BERLIN 445 INDUSTRIAL LANE BERLIN, VERMONT 05602 P.O. BOX 186 MONTPELIER VT 05601-0186

800 247 2583 800 922 8778 800 255 4550

November 20, 2024

IAN C JOHNSON 197 MOUNTAIN RD WESTFORD, VT 05494

Member Name: IAN C JOHNSON Wember ID Number: V80393218200001

Date of Birth: 07-23-1988 **Authorization Number:** UM-71718

Services Requested: IN-NETWORK OUTPATIENT SERVICES

Start Date: 11-19-2024 **End Date:** 11-19-2025

Servicing Provider Name: TANDEM DIABETES CARE INC

Dear lan,

I'm writing because we've received a request for your in-network outpatient services. We've given this careful review and I'd like to tell you what we've decided.

We will allow you request for a replacement insulin pump, Healthcare Common Procedure Coding System (HCPCS) code E0784.

Below is additional information regarding this decision:

Please keep in mind that benefits are subject to the terms and conditions of your plan document, and whether your coverage is active and remains active for the date of service. You will be responsible for any applicable co-payments, deductibles, or co-insurance amounts based on your benefit plan.

Please note that during your visit, your provider may perform or recommend tests or services that require additional prior approval or are not covered under your benefit plan. These additional tests or services are not covered under this authorization. You may be required to pay the full cost of these tests and services. If the tests or services would be covered if they were provided by a health care practitioner who is part of our network, the amount you pay for them will not count toward your in-network annual limitation on cost-sharing. Please see the attached page for information that you should know.



If you have any questions or concerns, you may contact us in several ways:

- Email us at utilizationmanagement@bcbsvt.com
- **Online** through our Member Resource Center. To register for our Member Resource Center, please visit our website at www.bluecrossvt.org/mrc
- **Phone** us at (800) 922-8778. We're available Monday through Friday, 8 a.m. to 4:30 p.m., except holidays.

Thank you for choosing us as your healthcare partner.

Sincerely,

Sara Howard | Utilization Management Manager Blue Cross® and Blue Shield® of Vermont

www.bluecrossvt.org

P.O. Box 186 • Montpelier, VT 05601-0186

Enclosures:

Additional Information About Your Benefits

CC:

TANDEM DIABETES CARE INC TANDEM DIABETES CARE INC

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ADDITIONAL INFORMATION ABOUT YOUR BENEFITS

If you are not satisfied with our decision, your physician or other health care provider may call us to discuss your case with our physician reviewer. You may request and have the right to receive a copy of the information we used in making our decision. We'll send the information to you within two business days of receiving the request, or immediately if your case is related to an urgent preservice or concurrent review. To take advantage of either of these options, please call utilization management at (800) 922-8778. We're available Monday through Friday between 8 a.m. and 4:30 p.m., except holidays.

Health care providers who do not participate with their local Blue Cross and Blue Shield health plan do not have to accept the allowed amount as payment in full. That means you may be responsible for any difference between the health care provider's billed charges and what we pay. In addition, you may also be responsible for copayments, deductibles, and/or coinsurance based on your health plan.

Contact our customer service team if you need assistance with:

- Determining how much you are likely to pay
- Confirming your provider's participation or network status
- Finding a participating or network provider

How to Contact Us

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