

**To:** JAIME SCHWARTZ**From:** ACMP**Company:****Company:** Anthem UM Services, Inc.**Phone:****Phone:****Fax:** 13107475908**Fax:****Date:** 09-12-2022 5:16 PM**Number of pages including cover:** 5**FAX****Reference#:****Subject:**

The reference number is not an authorization number nor is it an approval for the requested service. In order to process your fax timely, it is necessary to have the pending reference number entered on the first page of the fax you will be submitting with clinical. Please do not put any PHI on the cover page.

Important Change: Effective 9/5/2014, Anthem Blue Cross and Blue Shield will offer status updates on submitted precertification requests exclusively at www.availity.com via our Interactive Care Reviewer (ICR). Curtesy updates via phone will no longer be available. Go to www.availity.com to get registered or log in. Your Primary Access Administrator needs to grant you access to Authorization and Referral Inquiry. Click on Auth/Referral Inquiry from the left navigation bar and you can start using our tool right away.

Don't forget you can also submit both inpatient and outpatient pre-certifications online for many members covered by our health plans.

Also, please consider using Anthem's Clinical Data Submission tools located at www.anthem.com/home-providers.html, select the state needed and enter site/ click Precertification/ click Clinical Data Submission Tools.

Please be advised to verify if the providers are in the member's plan network. If the member receives care from providers who are not in their network, they may be responsible for charges, in whole or in part, related to that care. You can verify the provider's network status by accessing the provider directory at WWW.ANTHEM.COM or by calling the customer service number on the health plan identification card.

The information contained in this facsimile message and in any accompanying documents is intended only for use by the Individual or entity named above. This transmission may contain information that is privileged, confidential and/or otherwise protected by applicable law. If you are not the intended recipient or an employee, associate or agent responsible for delivering the message to the intended recipient, you are hereby notified that any Disclosure, dissemination, distribution or copying of this communication or its substance is strictly prohibited. If you received this communication in error, please immediately notify the sender by telephone to arrange for its destruction or return. Receipt of this facsimile message by anyone other than the intended recipient is not a waiver of confidentiality or privilege for any information contained herein.

Providers: You are required to return, destroy or further protect any PHI received on this document pertaining to members that you are not currently treating. Providers are required to immediately destroy any such PHI or safeguard the PHI for as long as it is retained. In no event are you permitted to use or re-disclose such PHI.

Anthem Blue Cross and Blue Shield
P.O. BOX 4445
Mail Stop GAG06-006
Atlanta, GA 30302



09/12/2022

**Your Request**

Reference Number: UM34156867
Place of Service: On Campus
Outpatient Hospital
Provider: JAIME SCHWARTZ and
TLC SURGERY CENTER
More details found at the end of this letter.

Confidential Health Plan Information for:

MARY BERNS

Date of Birth: 09-06-1958

We need more information to complete our review
Read on for important information.

Reviewed for your plan by Anthem UM Services, Inc.

Dear MARY BERNS,

Thank you for trusting us with your health care coverage. Recently, you or your doctor asked us to review a request for the service listed in the table. We want you to know that we need more time to review this request. That's because we don't have enough clinical information about your health status to decide if the services are considered medically necessary under your plan.

We're asking your provider for the following clinical information:

Clinical-Needed

Explanation of services to be performed

MDO notes

Plan of care

Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. Anthem UM Services, Inc. is a separate company providing utilization review services on behalf of Anthem Blue Cross and Blue Shield.

Symptoms
Treatment history
Current clinical information

Please feel free to contact me directly
Sherry L
844-644-8101 CVM extension
1664030701

Fax numbers
877-663-2740
(855) 207-9930

Attention Providers

You may supply the requested information by calling us at the number on your member ID card.

To review this request for benefits, we need the necessary information within 45 calendar days of the receipt of this letter. Once received, we'll complete the review within 15 calendar days. Otherwise, we'll have to base our decision on the information we have available.

If you decide to continue with the treatment before our review is completed we can't guarantee benefits will be available for the requested service. Please refer to your description of benefits for details.

Get the most from your health plan

This is a perfect time to revisit your plan information and review what's covered, as well as your copays, deductibles and coinsurance. Not sure how your plan works? Refer to your plan documents or log in to your online account if you have one. And, of course, you can always call the number on your ID card.

Sincerely,

Anthem Care Management

Note: We're also sending a copy of this letter to JAIME SCHWARTZ and TLC SURGERY CENTER.

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Your Health Care Team

Member	MARY BERNS	Date of Birth	09/06/1958
Provider	JAIME SCHWARTZ	Status	Out-of-network
Facility	TLC SURGERY CENTER	Status	Out-of-network

Request Details

Service	Start Date	End Date	Quantity	Code	Description
Surgical	10/19/2022	12/31/2022	4 Unit(s)	CPT 15879 50	SUCTION ASSISTED LIPLECTOM Y LOWER EXTREMIT Y
Surgical	10/19/2022	12/31/2022	3 Unit(s)	CPT 15877	SUCTION ASSISTED LIPLECTOM Y TRUNK
Surgical	10/19/2022	12/31/2022	1 Unit(s)	CPT 15839	EXCISION EXCESSIV E SKIN & SUBQ TISSUE OTHER AREA
Surgical	10/19/2022	12/31/2022	2 Unit(s)	CPT 15878 50	SUCTION ASSISTED LIPLECTOM Y UPPER EXTREMIT Y

