United Healthcare

Atlanta, GA 30374-0376

APPROVED:
Service requested is
covered by your plan

MIKHAILA SCHLEGEL
6 ELIZABETH LN
DANVILLE CA 94526

Group ID: 700406
Group name: Apple Inc
Member ID: 944254698

June 2, 2023

Dear Mikhaila,

We received a request to cover health care services. Based on the information we received from your provider, we're pleased to tell you we've approved the service(s) below:

Member name: Mikhaila Schlegel
Authorization #: A200469392
Provider/health care professional: Laboratory Corporation Of America
Facility or office name: NA
Dollar amount: See cost estimator information below.
Service(s) approved:

- **Procedure code:** 81331
    - o **Procedure description:** SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis
    - o **Total requested:** 1 Units
    - o **Frequency:** 1 Time(s)
    - o **Date(s) of service:** 06/01/2023 to 07/31/2023

Medication Requests: Your request will be approved and reimbursed if it follows dosing requirements according to the Federal Drug Administration (FDA). This includes following the UnitedHealthcare Maximum Dosage and Frequency Policy. The drug must be administered within the maximum dosage requirements, unless otherwise authorized.

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

Questions? We're here to help.
If you have any questions, please call the toll-free number on your health plan ID card 8 a.m. to 8 p.m. local time, Monday through Friday. TTY users should call 711.

Sincerely,

United HealthCare Services, Inc. on behalf of UnitedHealthcare Insurance Company
5701 Katella Avenue
CA120-0300
Cypress, CA 90630

Copy to: C Candido-V
Copy to: Laboratory Corporation Of America

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Prior Authorization Approval
Revised: 09/21

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This approval does not guarantee that the plan will pay for the service.Other plan rules apply to claims payment.

You are responsible for deductibles, coinsurance, copayments, and items not covered by the plan. Before getting services, it's a good idea to check your provider's network status and cost of service.

Coverage for these services is subject to the terms and conditions of your health benefit plan including exclusions, limitations, conditions, and patient eligibility. Payment is based on the submitted claim, the actual health care services you received, your plan benefit language when services are received, and other plan rules, including coordination of benefits. 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.

Visit **myuhc.com®** to access the cost estimator tool, look up benefits, update account information, find a doctor or facility, learn more about healthy living, or view your claims, Health Statements, and Explanation of Benefits. Registration is easy and gives you access to useful tools and information to help you take charge of your health and health care.

Visit **justplainclear.com** to find simple definitions for complicated health care terms.

- o Any follow up care and proposed timeframe
- o X-rays
- Any prior dental records related to the teeth being repaired as part of the accident

How to Submit Medical Records
There are two ways to send us the medical records:

- **Online:** Go to **UHCprovider.com** and click on the "Sign In" button in the top right corner. Then, click on Claims to upload your information.
- **By Mail:** Mail the information with a copy of this letter to:
  UnitedHealthcare
  P.O. Box 740805
  Atlanta, GA 30374-0805

Deadline and Next Steps
The claim is on hold. It's important that we hear back from you in 90 calendar days from the date of this letter. When you send us the information we need, we'll process the claim and notify you of our decision. If the information isn't received by the deadline, the claim may be denied.

Questions? We're here to help.
If you have questions, please call Provider Services at **877-842-3210** from 8 a.m. to 5 p.m. Central Time, Monday through Friday. To review reimbursement and medical policies, check member eligibility and benefits, manage claims, request prior authorization and more, go to **UHCprovider.com** and click on the "Sign In" button in the top right corner.

Sincerely,

The UnitedHealthcare Team

Copy to Member: Mikhaila Schlegel

Go Paperless!
UHCprovider.com/paperless

Hospital/Surgical Center Records

- Emergency room records (including diagnostic impression)
- Admission sheets (face sheet, physician orders, consultations, nursing admission assessment, etc.)
- Physician and nursing progress notes
- Treatment administration record
  - Medical chart documentation for the stay
  - Procedure and surgical report(s)
  - All ancillary reports and records (lab, radiology, operative, pathology, anesthesia, etc.)
  - Medication record
  - Respiratory/ventilation sheets
  - Recovery room report
  - Intake/output record
  - IV Flow sheets
- Coding and discharge summary

Home Health Requests

- Initial patient intake form
- History and assessments (first visit and all subsequent assessments)
- Certification documentation
- Home visit and/or face-to-face documentation (timesheets, call logs, etc.)
- Orders, progress, evaluations and office notes (physician, nursing, home health aide, social worker and therapy)
- Outcome and Assessment Information Set (OASIS) forms

Durable Medical Equipment

Documentation should include, but is not limited to:
- Initial set-up/delivery documentation or shipping documentation for mail order
- Physician order/Certificate of Medical Necessity (CMN) for original date of service and renewal orders /CMN covering through date of service requested

Lab Claims

- Physician's orders for the laboratory test, including any standing orders and/or provider custom panel orders, whether for the ordering provider or all referring providers
- Laboratory testing method, specimen type and test results related to all billed services.
- CLIA documentation) certificates, licenses, permits, etc.)

Dental Providers

- Dental Treatment plan/chart notes including:
  - Specific tooth identifiers

- **Other**
  - Any additional information that is a part of the patient's treatment records:
    - Medical chart documentation for the stay
    - History and physical
    - Medication record
    - Respiratory therapy
    - Occupational therapy, physical therapy and/or speech therapy notes
  - Copy of the Uniform Billing Form
  - Line itemized bill detail supporting billed charges to include procedure, revenue code nomenclature, date of service, units of service and charges

- Treatment administration record
  - Plan of care
  - Ancillary reports (lab, radiology, pathology, etc.)
  - Medication administration records
  - Infusion flow sheets
- Discharge summary
- Signature log
- Any other documentation that supports the billed charges

- Supporting physician notes for services requested
- Proof of use, such as ongoing supporting supply deliveries (oxygen refills, oxygen tubing, CPAP supply deliveries, etc.

- Manufacturer and model number of the testing equipment used for billed services
- Manufacturer and brand information for all test supplies used for billed services

- Accident details (date, location and type of accident)

United Healthcare

UnitedHealthCare Services, Inc.
UnitedHealthcare
P.O. Box 740805
Atlanta, GA 30374-0805

CRISTINA CANDIDO-VITTO MD
PO BOX 742039
LOS ANGELES CA 90074-2039

Claim Information	
Patient:	Mikhaila Schlegel
Patient Acct#:	L1084572680
Date of Service:	04/06/2023
Provider:	Cristina Candido-Vitto, M.D.
Claim ID:	944254698/CH/115291
Claim #:	DV45333380
Member:	Nikolai Schlegel
Member ID:	944254698
Group:	APPLE INC.
Group #:	GA700406/EY/001
Letter ID:	PFA002

April 14, 2023

Dear Cristina Candido-Vitto, M.D.:

We are requesting medical records to complete a pre-payment review for a claim submitted for Mikhaila Schlegel, for services provided beginning on 04/06/2023. The information from the review will help determine eligible expenses under the patient's health plan and help ensure that claim processing is accurate.

Medical Records Needed

Please send complete medical records as outlined below, based on your specialty or where the service(s) was given. The records should cover every date of service on the claim. If the medical records include any non-standard abbreviations, please provide a reference key so the files can be interpreted. Thank you in advance for providing this information.

Care Provider Records
- Demographic sheet
- Physician consultations, orders, progress and office notes
  - Comprehensive health, development and physical history (including current height, weight, vital signs and BMI)
  - Current medication and allergy list
  - Required/recommended screenings and results (vision, hearing, preventive, etc.)
  - Immunization record (including documented refusals)
  - History and current status of smoking
  - Substance abuse/drug screen
  - High-risk behavior screen
  - Depression screening and any applicable behavioral health notes
  - Chronic conditions and/or problem list
  - Documentation of any health education/

- Admission records (initial patient intake form, face sheet, nursing assessment, in-patient physician order, initial intake visit etc.)
- Treatment administration record
  - Ancillary reports (lab, radiology, operative, pathology, anesthesia, etc.)
  - Respiratory/ventilation sheets
  - Infusion flow sheets
- All diagnostic and therapeutic services for which a member was referred by a practitioner, such as:
  - Specialty physician reports
  - Emergency room records
  - Any hospital records
- Coding and discharge summary
- Physician signature (including credentials) for verification
- Itemized bill and UB04 form (include ICD-10 C)
- Any other information contained in the medical