, reviewed your request to cover the proposed service(s) for you. Based on the information submitted and your health benefit plan, we determined that the health care services are not covered.

Requested service or care:

- Physician/health care professional: James Dickerson
- Place of service: Acute Hospital
- Date(s) of service: 03/03/21
- Diagnosis: K21.00 Gastro-esophageal reflux disease with esophagitis, without bleeding
- Claim amount (if applicable): Not applicable
- Denial code (if applicable): Not applicable

Description of services	
Procedure code	Procedure description
Hospitalization	
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy

This decision is based on the following plan language found in the Certificate of Coverage in the section entitled Exclusion:

Surgical and non-surgical treatment of obesity.

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.

Only you and your doctor can decide what medical care you need. This determination is not a medical decision.

Coverage for these services is subject to the terms and conditions of your health plan including

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exclusions, limitations, conditions, and patient eligibility.

You are responsible for deductibles, coinsurance, copayments, and items not covered by the plan.

Payment is based on your plan benefit language, the submitted claim, the actual health care services you received, and when the services are provided.

If you have questions about expected claim payment, please visit myuhc.com or call the toll-free number listed on your health plan ID card.

You can 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:

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

If you don't agree with the decision, you or someone acting on your behalf, your physician, or your health care provider (authorized representative) can:

1. Accept the decision.
2. Request an appeal either in writing or verbally. An appeal is a formal way of asking us to review a coverage decision. Because the determination required a review of medical appropriateness, you are eligible to file an appeal under Texas law.

Who can file an appeal?

You or someone acting on your behalf, your physician, or your health care provider can file an appeal.

- You, a physician (provider), or someone acting on your behalf may appeal without completing a release form, however, United HealthCare Services, Inc. cannot share your health information with your representative or the person acting on your behalf without a signed release form.
- To have someone else represent you, call the toll-free member number on your health plan ID card, and we'll send you the release form needed for us to share your health information with your representative or the person acting on your behalf.

Filing an appeal

The following information is what we need to review an appeal:

- A written appeal request asking us to reconsider our decision or an oral appeal request by calling the toll-free number on your health plan ID card

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- 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
- For written appeal requests only, please provide a copy of this letter

Mail or fax this information to:

UnitedHealthcare Services, Inc. Appeals Unit
P.O. Box 30573
Salt Lake City, UT 84130-0573

Our internal appeal process

You, your treating provider, or someone acting on your behalf have 180 days from your receipt of this letter to submit an appeal request. If you don't comply with these requirements, you may forfeit your right to challenge a denial or rejection. Inquiring about the appeals process does not change the time frame to submit an appeal. The person who reviews your appeal will not be the person, or a subordinate of that person, who made the original decision.

Appeal acknowledgment

When you, your treating provider, or someone acting on your behalf, file an appeal, you will receive a written notice from the Member Appeal Grievance Dept. within 5 working days acknowledging that your request was received and a list of documents that we may need for the appeal. If the appeal is oral, we will send the appealing party a one-page appeal form. The appealing party does not have to return the appeal form but we encourage its return because the form will help us resolve the appeal.

When we receive your request for a non-urgent appeal of a denial of services that have either already been provided to you or have not yet been provided to you, we will make a determination within 30 calendar days. We will notify you, your treating provider, or someone acting on your behalf in writing of our decision.

If the appeal is related to a retrospective appeal, UnitedHealthCare Services, Inc. may extend the 30-day timeframe for a period not to exceed 15 days.

If your appeal is related to an acquired brain injury, we review it within 3 business days. We will notify you, your treating provider, or someone acting on your behalf by phone call of our decision. We will send written notice of the decision no later than 30 calendar days after receipt of the appeal.

Expedited internal appeals

You, your treating provider, or someone acting on your behalf may request an expedited appeal. An expedited appeal is available for denials of emergency care, life-threatening conditions, and hospitalized enrollees. An expedited appeal is also available for denials of prescription drugs and intravenous infusions for which you are currently receiving benefits or a review of a step therapy protocol exception request. You are also entitled to an expedited appeal for a denial of another service if your requesting health care provider includes a written statement with supporting documentation that the service is necessary to treat a life-threatening condition or prevent serious harm to you.

This procedure will include a review by a health care provider who:

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1. has not previously reviewed the case; and
2. is of the same or a similar specialty as the health care provider who would typically manage the medical or dental condition, procedure, or treatment under review in the appeal.

UnitedHealthcare will provide you with an expedited appeal if your medical care or health care services are affected due to our failure to comply with any applicable deadline for the publication, notice, or response related to our prior authorization requirements.

A determination will be made within one (1) working day from the date we receive all information necessary to complete the appeal. We may provide the determination by telephone or electronic transmission, but will provide a written determination within (3) three working days of the initial telephonic or electronic notification.

To request an expedited (urgent) appeal:

Expedited (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.

Complaints

You can send a complaint to us (the URA): You, your treating provider, or someone acting on your behalf may file a written or oral complaint about our utilization review process or procedures. Use the telephone numbers and address referenced above to file your oral or written complaint. We will respond to your complaint in writing within 30 days.

Complaints to TDI: A complainant also has the right to file a complaint with TDI by contacting TDI at the following address, telephone numbers, or website:

Texas Department of Insurance
P.O. Box 149091
Austin, TX 78714-9091
Toll-free telephone: 1-800-252-3439
Fax: 1-512-490-1007
Online: www.tdi.texas.gov

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). Your state consumer assistance program may also be able to assist you at:

Texas Department of Insurance
Consumer Protection (111-1A)
P.O. Box 149091
Austin, TX 78714-9091
Toll-free telephone: 1-800-252-3439
Fax: 1-512-490-1007
Website: texashealthoptions.com

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Email: ConsumerProtection@tdi.texas.gov

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.

If you are not satisfied with this decision, you or your authorized representative may contact the State Department of Insurance to request its review of this decision:

The member or an authorized representative may at any time contact the Texas Department of Insurance to obtain information on companies, coverage, and rights or to file a complaint:

Texas Department of Insurance
P.O. Box 149104
Austin, TX 78714-9104
Toll-free telephone: 1-800-252-3439
Fax: 1-512-475-1771

Questions or concerns may also be addressed with the Texas Department of Insurance Consumer Protection Section at the following:

Texas Department of Insurance
Consumer Protection Section Mail Code 111-1A
333 Guadalupe
P.O. Box 149091
Austin, TX 78714
Toll-free telephone: 1-855-839-2427 (1-855-TEX-CHAP) or 1-800-252-3439
Website: www.texashealthoptions.com
Email: ConsumerProtection@tdi.state.tx.us

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 for help with definitions and medical terms.

Sincerely,

The UnitedHealthcare Team

Copy to: James Dickerson

Copy to: St. Lukes The Woodlands

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Enclosure: *Non-Discrimination Notice*

TX Administrative

Revised: 8/19

United Healthcare Services, Inc., a Texas certified URA, Certification #206

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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 physician 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.

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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.

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.

繁體中文 (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費電話號碼。

XIN LUYI: 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.

한국어 (Korean)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 뒷면의 신분증 카드에 기록된 무료 지원 전화번호로 문의하십시오.

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PAALALA: Kung nagsasalita ka ng Tagalog (**Tagalog**), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: Если вы говорите на русском языке, вы можете получить бесплатные услуги по переводу с русского языка на русский язык (Russian). Пожалуйста, позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تعليمات: إذا كنت تتحدث العربية (**Arabic**), فستحصل على خدمات المساعدة اللغوية مجاناً. الرجاء الاتصال على رقم الهاتف المجاني الموجود على بطاقة الهوية.

ATANSYON: Si w pale Kreyòl ayisyen (**Haitian Creole**), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION: Si vous parlez français (**French**), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (**Polish**), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (**Portuguese**), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ACHTUNG: Falls Sie Deutsch (**German**) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

تعليمات: اگر زبان شما فارسی (**Farsi**) است، خدمات کمک زبانی به صورت رایگان در اختیار شما قرار خواهد گرفت. لطفاً با شماره تلفن موجود در کارت شناسایی خود تماس بگیرید.

उपदेश: यदि आप हिंदी (**Hindi**) बोलते हैं, आपको मुफ्त सहायता सेवाएं, विशेषकर अनुवाद सेवाएं, उपलब्ध हैं। कृपया अपनी पहचान कार्ड पर सूचीबद्ध टोल-फ्री नंबर सेवा पर कॉल करें।

DÍI BAA'ÁKONÍNÍZIN: Diné (**Navajo**) bizaad bee yániit'i'go, saad bee áka'anída'awo'ígíí, t'áá jíílk'eh, bee ná'ahóót'i'. T'áá shqódi ninaaltsoos nít'i'ízi bee nééhozinígíí bine'dé é' t'áá jíílk'ehgo béesh bee hane'i biká'ígíí bee hodiilnih.

Non-Discrimination Notice
Revised: 11/2020

Rushing, Michael Dale (MRN: 06331978) DOB: 12/21/1979

Encounter Date: 01/06/2021

Rushing, Michael Dale

MRN: 06331978

Office Visit 1/6/2021

Provider: Dickerson, James Albert II, MD (Surgery)

Baylor St Luke's Medical Group

Primary diagnosis: Morbid obesity with BMI of 40.0-44.9, adult (HCC)

General Surgery - The Woodlands

Reason for Visit: Gastroesophageal Reflux, Obesity

Progress Notes

Dickerson, James Albert II, MD (Physician) • General Surgery

Subjective:

Patient ID: Michael Rushing is a 41 y.o. male.

Chief Complaint: Gastroesophageal Reflux and Obesity (discuss bariatric options)

October 2019 - Mr. Rushing was referred for evaluation gastroesophageal reflux disease. He is a 39-year-old male with a 10 year history of GERD he notes that his symptoms have significantly progressed over the last several years. He currently has heartburn with all his meals and even when he is not eating. He is attempted dietary modification and is recently stopped drinking coffee to try and alleviate his symptoms. He has significant regurgitation one in a supine position and with numerous activities. He has to sleep with multiple pillows or in a chair. He also notes episodes of microaspiration and coughing. He has experienced voice changes would significantly impact his ability to lead to require church. He denies any symptoms of dysphagia. He had an EGD approximately 2 years ago which demonstrated a hiatal hernia. He was taking omeprazole with improvement in his heartburn, but he still had ongoing issues with regurgitation. When his prescription ran out he transitioned to over-the-counter Zantac.

Mr. Rushing presents today for re-evaluation after being seen last year. He did not complete his GI evaluation because the cost was prohibitive at the time. He has noted a significant progression in his symptoms. He has also gained 30 lbs due to the Covid pandemic and his daughter's illness. He is waking up at night with regurgitation that leads to vomiting. He has changed his eating habits and is not eating close to bedtime. He is also interested in bariatric surgery. He is hoping for a more definitive method to address both his weight and GERD.

Review of Systems

Constitutional: Negative. Negative for activity change, chills and fever.

HENT: Positive for voice change. Negative for dental problem, ear pain and sinus pain.

Eyes: Negative. Negative for pain and discharge.

Respiratory: Positive for cough. Negative for wheezing and stridor.

Cardiovascular: Negative. Negative for palpitations and leg swelling.

Gastrointestinal: Positive for vomiting. Negative for anal bleeding, blood in stool and diarrhea.

Endocrine: Negative. Negative for cold intolerance and heat intolerance.

Genitourinary: Negative. Negative for dysuria and hematuria.

Musculoskeletal: Negative.

Skin: Negative. Negative for color change and wound.

Allergic/Immunologic: Negative.

Neurological: Negative. Negative for tremors and seizures.

Hematological: Negative.

Psychiatric/Behavioral: Negative.

Rushing, Michael Dale (MRN: 6331978) DOB: 12/21/1979

Encounter Date: 01/06/2021

Past Medical History:

Diagnosis	Date
• GERD (gastroesophageal reflux disease)	

Past Surgical History:

Procedure	Laterality	Date
• TONSILLECTOMY		
• VASECTOMY		

History reviewed. No pertinent family history.

Social History

Occupational History

- Not on file

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance and Sexual Activity

- Alcohol use: Yes
- Drug use: No
- Sexual activity: Not on file

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• busPIRone (BUSPAR) 5 MG tablet			
• escitalopram oxalate (LEXAPRO) 20 MG tablet	Take 20 mg by mouth.		
• omeprazole (PriLOSEC) 20 MG capsule	Take 20 mg by mouth daily.		

No current facility-administered medications for this visit.

No Known Allergies

Objective:

BP (!) 138/96 (BP Location: Left arm, Patient Position: Sitting) | Pulse 78 | Temp 98 °F (36.7 °C) (Temporal Artery) | Resp 16 | Ht 1.791 m (5' 10.5") | Wt (!) 129.2 kg (284 lb 12.8 oz) | SpO2 98% | BMI 40.29 kg/m²

Physical Exam

Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished. No distress.

HENT:

Head: Normocephalic and atraumatic.

Nose: Nose normal.

Mouth/Throat: No oropharyngeal exudate.

Eyes: Pupils are equal, round, and reactive to light. Conjunctivae and EOM are normal.

Neck: Normal range of motion. Neck supple. No JVD present. No thyromegaly present.

Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses.

Exam reveals no gallop and no friction rub.

No murmur heard.