



Aetna Life Insurance Company
PO Box 14876
Lexington KY 40512-4876

TLC SURGICAL CENTER
240 South La Cienega Blvd. Suite 210
Beverly Hills, CA 90211

03/20/2024

Member Name: TAMI AHMAD
Member ID: W237480909
Member Date of Birth: 10/22/1961
Reference Number: 240305018802
Plan Sponsor: EMCOR GROUP, INC.
Plan Sponsor Account Number: 880794

Dear Member and Healthcare Provider(s) of Record,

After review, we have made a decision about coverage for the following health care services for the member named above. We use nationally recognized clinical guidelines and resources, such as MCG criteria and Clinical Policy Bulletins. Clinical Policy Bulletins are available at <https://www.aetna.com/health-care-professionals/clinical-policy-bulletins.html>, applicable state guidelines when required, and benefit plan documents to support these coverage decisions.

Coverage Decisions For Approved Services:

Providers: TOTAL LIPEDEMA CARE

Service Dates:	Procedure Code:	Service Description:	Modifier Code*:	Number:	Type of Service:
03/05/2024 - 03/05/2025	15879	SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY	50	2	Time(s)

*50: Bilateral Procedure: Unless otherwise identified in the listings, bilateral procedures that are performed at the same session, should be identified by adding modifier 50 to the appropriate 5

digit code.

Coverage for this service has been approved, subject to requirement in this letter.

The provider identified to provide this service participates with this plan and only in-network cost sharing applies.

Providers: TLC SURGICAL CENTER

Service Dates:	Procedure Code:	Service Description:	Modifier Code*:	Number:	Type of Service:
03/05/2024 - 03/05/2025	15879	SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY	50	2	Time(s)

*50: Bilateral Procedure: Unless otherwise identified in the listings, bilateral procedures that are performed at the same session, should be identified by adding modifier 50 to the appropriate 5 digit code.

Coverage for this service has been approved, subject to requirement in this letter.

This service is approved at an out-of-network benefit level. The provider identified to provide this service does not participate with this plan. The member will be responsible for out-of-network cost-sharing requirements and for any difference between the provider's charge and the amount the plan covers.

Summary of Covered Services:

Service Code(s) and Description:

15879 SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY

*50: Bilateral Procedure: Unless otherwise identified in the listings, bilateral procedures that are performed at the same session, should be identified by adding modifier 50 to the appropriate 5 digit code.

Total Previous Services Covered	Total Services Covered
0.00	2.00

Coverage Approvals:

For the services identified above for which coverage has been approved, all three components of our coverage approval process have been satisfied:

- Verification of the member's eligibility for coverage under the plan; and
- Verification that the plan provides coverage for the type of services approved (but, has not

verified whether any applicable dollar limits under the plan have been exhausted, or will soon be exhausted); and

- Verification that the approved services meet medical necessity criteria.

Validity of this coverage approval is subject to all those components being satisfied at the time the approved services are actually provided. This coverage approval is NOT effective and benefits may not be paid if:

1. the member's health condition changes materially before the approved services are provided, so that the approved treatment/services no longer meet medically necessary criteria due solely to the member's materially changed health condition; OR
2. the member is no longer covered at the time the approved treatment/services are actually performed; OR
3. the member's premium payment is past due under an individual plan at the time the approved treatment/services are actually performed, and the member did not pay the full premium within the required timeframe; OR
4. the member has exceeded any applicable benefit maximums under the plan; OR
5. for precertification:
 - (1) the specific dates of the approved services (the "from" and "through" dates identified in this letter) have passed or
 - (2) for scheduled services (services planned but not yet received), the approved services have not been provided within six months from the date of this letter; OR
6. there was a material misrepresentation or omission of clinical information about the member at the time of the coverage approval or that there was fraud with respect to the approved services; OR
7. the member's plan no longer includes coverage for the approved treatment/services; plan benefit changes typically occur on the plan anniversary date. Members should refer to the plan document to determine exclusions and limitations under the plan.

To avoid a delay or denial of claim payment for scheduled services, please notify us if the planned date(s) of service or other circumstances regarding the approved services change, or if any additional services are needed beyond those approved.

Reimbursement will be based on standard coding and bundling logic and any mutually agreed upon contracted or negotiated rates, subject to any and all copays or coinsurance requirements and payment policies. If the actual procedure/service or service dates on the claim differ from the information we have at this time, there may be a delay or denial in claim processing.

If you plan to receive services from a participating (in-network) provider or facility, remember to confirm that your provider/facility still participates with your plan prior to getting your care. You can do this by using the provider search feature on the member website. Call Member Services at

the number on your ID card if you need help or have questions.

We Protect Your Privacy:

Protecting the privacy of member health information is a top priority. When contacting us about this Notice or for help with other questions, please be prepared to provide member name, member ID number, and date of birth.

Patient Safety Information:

To learn more about patient safety and hospitals, please log on to The Leapfrog Group's website at <http://www.leapfroggroup.org/>. This site will give you information about hospitals that have met specific safety standards. For participating hospitals, the same information can be accessed on your secure member website using provider search.

We hope this information has answered your coverage questions. Member Services representatives are available to help health care professionals, members and their authorized representatives with any questions about eligibility, plan benefits, claims and coverage decisions. If you, your authorized representative or your health care providers of record have additional questions or would like to request copies of documents related to the coverage decision, call the toll-free Member Services number on your member ID card.

Sincerely,

Aetna

A copy of this letter is also being sent to:

TOTAL LIPEDEMA CARE
TAMI AHMAD

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