



Wisconsin
10701 W. Research Drive
Wauwatosa, WI 53226

August 9, 2013

Member ID#: [REDACTED]
DOB: [REDACTED]
Provider: [REDACTED]
Case: [REDACTED]

Dear [REDACTED]:

The request for more therapy (pneumatic compressor) for your swollen legs from 8/2/2013 to 10/2/2013 has been denied.

UnitedHealthcare Community Plan has reviewed the medical service(s) listed above. Federal law requires UnitedHealthcare Community Plan to tell you when medical services have been denied. **You do not need to pay for the denied medical service(s) that you have already received.** The service(s) are denied for the following reason(s):

Based on a review of the medical information provided, the request for more therapy (pneumatic compressor) for your swollen legs is denied. A licensed physician has decided that the request is not medically necessary. The request does not meet the MCG 17th Edition for Intermittent Pneumatic Compression with Extremity Pump. You asked for more therapy for your swollen legs. You have problems with your veins. We looked at our rules for this. This device is approved for members who cannot walk. We do not see that you are unable to walk.

This decision is based on our understanding and interpretation of available coverage policies, national guidelines and standards, plan provisions, as well as any coverage available to you under the State of Wisconsin Department of Health Services.


To request criteria: You can request, free of charge, a copy of guidelines or criteria, and any other information used in making this decision by calling 1-800-504-9660.

Does your doctor want to talk to someone? Your doctor can call the doctor who looked at your case at 866-604-3267 Option 3 within fourteen (14) calendar days from the date of the Notice of Adverse Determination.

UnitedHealthcare Community Plan has a **Member Advocate** to help you get the care you need. If you have questions about this letter, please call **1-888-246-8140**.

See the enclosed summary of how to appeal this decision.

Sincerely,

A handwritten signature in black ink, appearing to read "Hershel Moss". The signature is fluid and cursive, with a large initial "H" and "M".

Hershel Moss, MD
Physician Advisor, UHC Community Plan WI
Medicaid Services

UnitedHealthcare Community Plan

CC: DR SUE FREGIEN