



PO Box 66189
Virginia Beach, VA 23466

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VIRGINIA BEACH, VA 23462

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PO Box 66189
Virginia Beach, VA 23466

September 15, 2023

Member Name: PATRICIA BAUMANN CPA
Member Optima ID#: 5723167*01
Date of Birth: 09/11/1961
Date of Request or Service:

Requested Stay/Service(s):

Service Code	Service Desc	From Date	To Date	Service Units
15878	SUCTION LIPECTOMY UPR EXTREM	09/05/2023	03/05/2024	2
15877	SUCTION LIPECTOMY TRUNK	09/05/2023	03/05/2024	5
15879	SUCTION LIPECTOMY LWR EXTREM	09/05/2023	03/05/2024	8
15832	EXCISE EXCESSIVE SKIN THIGH	09/05/2023	03/05/2024	1
15836	EXCISE EXCESSIVE SKIN ARM	09/05/2023	03/05/2024	1
15839	EXCISE EXCESS SKIN & TISSUE	09/05/2023	03/05/2024	1

Denied Stay/Service(s)

Service Code	Service Desc	From Date	To Date	Requested	Denied	Reviewer Reply
15878	SUCTION LIPECTOMY UPR EXTREM	09/05/2023	09/05/2023	2	2	Deny, not medically necessary.
15877	SUCTION LIPECTOMY TRUNK	09/05/2023	09/05/2023	5	5	Deny, not medically necessary.
15879	SUCTION LIPECTOMY LWR EXTREM	09/05/2023	09/05/2023	8	8	Deny, not medically necessary.
15832	EXCISE EXCESSIVE SKIN THIGH	09/05/2023	09/05/2023	1	1	Deny, not medically necessary.
15836	EXCISE EXCESSIVE SKIN ARM	09/05/2023	09/05/2023	1	1	Deny, not medically necessary.
15839	EXCISE EXCESS SKIN & TISSUE	09/05/2023	09/05/2023	1	1	Deny, not medically necessary.

Reference Number: 23904060
Claim Number:

Claim Amount:
Amount Not Covered:

Dear: PATRICIA BAUMANN CPA

This document contains important information that you should retain for your records.

This document serves as notice of an adverse benefit determination. We have declined to provide benefits, in whole or in part, for the requested service(s)/item(s) described above. If you think this determination was made in error, you have the right to appeal (see the attached information about your appeal rights).

There is insufficient scientific evidence to support the medical necessity of Suction Assisted Lipectomy, as it has not been shown to improve health outcomes upon technology review. This determination was based on Optima policy, SHP Surgical policy Cosmetic and Reconstructive Surgery Commercial (Surgical 03 v4), and the clinical information submitted by your provider.

After reviewing SHP Surgical policy Cosmetic and Reconstructive Surgery Commercial (Surgical 03 v4), the requested Excision of Excess Skin and Tissue is denied because the clinical information submitted and reviewed does not meet the criteria for coverage. In order for your request to be approved, **All** of the following must be present in the documentation:

Photographic evidence of conditions refractory to medical therapy (e.g. analgesics, antibiotics, antifungals) for at least 6 months. (with the excess or redundant skin lifted)

Individuals with a body mass index (BMI) greater than 30 and has not had bariatric surgery.

Reconsideration Option:

Your treating provider has an opportunity to discuss an adverse determination on your behalf. A request for reconsideration is optional, and available only to your treating health care provider. We will notify you and your provider in writing of the reconsideration outcome. You always have the right to appeal even if a reconsideration was performed.

If your provider would like the opportunity to have a discussion with a Plan Medical Director about this adverse determination your provider may do so by calling the toll-free number listed below within five (5) business days of this notification to request scheduling of the discussion. Or, providers may request a reconsideration of an adverse decision by sending in additional clinical information within forty-five (45) days of this notification to the address below:

Optima Health
Medical Care Services
P.O. Box 66189
Virginia Beach, Virginia 23466
Toll-Free Facsimile: 1-844-668-1549
Local Facsimile: 757-431-7756
Toll-Free Telephone: 1-800-229-5522 and request reconsideration

You may receive a copy of all criteria used in making this decision free of charge upon request.

Appeal Option:

To request a complete appeals packet and/or to initiate the appeal process, you or your authorized representative have **180 days** from the date of this notice to submit an expedited or standard appeal in writing to the address below or by calling Member Services at the number listed on your ID card. You

may choose anyone to be your authorized representative including a physician, an attorney, or any other person. We will ask you to sign a form that authorizes the person to act for you during an appeal. You may provide any information you think will help make a decision.

Optima Health/Optima Health Behavioral Health
Appeals Department
P.O. Box 62876
Virginia Beach, Virginia 23466-2876
Toll-Free Facsimile: 1-866-472-3920
Local Facsimile: 757-687-6232
Local Telephone: 757-687-6404
Website: www.optimahealth.com

Sincerely,
Jeffrey Wise, M.D.
Optima Health/Optima Health Behavioral Services
Clinical Care Services
PO Box 66189
Virginia Beach, Virginia 23466

Cc:
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Important Information About Your Appeal Rights

What if I need help understanding this notice or a denial of coverage? If you would like help from a case manager or are having trouble reading or understanding this letter due to vision, language or hearing problems, Member Services is available to assist you Monday through Friday 8 a.m. to 5 p.m. Eastern Standard Time by calling us at the number located on your Optima Health card. You may also be able to get this letter written in your preferred language.

IMPORTANT: Because this document may require action by you, you are encouraged to call as soon as possible.

Si desea ayuda de un administrador de casos o tiene dificultad para leer o entender esta carta por problemas de la vista, idioma o audición, el servicio a miembros está disponible para ayudarlo de lunes a viernes de 8 a.m. a 5 p.m. horario del Este, llamando al número ubicado en la parte posterior de su tarjeta de Optima Health. Además, puede solicitar esta carta escrita en su idioma de preferencia.

IMPORTANTE: debido a que este documento podría requerir de su participación, lo animamos a que nos llame tan pronto como sea posible.

Text Telephone (TTY) services are available by calling: 757-552-7120 or 1-800-225-7784 or dial 711.

Interpreter services for non-English speaking members are available free of charge by calling: 757-552-8975 or 1-800-881-2166 or dial 711.

What if I don't agree with this decision? You may continue to receive treatment and care during your appeal but you may be responsible for any unpaid balance if the denial of payment is upheld.

You have the right to appeal any decision not to provide or pay for a service(s)/item(s) (in whole or in part). You have **180 days** from the date on this notice to file an expedited or standard appeal. You may also begin an external review at the same time as the internal appeals process if this is an urgent care situation or you are in an ongoing course of treatment.

What if my situation is urgent? If your situation meets the definition of urgent under the law, your review will be conducted within **72 hours**. Generally, an urgent situation is one in which your health may be in serious jeopardy or, in the opinion of your physician; you may experience pain that cannot be adequately controlled while you wait for a decision on your appeal. Please make sure to explicitly state "expedited appeal" in an appeal request to initiate this process. You may also begin an external review at the same time as the internal appeals process if this is an urgent care situation or you are in an ongoing course of treatment.

How do I file an expedited or standard appeal?

To request forms to begin an appeal you can:

- Call Member Services at the number on your ID card
- Download forms at: www.optimahealth.com
- Send us a facsimile at: 1-866-472-3920 or 757-687-6232
- Send us a letter by mail at:

Optima Health
Appeals Department
P.O. Box 62876
Virginia Beach, VA 23466-2876

Who may file an appeal? You or someone you name to act for you (your authorized representative) may file an appeal. When you start your appeal, tell us if another person will be acting for you.

During an appeal, can I provide additional information about my claim? You may provide any information you think will help make a decision. Use the contact information under "**How do I file an expedited or standard appeal?**"

During an appeal, can I request copies of information relevant to my claim? Yes, you may request copies (free of charge). If you think a coding error may have caused this claim to be denied, you have the right to have billing, diagnosis, and treatment codes for service(s)/item(s) described in this notice, along with the meaning for these codes sent to you, as well. You may request copies of this information by calling Member Services at the number on your ID card.

What happens next? If you appeal, we will review our decision and provide you with a written determination within **30 days (for pre-service appeals) or 60 days (for postservice appeals)**. If we continue to deny the payment, coverage, or service(s)/item(s) requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party,

who will review the denial and issue a final decision. Use the contact information under **“How do I file an expedited or standard appeal?”** to receive information on requesting an external review.

Other resources to help you: For questions about your rights, this notice, or for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272).

Chinese (Mandarin):

注意：如果您讲中文普通话，可以免费获得语言协助服务。请拨打电话 1-855-687-6260 (TTY: 711)。

Navajo:

SHOOH: Diné Bizaad bee yáníłt'ígo doo bááh ílínígóó t'áá nizaad k'ehjí níká a'doowołgo bee haz'á. Kojí' hółne' 1-855-687-6260 (TTY: 711).

Tagalog:

PAUNAWA: Kung nagsasalita ka ng Tagalog, may maaari kang kuning mga libreng serbisyo ng tulong sa wika. Tumawag sa 1-855-687-6260 (TTY: 711).

Spanish:

ATENCIÓN: Si habla español, existen servicios de asistencia de idiomas disponibles para usted sin cargo. Llame al 1-855-687-6260 (TTY: 711).