NAME: **SS#:**
REGARDING:

Bakers Union and FELRA Health and Welfare Fund

RE-APPEAL

EMPLOYER:	Safeway	**LOCAL:**	118
DATE OF HIRE:	July 22, 1984	**STATUS:**	Full Time
PLAN:	1		

ISSUE: Hospital/Medical – Excluded Services #M16/144-1297

FUND RULE:
"**General Exclusions**
32. Gastric by-pass or bubble, or similar procedures, to treat obesity.
33. Treatment of obesity or weight loss, or physical fitness or exercise programs;"
(Bakers Union and FELRA Health and Welfare Fund SPD, Page 116, #'s 32-33)

SUMMARY:

Date(s) of Service:	June 17, 2016 –June 18, 2016
Received:	July 20 2016
Denied:	July 21, 2016
Re-Appeal Received:	December 1, 2016

The **participant's daughter** is appealing for payment of a claim that was denied. The participant's daughter states, "Care Allies approved the surgery request on 5/2/2016, after Dr. Shoppe and the insurance company's medical director had a peer to peer verbal review. There seemed to be some confusion between Care Allies and Dr. Shoppe's office because I was neither informed nor aware that Care Allies is not a claims payor and that the approval letter sent from Care Allies was not guaranteed payment."

A letter, dated May 11, 2016 from CareAllies to the participant, was included with the appeal. CareAllies advised, "This letter serves as authorization of medically necessity only. CareAllies hasn't reviewed the health plan and cannot guarantee that these services are covered. In fact, these services could be excluded or limited under your plan. CareAllies doesn't guarantee payment of benefits."

Fund records indicate Washington Hospital submitted a claim for a vertical sleeve gastrectomy with diagnoses "morbid (severe) obesity due to excess calories, body mass index (BMI) 50-59.9". The claim was denied because gastric by-pass or similar procedures are excluded services under the Plan.

This appeal was denied by the Trustees in the "September 2016" book. Re-appeal Received: December 1, 2016.

The participant's daughter is re-appealing for payment of a claim that was denied. The participant's daughter states, "I am writing to request a second appeal for this denial and have included additional detailed information to support the medical necessity and reasons why this denial should be reconsidered for payment. I am now stuck paying due to a miscommunication that I had no control over . . . MedStar Washington Hospital called for pre-authorization where they received the approval code of 638H-9211 which in turn they were able to proceed with my surgery. I was told the insurance company paid 80% and I would be responsible for 20% which I was then set up for a payment plan the morning of my surgery. My medical weight history and failed attempts at losing weight throughout my life, I believe the [gastric] sleeve surgery was the most appropriate option for me . . . I am 25 years old with troubled weight problems and a starting BMI of 54.5. I've been diagnosed with polycystic ovary syndrome (PCOS) which makes it hard to lose excess weight due to high androgen levels. Since surgery has been conducted my BMI is now 46 which shows the surgery has greatly affected my daily diet and exercise."

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