

Date:10/1/2025

Member Name: Mae Chen

Claim Number: C193787

Provider: Grady Hospital

Date of Service: 9/21/2025

Dear Mae Chen,

We are writing to inform you of a decision regarding the claim submitted by Grady Hospital for services received on 9/30/2025. After a review of the claim and the terms of your Health Plan, we have determined that we are unable to provide coverage for specific laboratory tests performed during this visit.

Please note: The remainder of your Emergency Room visit (facility fees and physician services) has been processed separately according to your plan benefits. This denial applies **only** to the specific line items listed below.

Denied Services

- **CPT Code 82306 (Vitamin D, 25 hydroxy): \$245.00**
- **CPT Code 84443 (TSH - Thyroid Stimulating Hormone): \$115.00**

Total Denied Amount: \$360.00

Member Responsibility: \$360.00

Reason for Denial

Not Medically Necessary

Under the terms of your Cigna Connect Flex Bronze 0 NA/AN Under 300 MIEP0932 specific benefit plan, coverage is provided only for services that are determined to be "Medically Necessary."

Your plan defines Medically Necessary services as those that are:

1. Consistent with the symptoms or diagnosis of the illness or injury;
2. Provided for the diagnosis or direct care and treatment of the condition;
3. In accordance with generally accepted standards of medical practice; and
4. Not primarily for the convenience of the member or the provider.

Clinical Rationale

Our Clinical Review Department, under the supervision of a Medical Director, reviewed the records submitted with this claim.

The medical records indicate you presented to the Emergency Department with a chief complaint of [e.g., Ankle Pain / Fall / Acute Gastrointestinal Distress]. Emergency Room services are intended to stabilize acute, life-threatening, or limb-threatening conditions.

Testing for **Vitamin D deficiency** and **Thyroid function** are considered non-emergent, primary care screenings. These levels do not fluctuate rapidly and generally do not influence the immediate management of acute trauma or pain in an emergency setting. As such, these tests did not meet the definition of Medical Necessity for the emergency treatment of your presenting condition. These tests should be performed in a non-urgent, outpatient setting.

Your Right to Appeal

If you disagree with this decision, you have the right to request an appeal. You may submit a written request for a review of this decision within **180 days** of receiving this notice.

What to include in your appeal:

- A letter explaining why you believe these services should be covered.
- A letter of medical necessity from the treating physician explaining why these specific tests were required *urgently* in the ER setting rather than in an outpatient setting.
- Any additional medical records or clinical guidelines that support your claim.

Send your appeal to:

mchenco7@gmail.com

You also have the right to request, free of charge, copies of all documents, records, and internal rules or guidelines used to make this decision.

Sincerely,

Utilization Review Department

Cigna