UFCW LOCAL 1500 WELFARE FUND – July 2013 Appeals

Rx

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Medical

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NAME: **SS#:**
REGARDING:

UFCW LOCAL 1500 WELFARE FUND

LOCAL: 1500
STATUS: Full Time

ISSUE: Prescription Benefit – Coverage of Brand Name Drug #RX13/133-3900

FUND RULE:
"When a brand name drug has a generic equivalent, you may get the brand name, but you will be responsible for the difference between the cost of the brand name drug versus the cost of its generic equivalent, plus the co-payment."
(UFCW Local 1500 Full Time Employees Benefit Plan SPD, Page 69)

SUMMARY: Appeal Received: June 14, 2013

The **provider,** Anna Maria Cagnina-Reilly, RPA-C is appealing on behalf of the participant's spouse for coverage of brand name drugs. Ms. Cagnina-Reilly states that the participant's spouse is on many medications and "she has hypersensitivities to any generic medications. It is medically necessary for her to receive all brand name medications only."

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

NAME: **SS#:**
REGARDING:

UFCW LOCAL 1500 WELFARE FUND

LOCAL: 1500
STATUS: Full Time

ISSUE: Prescription Benefit – Coverage of Brand Name Drug #RX13/134-2633

FUND RULE:
"When a brand name drug has a generic equivalent, you may get the brand name, but you will be responsible for the difference between the cost of the brand name drug versus the cost of its generic equivalent, plus the co-payment."
(UFCW Local 1500 Full Time Employees Benefit Plan SPD, Page 69)

SUMMARY: Appeal Received: June 14, 2013

The **provider,** Rebecca Spiegel, MD is appealing on behalf of the participant for coverage of Keppra and Lyrica, which are brand name drugs. Dr. Spiegel states that the participant has epilepsy that is very difficult to control. "The seizures became better controlled on brand Keppra and Lyrica. Changing to generic forms can easily worsen his seizure frequency. [The participant] has multiple emergency room visits as it is."

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

NAME: **SS#:**

UFCW LOCAL 1500 WELFARE FUND

LOCAL: 1500
STATUS: Special Part TIme

ISSUE: Hospital/Medical – Emergency Treatment #M13/139-0156

FUND RULE:
"EMERGENCY ROOM TREATMENT
This benefit will be paid **only when:**
* The treatment for a sudden illness is rendered within twelve (12) hours of the onset of such illness; and
* The sudden illness is determined to be life threatening; or
* The treatment for an accidental injury is rendered within twenty-four (24) hours of the accidental injury.

The Trustees reserve the right to determine if the illness is sudden and life threatening or if the injury was accidental in nature and reserve the right to request any and all emergency room notes and/or charts prior to any benefits being paid."
(UFCW Local 1500 Part TIme Employees Group Benefit Plan SPD, Page 40)

SUMMARY:

Date(s) of Service:	February 2, 2013
Denied:	May 16, 2013
Appeal Received:	June 25, 2013

The **provider,** Jamaica Hospital Medical Center is appealing for payment of a claim that was denied. The provider states that treatment in the emergency room was medically necessary and included medical records for review.

Fund records indicate that Jamaica Hospital center submitted a claim with a diagnosis of "cellulitis and abscess of trunk". The claim was denied because the emergency room treatment did not meet the criteria for coverage under the Plan. Medical records received with the appeal indicate the participant arrived at the emergency room at 7:19 am and was treated for an abscess on his abdomen with onset two days prior. An antibiotic was prescribed and the participant was discharged at 8:57am.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

NAME: **SS#:**

UFCW LOCAL 1500 WELFARE FUND

LOCAL: 1500
STATUS: Special Part TIme

ISSUE: Hospital/Medical – Emergency Treatment #M13/148-1167

FUND RULE:
"EMERGENCY ROOM TREATMENT
This benefit will be paid **only when:**
* The treatment for a sudden illness is rendered within twelve (12) hours of the onset of such illness; and
* The sudden illness is determined to be life threatening; or
* The treatment for an accidental injury is rendered within twenty-four (24) hours of the accidental injury.

The Trustees reserve the right to determine if the illness is sudden and life threatening or if the injury was accidental in nature and reserve the right to request any and all emergency room notes and/or charts prior to any benefits being paid."
(UFCW Local 1500 Part TIme Employees Group Benefit Plan SPD, Page 40)

SUMMARY:

Date(s) of Service:	May 21, 2013
Denied:	June 20, 2013
Appeal Received:	August 5, 2013

The **provider,** New York Methodist Hospital is appealing for payment of a claim that was denied. The provider states that treatment in the emergency room was medically necessary and included medical records for review.

Fund records indicate that Jamaica Hospital center submitted a claim with a diagnosis of "Upper respiratory infection". The claim was denied because the emergency room treatment did not meet the criteria for coverage under the Plan. Medical records received with the appeal indicate the participant arrived at the emergency room at 3:58 pm and was treated for an upper respiratory infection with onset two weeks prior. Medical records indicate "The degree at present is minimal. Exacerbating factors consist of none. Risk factors consist of none. Therapy today: over the counter medications including Nyquil." The participant was discharged at 4:36 pm.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

NAME: **SS#:**
REGARDING:

UFCW LOCAL 1500 WELFARE FUND

LOCAL: 1500
STATUS: Full Time

ISSUE: Hospital/Medical – Charge in Excess of Usual and Customary Rate (UCR) #M13/131-2944

FUND RULE:
"Comprehensive Out-Of-Network Major Medical Expense Benefit Exclusions
3. The portion of a charge for a service or supply in excess of the reasonable and customary charge."
(UFCW Local 1500 Full Time Employees Group Benefit Plan SPD, Page 63)

SUMMARY:

Date(s) of Service:	February 21, 2013
Paid:	April 10, 2013
Appeal Received:	June 10, 2013

The **provider,** Ravindra K. Kota, MD, is appealing for additional payment of a claim for the participant's spouse. The provider states "We have received a small payment for this claim; however we will be balance billing the patient for any costs not covered by you."

Fund records indicate that Dr. Kota submitted a claim for surgery for "repair of incarcerated ventral hernia X2 with adhesions" performed at John T. Mather Memorial Hospital (in-network facility). The claim was paid correctly up to the limits of the Plan. Dr. Kota does not participate with Empire.

Note: The provider's charges are in excess of the usual and customary rate for these services.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

NAME: **SS#:**
REGARDING:

UFCW LOCAL 1500 WELFARE FUND

LOCAL: 1500
STATUS: Full Time

ISSUE: Hospital/Medical – Charge in Excess of Usual and Customary Rate (UCR) #M13/132-7362

FUND RULE:
"Comprehensive Out-Of-Network Major Medical Expense Benefit Exclusions
3. The portion of a charge for a service or supply in excess of the reasonable and customary charge."
(UFCW Local 1500 Full Time Employees Group Benefit Plan SPD, Page 63)

SUMMARY:

Date(s) of Service:	February 11, 2013
Paid:	June 3, 2013
Appeal Received:	June 12, 2013

The **provider,** Westchester Anesthesiologists, P.C., is appealing for additional payment of a claim. The provider states "[the participant's] anesthesia claim needs to be processed at her in-network benefit level and the full charges need to be allowed because the member chose an in-network obstetrician, Dr. Lourdes Castano, as well as an in-network facility, Lawrence Hospital. She did not have [the] choice [to use] an in-network anesthesiologist since we are the only anesthesia group that provides services at Lawrence Hospital.

Fund records indicate that Westchester Anesthesiologists, P.C., submitted a claim for anesthesia services provided during delivery of the participant's child, performed by Dr. Lourdes Castano (in-network provider) at Lawrence Hospital (in-network facility). The claim was paid correctly up to the limits of the Plan. Westchester Anesthesiologists, P.C. does not participate with Empire.

Note: The provider's charges are in excess of the usual and customary rate for these services.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

NAME: **SS#:**

UFCW LOCAL 1500 WELFARE FUND

LOCAL: 1500
STATUS: Special Part TIme

ISSUE: Hospital/Medical – Orthotic Device #M13/144-5745

FUND RULE:
"SPECIAL PART-TIME BENEFIT PLAN EXCLUSIONS
16. Orthotic devices or casting charges for such devices."
(UFCW Local 1500 Part Time Employees Group Benefit Plan SPD, Page 50)

"Durable Medical Equipment
The Plan will pay 80% of Usual and Customary charges after the deductible is met, up to a maximum benefit of $5,000 per calendar year, for both in and out-of-network services, combined, for the rental of Durable Medical Supplies, such as wheelchairs and hospital beds…"
(UFCW Local 1500 Part Time Employees Group Benefit Plan SPD, Page 50)

SUMMARY:

Date(s) of Service:	January 17, 2013
Denied:	April 30. 2013
Appeal Received:	July 3, 2013

The **provider,** Houslanger & Kassnove Podiatrists, PLLC, is appealing for payment of a claim that was denied. The provider's representative states that when she called the Fund office on January 17, 2013, she was advised that a "Colorado brace" would be covered at 100% of the Magna Care rate.

Fund records indicate that the provider's office called on January 7, 2013 to verify the participant's eligibility and to inquire about coverage of durable medical equipment. Fund records do no indicate that coverage of orthotic devices was discussed during this call. The provider submitted a claim for an orthotic device on January 17, 2013. The claim was denied because orthotic devices are not covered under the Plan.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

NAME: **SS#:**

UFCW LOCAL 1500 WELFARE FUND

LOCAL: 1500
STATUS: Special Part TIme

ISSUE: Hospital/Medical – Surgical Assistant #M13/147-9083

FUND RULE:
"EXCLUSIONS AND LIMITATIONS APPLICABLE TO ALL SPECIAL MEDICAL BENEFITS FOR PART-TIME PLAN
This plan does not cover:
24. Assistant Surgeon's fee.
(Local 1500 part Time Employees Group Benefit Plan SPD, Page 51)

SUMMARY:

Date(s) of Service:	May 22, 2013
Denied:	June 27, 2013
Appeal Received:	July 24, 2013

The **provider,** Hudson valley Surgical Group, is appealing for payment of a claim that was denied. The provider states, "The patient would not have been able to have this surgery without an assistant."

Fund records indicate that Hudson Valley Surgical Group submitted a claim for the services of an assistant surgeon during the participant's surgical procedure (removal of gallbladder). The claim was denied because assistant surgeon's fees are not covered under the Plan.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

NAME: **SS#:**

UFCW LOCAL 1500 WELFARE FUND

LOCAL: 1500
STATUS: Special Part TIme

ISSUE: Hospital/Medical – Non-Covered Services #M13/140-1209

FUND RULE:
"EMERGENCY ROOM TREATMENT
The Fund will pay 100% of the PPO Fee Schedule for participating hospitals and 100% of the Usual and Customary charges for non-participating hospitals, up to a maximum of $750 for eligible emergency treatment in a legally constituted hospital on an outpatient basis. A $57 co-payment will be required for each Emergency Room visit. This benefit covers only eligible hospital charges. There is no coverage for physician services under this benefit."
(UFCW Local 1500 Part Time Employees Group Benefit Plan SPD, Page 40)

"Covered Expenses
The PPO Program provides benefits, within all Plan guidelines and limitations, for the following services when received through the network:
* Diagnostic x-rays, laboratory testing and other imaging services (including interpretation and report), when received from a network provider listed in the PPO Provider Directory. There is a $5,000 maximum per calendar year for all related services combined for both In and Out-of-network, combined. No benefits are payable for expenses incurred while the participant is confined as a bed-patient in a hospital."
(Local 1500 part Time Employees Group Benefit Plan SPD, Page 44)

SUMMARY:

Date(s) of Service:	April 17, 2013, April 19, 2013, April 23, 2013
Received:	May 6, 2013 - May 24, 2013
Denied:	May 17, 2013 - May 28, 2013
Appeal Received:	July 9, 2013

The **provider,** Shady Brook Radiology, is appealing for payment of claims that were denied. The provider is requesting a reconsideration of the claims for payment.

Fund records indicate that Shady Brook Radiology submitted a claim for radiology professional fees for services the participant received in the emergency room on April 17, 2013. The claim was denied because there is no coverage under the Fund for physician services in the emergency room. Fund records further indicate that Shady Brook Radiology submitted claims for inpatient radiology professional fees for services the participant received on April 19, 2013 and April 23, 2013. The claims were denied because there is no coverage under the Fund for diagnostic x-rays, laboratory testing and other imaging services for expenses incurred while the participant is admitted to a hospital.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

NAME: **SS#:**

UFCW LOCAL 1500 WELFARE FUND

LOCAL: 1500
STATUS: Part Time

ISSUE: Medical – Additional Payment, Non-Covered Services #M13/138-7397

FUND RULE:
"BASIC PART-TIME PLAN DESCRIPTION OF BENEFITS
DIAGNOSTIC X-RAY AND LABORATORY EXPENSE BENEFITS MEMBER ONLY
EXCLUSIONS
Along with all General Exclusions, the Diagnostic X-ray & Laboratory Benefit does not cover:
4. Charges for home, office or inpatient and outpatient hospital visits are not covered."
(UFCW Local 1500 Part TIme Employees Group Benefit Plan SPD, Page 27)

"GENERAL PLAN EXCLUSIONS APPLICABLE TO ALL BENEFITS UNDER THE BASIC PART-TIME EMPLOYEES' PLAN
This Plan does not cover:
8. Charges for home, office or inpatient and outpatient doctor visits."
(UFCW Local 1500 Part TIme Employees Group Benefit Plan SPD, Page 33)

SUMMARY:

Date of Service:	March 1, 2013
Paid:	June 6, 2013
Appeal Received:	June 21, 2013

The **provider,** Orthopedic Spine Care of Long Island is appealing for additional payment of a claim. The provider states that Dr. Quraishi (out-of-network provider) performed an epidural steroid injection. The provider further states "we are an out of network provider and customarily, as out of network providers, we receive 100% of fees charged for services rendered."

Fund records indicate Orthopedic Spine Care of Long Island submitted a claim for an epidural steroid injection performed at Huntington Hospital. The charges for inpatient consultation and evaluation were denied because these services are not covered under the Basic Part-Time Plan. The charges for the injection were paid correctly up to the limits of the Plan.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

NAME: **SS#:**

UFCW LOCAL 1500 WELFARE FUND

LOCAL: 1500
STATUS: Special Part TIme

ISSUE: Hospital/Medical – Mental Health Services #M13/145-7206

FUND RULE:
"SPECIAL MEDICAL BENEFITS FOR PART-TIME PLAN
Outpatient Treatment of Mental Psychoneurotic or Personality Disorders
The Plan covers 24% of the Usual and Customary charges, after satisfaction of the deductible, up to a yearly maximum of 26 visits. Out-of-network benefit, only.
(UFCW Local 1500 Part TIme Employees Group Benefit Plan SPD, Page 48)

"ANY SERVICES OR SUPPLIES NOT SPECIFICALLY LISTED AS ELIGIBLE ARE NOT COVERED BY THIS BENEFIT."
(UFCW Local 1500 Part TIme Employees Group Benefit Plan SPD, Page 51)

SUMMARY:

Date(s) of Service:	January 17, 2012 - January 23, 2012
Denied:	February 22, 2012
Appeal Received:	July 15, 2013

The **participant** is appealing for payment of a claim for inpatient mental health services that was denied. The participant included a copy of the New York state law called "Timothy's Law" relating to coverage of mental health services.

Fund records indicate Eastern Long Island Hospital submitted a claim for inpatient mental health services. The claim was denied because Inpatient mental health services are not covered under the Plan.

Note: Timothy's Law does not apply to self-insured employers.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

NAME: **SS#:**

UFCW LOCAL 1500 WELFARE FUND

LOCAL: 1500
STATUS: Special Part TIme

ISSUE: Hospital/Medical – Annual Benefit Maximum #M13/146-0939

FUND RULE:
"SPECIAL MEDICAL BENEFITS FOR PART-TIME PLAN
All services covered under the Special Medical Benefit are subject to the $15,000 annual maximum for both In and Out-of-network services, combined."
(UFCW Local 1500 Part TIme Employees Group Benefit Plan SPD, Page 43)

SUMMARY:

Date(s) of Service:	January 18, 2013 - January 28, 2013
Denied:	April 30, 2013
Appeal Received:	July 23, 2013

The **participant** is appealing for payment of claims that were denied. The participant states that his shop steward advised him that the $15,000 annual maximum was eliminated under the new health care law and that all costs relating to his surgery would be covered.

Fund records indicate the participant had ankle surgery on January 18, 2013. The participant's annual benefit maximum was exhausted with payment of claims that were released on April 30, 2013, related to this surgery. Claims remaining beyond the annual benefit maximum were denied.

Note: The UFCW Local 1500 Welfare Fund is a grandfathered plan and is exempt from provisions under health care reform regarding annual limits until January 1, 2014. Beginning January 1, 2014, all annual limits on the dollar value of essential health benefits must be eliminated.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

NAME: **SS#:**
REGARDING:

UFCW LOCAL 1500 WELFARE FUND

RE-APPEAL

LOCAL: 1500
STATUS: Full Time

ISSUE: Dental - Annual Maximum #D13/141-3946

FUND RULE:
"Dental Expense Benefit
The Plan pays a dentist's charge for a covered service, up to amount listed for the particular service in the Schedule of Dental Procedures appearing later in this booklet.

Annual Maximum Benefit Payable:
Member……$2,000
Spouse……..$1,500
Child……..$1,250
(UFCW Local 1500 Full Time Employees Benefit Plan SPD, Page 20)

SUMMARY: Appeal Received: June 6, 2013

The **participant** is appealing for coverage of future dental procedures beyond the annual dental expense benefit maximum. Included with the appeal, was a copy of a patient treatment plan showing an estimated $2,300 patient responsibility (for future services) after exhaustion of the dental expense benefit for 2013.

Fund records indicate a dental claim was paid ($750) to Goldberg Dental of Valley Stream on January 24, 2013, for services the participant received on January 9, 2013. Fund records further indicate a preauthorization for additional treatment was received from the same provider on March 25, 2013. The participant and provider were advised that the 2013 dental expense benefit remaining for the participant was $1,250.

This appeal was denied by the Board of Trustees at the June 11, 2013 meeting.

Re-Appeal Received: July 9, 2013

The participant is re-appealing for an allowance to use his 2014 dental benefit ($2,000) in the year 2013 (with no renewal of the dental benefit in 2014). Included with the appeal is a dental treatment plan for a bridge to replace ten teeth. The participant states that dental treatment is needed as soon as possible and he cannot wait until 2014 for coverage.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS: