

09/27/2022

*****ALL FOR AADC 900
745 1 AB 0.491
JAIME SCHWARTZ
240 S LA CIENEGA BLVD STE 200
BEVERLY HILLS CA 90211-3340



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 BERNIS
Date of Birth: 09/06/1958

Important information about the network status of your provider and/or facility.
This letter is only about the network status.

Reviewed for your plan by Anthem UM Services, Inc.

Dear MARY BERNIS,

Recently, you or your doctor asked us to review a request to use a provider and a facility not in your plan's network (out-of-network), but apply your in-network level of benefits. This request is not approved and we'd like to let you know why.

The request tells us you or your doctor asked for a referral to a provider that treats swelling (edema). This provider is not in network for your plan. Your plan covers services at a higher benefit level given by a provider outside the plan network if we do not have a provider in our network that has the same skills. Your plan network has providers with the same skills who are able to provide the requested service. For this reason, the referral request for the out-of-network provider listed below is denied. It may help you to know that we reviewed this request using the definition of Authorized Referral or Authorized Services in your benefit plan.

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Find a local Urgent Care Center.

When you need nonemergency care quickly and can't get in to see your doctor, go to an urgent care center, retail health clinic or walk-in doctor's office instead of the ER. You could save hundreds of dollars on a visit. Use our find an urgent care center find tool at www.anthem.com

JAIME SCHWARTZ and TLC SURGERY CENTER are not in your plan's network. Does that matter?

Yes! Your plan covers more of the bill if you stay in-network. If you choose to receive care from this provider, these services will be reimbursed at your out-of-network level of benefits. Also, out-of-network providers can charge more. They may bill you for the difference between the total amount we allow to be paid and the amount they charge for a service. When you're charged this difference, it's called "balance billing". You can find other in-network providers at www.anthem.com or call us at the member service number on your ID card and we can help you.

You Should Know

It might help you better understand how your plan works if you know how the decision was made.

This review was completed by clinical reviewer. They consider many things when making a decision:

- Your health status
- Network Provider Accessibility
- Your health plan

Please refer to the definition and exclusion sections of your plan benefits for information on Out of Network providers.

You, your provider or your authorized representative can get a free copy of the out of network benefit information used in making our decision by calling the number on your ID card.

What's Next

- This doesn't mean that you can't or shouldn't receive this service. Only you and your doctor can decide what's best for you. If you have any questions about your benefits, you can call the Member Service number on your ID card.
- You can appeal this decision if you or your provider disagrees with it. We're including appeal information with this letter.
- We've told your provider about this decision. If they'd like to provide more information about your case, they can call our clinical reviewer at the number on your member ID card.

Sincerely,

Anthem
Care Management

Enclosure: Your Appeal or Grievance Rights.

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

Attention Providers

- If you'd like to discuss our decision with our clinical reviewer, please contact us at the number on your member ID card before all related appeals have been completed. Please provide the following:
 - Patient's name
 - Reference #
 - Procedure or service
 - Date of service
- You may receive a re-review of this service if you have additional information that might support its medical necessity. Please submit the information within 10 business days of the date of this letter. This re-review doesn't delay or replace other appeal rights that may be available. One re-review and one peer to peer discussion are available.
- 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.

Your Health Care Team

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

You can learn more about services shown here, including diagnosis and treatment codes and what they mean. Just call the customer service number on your ID card.

ACLWDX11 COMB 20220929 009792 Env [7.45] 2 of 5

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Request Details

Service	Start Date	End Date	Quantity	Code	Description
Surgical	10/19/2022	12/31/2022	2 Unit(s)	CPT 99244	Office consultation for a new or established patient, which requires these 3 key components : A comprehensive history; A comprehensive examination ; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physi

Rights Available to Members

If you do not agree with our adverse decision, you have the right to request an appeal. Unless your description of benefits states otherwise, you must request an appeal within 180 calendar days from the date you were notified of our adverse decision. Your provider, or any other person you choose, may appeal on your behalf. They may also help you during the appeal process. If you ask someone to represent or help you, please give them a signed authorization to include with the appeal.

How do I request an expedited appeal?

If you have not had services (pre-service), or if you are now receiving services (concurrent), an appeal may be handled in an expedited manner if you, or your provider, believe that the condition could seriously jeopardize your life, health, or ability to regain maximum function or would subject you to severe pain that cannot be adequately managed without care or treatment by waiting for the appeal to be resolved using standard appeal time frames. To request an expedited appeal, you, your provider or your representative can contact customer service at the telephone number on your health plan identification card or send a written request to the following address: Grievances and Appeals, P.O. Box 105568, Atlanta, GA 30348-5568. Unless your description of benefits states otherwise, we will respond to expedited appeal requests within 72 hours.

If you are a member of a self-funded non-grandfathered health plan, as defined by the Patient Protection and Affordable Care Act (PPACA), you may request an expedited external review instead of, or at the same time as, exercising the expedited appeal process with your plan. To request an expedited external review, you, your provider or your representative can call customer service at the telephone number on your health plan identification card. If you prefer, you may send your written request, and any additional supporting documentation, to the following address: Grievances and Appeals, P.O. Box 105568, Atlanta, GA 30348-5568.

How do I request a standard appeal?

To request a pre-service appeal, or to request an appeal for services you have already had (post-service), send a written request to the following address: Grievances and Appeals, P.O. Box 105568, Atlanta, GA 30348-5568. We encourage you to request appeals in writing. However, unless your description of benefits states otherwise, you may submit your appeal verbally by contacting customer service at the telephone number on your health plan identification card. Unless your description of benefits states otherwise, appeals of adverse decisions are resolved and a written response will be sent to you within 30 calendar days from the date we receive your appeal request.

What should my appeal include?

You may include, if available, the following information with your appeal: the member's name and identification number; the name of the provider or facility who will or has provided care; date(s) of service; the claim or reference number for the specific decision with which you do not agree; and the specific reason(s) why you do not agree with the decision. You have the right, and we encourage you, to submit written comments, documents or other relevant information with your appeal.

How will my appeal be handled?

The appropriate administrative and/or clinical specialists will review your appeal. All relevant information submitted by you or on your behalf will be reviewed regardless of whether it was considered at the time the initial decision was made. We may contact any providers who may have additional information to support your appeal. The reviewers will not have been involved in the initial decision. They also will not be a subordinate of the person who made the initial decision.

If I disagree with the decision on my appeal, what other rights do I have?

If we deny your appeal, you will be provided with other dispute resolution options as applicable. If you are a member of a self-funded non-grandfathered health plan, as defined by PPACA, you may have the right to request an independent external review of our decision. Please refer to your description of benefits or contact customer service at the telephone number on your health plan identification card for detailed information regarding the entire appeal process.

ERISA Plan Members

If your health benefit plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA), once you have exhausted all mandatory appeal rights, you have the right to bring a civil action in federal court under section 502(a)(1)(B) of ERISA within one year, unless your plan provides for a longer period. Check your benefits booklet or plan documents to see if you have more time.

RGH-CRAS (01/2019)

09/27/2022

AC1WDX11 COMB 20220929 036339 Env [745] 4 of 5

JAIME SCHWARTZ
240 S LA CIENEGA BLVD STE 200
BEVERLY HILLS CA 90211

3



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

The request you or your doctor asked us to review is approved.
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 — and the request has been approved. This approval means that, based on the information given to us, the service is considered medically necessary under your benefit plan.

JAIME SCHWARTZ and TLC SURGERY CENTER are not in your plan’s network.
Does that matter?

Yes! Out-of-network providers and facilities like the ones you’re using can charge more. If it’s more than your plan covers, you have to pay the difference. This doesn’t affect your approval – the service is a covered benefit either way. But your plan covers more of the bill if you stay in-network. You can find in-network providers and facilities at www.anthem.com. Just let us know if you make a change and we’ll start a new review.

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Find a local Urgent Care Center.
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This approval is for the specific days, service and provider listed. If any of these change, or your plan renews before you get the service, we'll need to review your case again. If that happens, just call the precertification number on your ID card.

Will my claim be covered?

It should be covered as long as:

- You are eligible and enrolled in your health plan when you get the service.
- You don't reach a benefit limit that applies to the service at the time we process the claim. For the most up to date information on your benefits, contact customer service prior to your next visit.
- The information we received when we reviewed your request is accurate.

Get the most from your health plan

This is a perfect time to revisit your plan information and review what's covered. 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.

Last, just a friendly reminder to show your ID card when you get care. It will simplify the process and help ensure you get all the benefits of your health plan. Thank you again for being an Anthem member.

Sincerely,

Anthem Care Management

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

Even though you are getting an approval:

- If you did not pre-certify or provide notification of admission timely, your payment could be reduced and/or denied.

Members should not be billed for the amount reduced and/or denied.

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.

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

036339020200

09/27/2022



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ATTN: UM DEPARTMENT/TREATING PRACTITIONER
TLC SURGERY CENTER
240 S LA CIENEGA BLVD
STE 210
BEVERLY HILLS CA 90211-3324

3



Your Request

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Place of Service: On Campus
Outpatient Hospital
Provider: JAIME SCHWARTZ and
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More details found at the end of this letter.

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Your Health Care Team

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

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20220929 016539 Env [756] 2 of 5

016539030200

Request Details

Service	Start Date	End Date	Quantity	Code	Description
Surgical	10/19/2022	12/31/2022	2 Unit(s)	CPT 99244	Office consultation for a new or established patient, which requires these 3 key components : A comprehensive history; A comprehensive examination ; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physi

Rights Available to Members

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If we deny your appeal, you will be provided with other dispute resolution options as applicable. If you are a member of a self-funded non-grandfathered health plan, as defined by PPACA, you may have the right to request an independent external review of our decision. Please refer to your description of benefits or contact customer service at the telephone number on your health plan identification card for detailed information regarding the entire appeal process.

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RGA-CRAS (01/2019)

09/27/2022

ACLWDX11 COMB 20220929B04 J742
20220929 039982 Env [756] 4 of 5

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TLC SURGERY CENTER
240 S LA CIENEGA BLVD
STE 210
BEVERLY HILLS CA 90211

3



Your Request

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Facility	TLC SURGERY CENTER	Status	Out-of-network

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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

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