

Auth Number	Provider Specialty	Place of Service	Service	Diagnosis	Denial Decision Reason	Denial Overturned on Internal Appeal	Denial Oveturned by an Independent Review Organization
9220000	Nephrology	Outpatient	Outpatient Serv	N18.6	<p>The reason for this decision is:</p> <p>Member reason:</p> <p>This request for dialysis catheter exchange at out of network facility Austin Kidney Associates Pa also known as Austin Access Care ASC has been denied, as Sendero has contracted in network providers that can provide the requested services. The requested treatment is not part of emergency treatment.</p> <p>Further important information relating to this denial of your request follows:</p> <p>You are responsible for the full cost of Excluded Services. Medically Necessary, appropriate, preauthorized by Sendero and/or included in your benefits. Excluded Services do not count toward your deductible, copayment and Maximum Out of Pocket amounts. If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a Preauthorization for You to see an Out-of-Network Provider</p> <p>Provider reason:</p> <p>As stated in the 2022 Sendero IdealCare Evidence of Coverage (EOC), Page 8: "Out-of-Network Services Unless preauthorized by Sendero or rendered as a part of covered Emergency Care, Out-of-Network Benefits are Excluded Services and are not Covered Services by Sendero. You are responsible for the full cost of Excluded Services. Covered Services are Medically Necessary, and appropriate, must be either preauthorized by Sendero and included in your benefits. Excluded Services does not count toward your deductible, copayment, or Maximum Out of Pocket amounts.</p> <p>If Medically Necessary, Covered Services are not available through an In-Network Provider, your Primary Care Provider (PCP) may request a Preauthorization for you to see an Out-of-Network Provider."</p> <p>IdealCare has contracted in-network providers that can provide the requested services.</p>	No	No

4485396	Occupational Ther	Member reason:	This request for an out of network provider, Christina Still, OTR with Endeavor Rehab Center to provide occupational therapy has been denied, as Sendero has contracted in network providers that can provide the requested services. The requested treatment is not part of emergency treatment.	Further important information relating to this denial of your request follows:	You are responsible for the full cost of Excluded Services. Medically Necessary, appropriate, preauthorized by Sendero and/or included in your benefits. Excluded Services do not count toward your deductible, copayment and Maximum Out of Pocket amounts. If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a Preauthorization for You to see an Out-of-Network Provider	Provider reason:	As stated in the 2022 Sendero IdealCare Evidence of Coverage (EOC), Page 8: "Out-of-Network Services Unless preauthorized by Sendero or rendered as a part of covered Emergency Care, Out-of-Network Benefits are Excluded Services and are not Covered Services by Sendero. You are responsible for the full cost of Excluded Services. Covered Services are Medically Necessary, and appropriate, must be either preauthorized by Sendero and included in your benefits. Excluded Services does not count toward your deductible, copayment, or Maximum Out of Pocket amounts.	If Medically Necessary, Covered Services are not available through an In-Network Provider, your Primary Care Provider (PCP) may request a Preauthorization for you to see an Out-of-Network Provider."	IdealCare has contracted in-network providers that can provide the requested services.	No	No		
Hand Surgery Outpatient	M72.D	MEMBER REASON:	Your physician requested to perform insertion of multi-comp penis prosthesis and removal of scrotum lesion. It was denied as not a covered benefit for this diagnosis per your 2022 Sendero Evidence of Coverage (EOC) Consumer Choice Health Benefit Plans see reference below.	Further important information relating to this denial of your request follows:	You are responsible for the full cost of Excluded Services. Medically Necessary, appropriate, preauthorized by Sendero and/or included in your benefits. Excluded Services do not count toward your deductible, copayment and Maximum Out of Pocket amounts. If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a Preauthorization for You to see an Out-of-Network Provider.	1827506	Outpatient Servic	PROVIDER REASON:	As stated in the 2022 Sendero EOC pages 48-53.	General Exclusions and Limitations	Below is a list of limitations and exclusions on Covered Services. Please review the entire document, as there may be multiple limitations applicable to a particular service. These limitations and exclusions apply even if a Physician or Provider has performed or prescribed a medically appropriate service. This does not prevent Your Healthcare Practitioner from providing or performing the service, however, the service will not be a Covered Service paid for by us. If a claim is denied as being Experimental or Investigational, you have the right to seek an Independent Federal External Review. Refer to the Appeals, Complaints and External Review Rights provision in the General Provisions section in this Contract for more information. Unless specifically stated otherwise, no benefits will be provided for, or on account of, the following items:	No	No
Urology	Outpatient	Z87.890, F64.0 12. Any services or supplies provided for, in preparation for, or in conjunction with:				No	No						

			The reason for this decision is:		
			Member reason:		
9372942	Physical Therap		As stated in the IdealCare Member Handbook effective 1/2021, page 7: "Certain covered services require preauthorization before receiving the service. If a service requires preauthorization, and Sendero does not authorize it, the service(s) provided will be denied."		
			Provider reason:		
Family Medici Outpatient	M54.2		As stated in the Sendero Provider Manual effective 7/8/2021, pages 4, section 1.0 – "Prior Authorization List – Medical" effective 1/1/2021 specifically states that "Outpatient physical therapy (PT), occupational therapy (OT) and speech therapy (ST) – excluding initial evaluation" requires prior authorization. Page 40 section 6.4 Prior Authorization "Sendero requires that all services described on the prior authorization list be authorized prior to services being rendered." No	No	No
			MEMBER REASON:		
			The Sendero Medical Director reviewed the clinical information sent in by your provider requesting an MRI of the cervical spine. An MRI is a medical imaging technique that uses a magnetic field and computer-generated radio waves to create detailed images of the organs and tissues in your body.		
			The Sendero Medical Director denied the request for the MRI of the cervical spine. The reason for this was that there are certain rules which must be followed for Sendero to approve this test. These rules come from the July 2021 InterQual® criteria, the section on Imaging for the cervical (neck) Spine. For us to approve this test, you would have to have documentation of a condition that supports the requested MRI.		
			In the notes from the January 20, 2022 telemedicine visit with Dr. Rani Das there is no documentation any symptoms or specific findings related to the cervical spine.		
2470675	Advanced Imagin		PROVIDER REASON:		
			The requested cervical spine MRI does not meet medical necessity as required by Sendero 2022 Evidence of Coverage page 87-88, "Medically Necessary means the required extent of a healthcare service, treatment or procedure that a Healthcare Practitioner would provide to his/her patient for the purpose of diagnosing, palliating, or treating an Illness or Bodily Injury or its symptoms. The fact that a Healthcare Practitioner may prescribe, authorize or direct a service does not of itself make it Medically Necessary or covered under this Illness. Such healthcare service, treatment or procedure must be:		
			In accordance with nationally recognized standards of medical practice and identified as safe, widely used, and generally accepted as effective for the proposed use;		
			Clinically appropriate in terms of type, frequency, intensity, toxicity, extent, setting, and duration;		
			Not primarily for the convenience of the patient or Healthcare Practitioner;		
			Clearly substantiated and supported by the medical records and documentation concerning the patient's condition;		
			Performed in the most cost effective setting required by the patient's condition;		
Neurology	Outpatient	R51.9	Supported by the preponderance of nationally recognized peer reviewed medical literature, if any, published in the English language as of the date of	Yes	No

5706000	Advanced Imaging	MEMBER REASON:	The Sendero Medical Director reviewed the clinical information sent in by your provider requesting an MRI of the lumbar spine. An MRI is a medical imaging technique that uses a magnetic field and computer-generated radio waves to create detailed images of the organs and tissues in your body.	The Sendero Medical Director denied the request for the MRI of the lumbar spine. The reason for this was that there are certain rules which must be followed for Sendero to approve this test. These rules come from the October 2021 InterQual® criteria, the section on Imaging for the Lumbar (low back) Spine. For us to approve this test, you would have to have documentation of a lumbar x-ray and treatment to include medications, physical therapy or home exercises and activity modification.	In the notes from the December 30, 2021 telemedicine visit with Dr. Lauren Ash there is no documentation any symptoms or specific findings related to the lumbar spine, no mention of an x-ray of the lumbar spine and no documentation of treatment to date.	PROVIDER REASON:	The requested lumbar spine MRI does not meet medical necessity as required by Sendero 2022 Evidence of Coverage page 87-88, "Medically Necessary means the required extent of a healthcare service, treatment or procedure that a Healthcare Practitioner would provide to his/her patient for the purpose of diagnosing, palliating, or treating an illness or Bodily Injury or its symptoms. The fact that a Healthcare Practitioner may prescribe, authorize or direct a service does not of itself make it Medically Necessary or covered under this illness. Such healthcare service, treatment or procedure must be:	In accordance with nationally recognized standards of medical practice and identified as safe, widely used, and generally accepted as effective for the proposed use;	Clinically appropriate in terms of type, frequency, intensity, toxicity, extent, setting, and duration;	Not primarily for the convenience of the patient or Healthcare Practitioner;	Clearly substantiated and supported by the medical records and documentation concerning the patient's condition;	Performed in the most cost effective setting required by the patient's condition;	No	No	
General Surge Outpatient	M54.50	MEMBER REASON:	The Sendero Medical Director reviewed the clinical information sent in by your provider requesting a repeat home sleep study. A home sleep study is a medical test that is conducted in the patient's home to determine if a person has sleep disorders.	The Sendero Medical Director denied the request for a repeat home sleep study. The reason for this was that there are certain rules which must be followed for Sendero to approve this test. These rules come from the July 2021 InterQual® criteria, the section on Sleep Studies. This was not approved as you have already been diagnosed with obstructive sleep apnea.	PROVIDER REASON:	The requested repeat home sleep test does not meet medical necessity as required by Sendero 2022 Evidence of Coverage page 87-88, "Medically Necessary means the required extent of a healthcare service, treatment or procedure that a Healthcare Practitioner would provide to his/her patient for the purpose of diagnosing, palliating, or treating an illness or Bodily Injury or its symptoms. The fact that a Healthcare Practitioner may prescribe, authorize or direct a service does not of itself make it Medically Necessary or covered under this illness. Such healthcare service, treatment or procedure must be:	In accordance with nationally recognized standards of medical practice and identified as safe, widely used, and generally accepted as effective for the proposed use;	Clinically appropriate in terms of type, frequency, intensity, toxicity, extent, setting, and duration;	Not primarily for the convenience of the patient or Healthcare Practitioner;	Clearly substantiated and supported by the medical records and documentation concerning the patient's condition;	Performed in the most cost effective setting required by the patient's condition;	Supported by the preponderance of nationally recognized peer reviewed medical literature, if any, published in the English language as of the date of service; and	Not Experimental or Investigational."	No	No
1053650	Outpatient Service	Family Medicine Outpatient	G47.33												

Based on our review, we are unable to authorize the requested number of hours. This is because there are requirements in Sendero's Policy for Applied Behavioral Analysis for the Treatment of Autism Spectrum Disorder which are not met:

Areas that do not meet the criteria as outlined in Sendero's policy on ABA:

Based on our review, we are denying the request for 40 hours a week of ABA therapy and authorize 20 hours a week. While this child continues to meet the criteria for Autistic Disorder, her diagnosis does not warrant 40 hours a week of ABA therapy. ABA therapy has been shown to be efficacious for the treatment of autistic disorders but 40 hours a week of therapy has not been justified in the scientific literature with randomized controlled trials. Evidence suggests that the best outcomes with positive gains can occur in the range of 12 -15 hours. There is no evidence that a high number of hours of discrete behavioral interventions are more effective than a naturalistic approach. While this patient continues with challenging behaviors, these have not been generalized to the home or school despite over 20 hours of ABA treatment in center since 2018. She also needs language intervention in the form of speech therapy or other modality as well as occupational therapy. A more naturalistic approach that involves in home treatment for the child and family is recommended to address these issues along with others pertaining to her diagnosis. Parent training is a key component in the treatment for children with Autism and cannot be adequately addressed with 40 hours of in center ABA. In addition, this child has not attended any type of school program since 2018 which was only for 2 months. While it is challenging to integrate children with Autism into the school setting, that is the standard of care and required by law. ☐

Naturalistic Developmental Behavior Intervention (NDBI) is the most effective treatment on metanalysis. There is science behind NDBI which is evidence based, data based and different from ABA in that it is child focused. It is also a combined integrative approach of developmental science and ABA based on learning science where learning targets are developmental tasks, and the context is using everyday materials and people. Developmental progress is the most predictive of outcome as opposed to behavioral progress alone. This approach is comprehensive in nature, addresses all aspects of children's lives and promotes developmental changes. Furthermore, parent mediated intervention has been shown in randomized controlled trials to be good treatment for all families. This comprehensive approach to treatment cannot be accomplished with 40 hours a week of center specific, behavior focused therapy. Evidence indicates that greater number of hours of ABA therapy alone may have a negative correlation on outcome. There is a stress producing effect of a high number of hours in early intervention which impacts the family thus affecting the children.

0516924 ed Behavior Ar

BCBA Outpatient F84.0

No No

The reason for this decision is:

Member reason:

This request for an out of network provider, Dr. Jeffrey Shefts/Applied Chiropractic to provide chiropractic manipulation treatment has been denied, as Sendero has contracted in network providers that can provide the requested services. The requested treatment is not part of emergency treatment.

Further important information relating to this denial of your request follows:

You are responsible for the full cost of Excluded Services.

Medically Necessary, appropriate, preauthorized by Sendero and/or included in your benefits. Excluded Services do not count toward your deductible, copayment and Maximum Out of Pocket amounts. If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a Preauthorization for You to see an Out-of-Network Provider

Provider reason:

As stated in the 2022 Sendero IdealCare Evidence of Coverage (EOC), Page 9: "Out-of-Network Services Unless preauthorized by Sendero or rendered as a part of covered Emergency Care, Out-of-Network Benefits are Excluded Services and are not Covered Services by Sendero. You are responsible for the full cost of Excluded Services. Covered Services are Medically Necessary, and appropriate, must be either preauthorized by Sendero and included in your benefits. Excluded Services does not count toward your deductible, copayment, or Maximum Out of Pocket amounts.

If Medically Necessary, Covered Services are not available through an In-Network Provider, your Primary Care Provider (PCP) may request a Preauthorization for you to see an Out-of-Network Provider."

7825569 Chiropractic

Chiropractor Outpatient M99.03

IdealCare has contracted in-network providers that can provide the requested services. No No

The reason for this decision is:

MEMBER REASON:

The Sendero Medical Director reviewed the clinical information sent in by your provider requesting additional physical therapy. Physical therapy is treatment that uses specially designed exercises and equipment to help patients regain or improve their physical abilities.

The Sendero Medical Director denied the request for additional physical therapy. The reason for this was that there are certain rules which must be followed for Sendero to approve additional physical therapy. These rules come from the April 2021 InterQual® criteria, the section on Outpatient Rehabilitation, Spinal Disorders, Cervical Rehabilitation. For us to approve this treatment, you would have to have documentation of continued improvement over the last three visits.

In the physical therapy notes ranging from the November 19, 2021 through the March 2, 2022 session there is no documentation of improvement based on objective findings or subjective pain and function.

PROVIDER REASON:

The requested additional physical therapy does not meet medical necessity as required by Sendero 2022 Evidence of Coverage page 87-88, "Medically Necessary means the required extent of a healthcare service, treatment or procedure that a Healthcare Practitioner would provide to his/her patient for the purpose of diagnosing, palliating, or treating an Illness or Bodily Injury or its symptoms. The fact that a Healthcare Practitioner may prescribe, authorize or direct a service does not of itself make it Medically Necessary or covered under this Illness. Such healthcare service, treatment or procedure must be:

In accordance with nationally recognized standards of medical practice and identified as safe, widely used, and generally accepted as effective for the proposed use;

Clinically appropriate in terms of type, frequency, intensity, toxicity, extent, setting, and duration;

Not primarily for the convenience of the patient or Healthcare Practitioner;

Clearly substantiated and supported by the medical records and documentation concerning the patient's condition;

No

No

MEMBER REASON:

The Sendero Medical Director reviewed the clinical information sent in by your provider requesting a genetic test known as Celiac Disease Genotype. A genetic test identifies changes/abnormalities in chromosomes, genes, or proteins to confirm or rule out suspected genetic conditions.

The Sendero Medical Director denied the request for the Celiac Disease Genotype. The reason for this was that there are certain rules which must be followed for Sendero to approve this test. These rules come from the April 2021 InterQual® criteria, the section on Molecular Diagnostics for HLA Genotyping for Celiac Disease. For us to approve this test, you would have to have documentation that you had not previously had blood tests for celiac disease, or it was negative or undetermined.

In the notes from the February 25, 2022 visit with Dr. Sami Adib there is documentation that you did have an abnormal celiac panel (blood test) in 2019.

PROVIDER REASON:

The requested Celiac Disease Genotype does not meet medical necessity as required by Sendero 2022 Evidence of Coverage page 87-88, "Medically Necessary means the required extent of a healthcare service, treatment or procedure that a Healthcare Practitioner would provide to his/her patient for the purpose of diagnosing, palliating, or treating an Illness or Bodily Injury or its symptoms. The fact that a Healthcare Practitioner may prescribe, authorize or direct a service does not of itself make it Medically Necessary or covered under this Illness. Such healthcare service, treatment or procedure must be:

In accordance with nationally recognized standards of medical practice and identified as safe, widely used, and generally accepted as effective for the proposed use;

Clinically appropriate in terms of type, frequency, intensity, toxicity, extent, setting, and duration;

Not primarily for the convenience of the patient or Healthcare Practitioner;

Clearly substantiated and supported by the medical records and documentation concerning the patient's condition;

Performed in the most cost effective setting required by the patient's condition;

Supported by the preponderance of nationally recognized peer reviewed medical literature, if any, published in the English language as of the date of

Yes

No

0700990

Physical Therap

Neurological & Outpatient

M54.12, Z98.8

7310454

Outpatient Servic

Gastroenterol Outpatient

R89.4

6807331	Physical Therap		Member reason: As stated in the IdealCare Member Handbook effective 1/2022, page 7: "Certain covered services require preauthorization before receiving the service. If a service requires preauthorization, and Sendero does not authorize it, the service(s) provided will be denied."		
			Provider reason: As stated in the Sendero Provider Manual effective 7/8/2021, pages 4, section 1.0 – "Prior Authorization List – Medical" effective 1/1/2021 specifically states that "Outpatient physical therapy (PT), occupational therapy (OT) and speech therapy (ST) – excluding initial evaluation" requires prior authorization. Page M25.561, M6:40 section 6.4 Prior Authorization "Sendero requires that all services described on the prior authorization list be authorized prior to services being rendered." No	Orthopedic	Outpatient
			MEMBER REASON: The Sendero Medical Director reviewed the clinical information sent in by your provider requesting an MRI of the lumbar spine. An MRI is a medical imaging technique that uses a magnetic field and computer-generated radio waves to create detailed images of the organs and tissues in your body. The Sendero Medical Director denied the request for the MRI of the lumbar spine. The reason for this was that there are certain rules which must be followed for Sendero to approve this test. These rules come from the October 2021 InterQual® criteria, the section on Imaging for the Lumbar (low back) Spine. For us to approve this test, you would have to have documentation of at least six weeks of physical therapy or home exercises in the last year. In the notes from the March 14, 2022 visit with Dr. Ali Bagheri there is only mention that you have "done physical therapy in the past" without specific documentation of when. Sendero records do not reveal any physical therapy since you became our member effective 1/1/2019.		
8679752	Advanced Imagi		PROVIDER REASON: The requested lumbar spine MRI does not meet medical necessity as required by Sendero 2022 Evidence of Coverage page 87-88, "Medically Necessary means the required extent of a healthcare service, treatment or procedure that a Healthcare Practitioner would provide to his/her patient for the purpose of diagnosing, palliating, or treating an Illness or Bodily Injury or its symptoms. The fact that a Healthcare Practitioner may prescribe, authorize or direct a service does not of itself make it Medically Necessary or covered under this Illness. Such healthcare service, treatment or procedure must be: In accordance with nationally recognized standards of medical practice and identified as safe, widely used, and generally accepted as effective for the proposed use; Clinically appropriate in terms of type, frequency, intensity, toxicity, extent, setting, and duration; Not primarily for the convenience of the patient or Healthcare Practitioner; Clearly substantiated and supported by the medical records and documentation concerning the patient's condition; Performed in the most cost effective setting required by the patient's condition; Supported by the preponderance of nationally recognized peer reviewed medical literature, if any, published in the English language as of the date of	Orthopedic	Outpatient
		M54.16		No	No

The reason for this decision is:

Member reason:

This request for retrospective review for an out of network provider, Ascension Texas Imaging to provide Chest Xray 2 views has been denied, as Sendero has contracted in network providers that can provide the requested services. The requested treatment is not part of emergency treatment.

Further important information relating to this denial of your request follows:

You are responsible for the full cost of Excluded Services.

Medically Necessary, appropriate, preauthorized by Sendero and/or included in your benefits. Excluded Services do not count toward your deductible, copayment and Maximum Out of Pocket amounts. If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a Preauthorization for You to see an Out-of-Network Provider

Provider reason:

As stated in the 2022 Sendero IdealCare Evidence of Coverage (EOC), Page 9: "Out-of-Network Services Unless preauthorized by Sendero or rendered as a part of covered Emergency Care, Out-of-Network Benefits are Excluded Services and are not Covered Services by Sendero. You are responsible for the full cost of Excluded Services. Covered Services are Medically Necessary, and appropriate, must be either preauthorized by Sendero and included in your benefits. Excluded Services does not count toward your deductible, copayment, or Maximum Out of Pocket amounts.

If Medically Necessary, Covered Services are not available through an In-Network Provider, your Primary Care Provider (PCP) may request a Preauthorization for you to see an Out-of-Network Provider."

0422250

Advanced Imagin

Internal Medi Outpatient

J06.9

IdealCare has contracted in-network providers that can provide the requested services.

No

No

MEMBER REASON:

The Sendero Medical Director reviewed the clinical information sent in by your provider requesting an additional physical therapy. Physical therapy is treatment that uses specially designed exercises and equipment to help patients regain or improve their physical abilities.

The Sendero Medical Director denied the request for additional physical therapy. The reason for this was that there are certain rules which must be followed for Sendero to approve additional physical therapy. These rules come from the March 2022 InterQual® criteria, the section on Outpatient Rehabilitation.

In the physical therapy notes April 25, 2022, there is documentation of increased pain despite consistent therapy over several weeks. Only small gains in strength and range of motion and therapist noted that it is unclear if continued therapy will provide significant relief. Additionally, the therapist recommended return to your physician for evaluation.

PROVIDER REASON:

The requested additional physical therapy does not meet medical necessity as required by Sendero 2022 Evidence of Coverage page 84-85, "Medically Necessary means the required extent of a healthcare service, treatment or procedure that a Healthcare Practitioner would provide to his/her patient for the purpose of diagnosing, palliating, or treating an Illness or Bodily Injury or its symptoms. The fact that a Healthcare Practitioner may prescribe, authorize or direct a service does not of itself make it Medically Necessary or covered under this Illness. Such healthcare service, treatment or procedure must be:

In accordance with nationally recognized standards of medical practice and identified as safe, widely used, and generally accepted as effective for the proposed use;

Clinically appropriate in terms of type, frequency, intensity, toxicity, extent, setting, and duration;

Not primarily for the convenience of the patient or Healthcare Practitioner;

Clearly substantiated and supported by the medical records and documentation concerning the patient's condition;

Performed in the most cost effective setting required by the patient's condition;

Supported by the preponderance of nationally recognized peer reviewed medical literature, if any, published in the English language as of the date of

Orthopedic Outpatient

M25.551, M25.552 service; and

No

No

MEMBER REASON:

The Sendero Medical Director reviewed the clinical information sent in by your provider requesting an MRI of the right hip. An MRI is a medical imaging technique that uses a magnetic field and computer-generated radio waves to create detailed images of the organs and tissues in your body.

The Sendero Medical Director denied the request for the MRI of the right hip. The reason for this was that there are certain rules which must be followed for Sendero to approve this test. These rules come from the April 2022 InterQual® criteria, the section on Imaging for the Hip. For us to approve this test, you would have to have documentation of at least 2 of the required findings per InterQual of joint pain, locking, giving way by history, pain with ROM and limited ROM (only had joint pain) and an x-ray of the right hip that did not provide reason for the current symptoms or findings.

In the notes from the April 21, 2022 visit with Paula Amaro, FNP there is documentation that you have pain in the right hip. On the physical examination findings, it is noted that range of motion of right hip is intact, no pain with movement, and tenderness to right glute.

0075020

Advanced Imagin

PROVIDER REASON:

The requested right hip MRI does not meet medical necessity as required by Sendero 2022 Evidence of Coverage page 87-88, "Medically Necessary means the required extent of a healthcare service, treatment or procedure that a Healthcare Practitioner would provide to his/her patient for the purpose of diagnosing, palliating, or treating an Illness or Bodily Injury or its symptoms. The fact that a Healthcare Practitioner may prescribe, authorize or direct a service does not of itself make it Medically Necessary or covered under this Illness. Such healthcare service, treatment or procedure must be:

In accordance with nationally recognized standards of medical practice and identified as safe, widely used, and generally accepted as effective for the proposed use;

Clinically appropriate in terms of type, frequency, intensity, toxicity, extent, setting, and duration;

Not primarily for the convenience of the patient or Healthcare Practitioner;

Clearly substantiated and supported by the medical records and documentation concerning the patient's condition;

Performed in the most cost effective setting required by the patient's condition;

Supported by the preponderance of nationally recognized peer reviewed medical literature, if any, published in the English language as of the date of

No

No

FNP

Outpatient

M25.551

Member reason:

This request for an out of network provider, Dr. Scott Elkin for transcranial magnetic stimulation (TMS) has been denied, as Sendero has contracted in network providers that can provide the requested services. The requested treatment is not part of emergency treatment.

Further important information relating to this denial of your request follows:

You are responsible for the full cost of Excluded Services.

Medically Necessary, appropriate, preauthorized by Sendero and/or included in your benefits. Excluded Services do not count toward your deductible, copayment and Maximum Out of Pocket amounts. If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a Preauthorization for You to see an Out-of-Network Provider

3480240

Outpatient Serv

Provider reason:

As stated in the 2022 Sendero IdealCare Consumer Choice Evidence of Coverage (EOC), Page 9: "Out-of-Network Services Unless preauthorized by Sendero or rendered as a part of covered Emergency Care, Out-of-Network Benefits are Excluded Services and are not Covered Services by Sendero. You are responsible for the full cost of Excluded Services. Covered Services are Medically Necessary, and appropriate, must be either preauthorized by Sendero and included in your benefits. Excluded Services does not count toward your deductible, copayment, or Maximum Out of Pocket amounts.

If Medically Necessary, Covered Services are not available through an In-Network Provider, your Primary Care Provider (PCP) may request a Preauthorization for you to see an Out-of-Network Provider."

Psychiatry

Outpatient

F33.2

IdealCare has contracted in-network providers that can provide the requested services.

No

No

MEMBER REASON:

The Sendero Medical Director reviewed the clinical information sent in by your provider requesting a cervical ESI. A cervical ESI is a procedure where an anti-inflammatory medicine is injected into the epidural space around the spinal nerves in your neck.

The Sendero Medical Director denied the request for a cervical ESI. The reason for this was that there are certain rules which must be followed for Sendero to approve this test. These rules come from the April 2022 InterQual® criteria, the section on Procedures, Epidural Steroid Injection. For us to approve this test, you would have to have documentation of at least three weeks of NSAIDs without significant relief.

In the notes from the May 3, 2022 visit with Dr. Moroz he did prescribe Diclofenac ER 100mg daily (quantity of 21). This is an NSAID. However, there has not been at least three weeks allowed to determine response to this medication.

9995679

Outpatient Service

PROVIDER REASON:

The requested cervical ESI does not meet medical necessity as required by Sendero 2022 Evidence of Coverage page 87-88, "Medically Necessary means the required extent of a healthcare service, treatment or procedure that a Healthcare Practitioner would provide to his/her patient for the purpose of diagnosing, palliating, or treating an Illness or Bodily Injury or its symptoms. The fact that a Healthcare Practitioner may prescribe, authorize or direct a service does not of itself make it Medically Necessary or covered under this Illness. Such healthcare service, treatment or procedure must be:

In accordance with nationally recognized standards of medical practice and identified as safe, widely used, and generally accepted as effective for the proposed use;

Clinically appropriate in terms of type, frequency, intensity, toxicity, extent, setting, and duration;

Not primarily for the convenience of the patient or Healthcare Practitioner;

Clearly substantiated and supported by the medical records and documentation concerning the patient's condition;

Performed in the most cost effective setting required by the patient's condition;

Supported by the preponderance of nationally recognized peer reviewed medical literature, if any, published in the English language as of the date of

No

No

Physical Medi Outpatient

M54.12

The reason for this decision is:

Member reason:

1521613

Advanced Imaging

As stated in the IdealCare Member Handbook effective 1/2022, page 7: "Certain covered services require preauthorization before receiving the service. If a service requires preauthorization, and Sendero does not authorize it, the service(s) provided will be denied."

Provider reason:

As stated in the Sendero Provider Manual effective 7/8/2021, pages 4-5, section 1.0 – "Prior Authorization List – Medical" effective 1/1/2021 specifically states that "CT/CTA Scans, MRIs & MRAs not provided in an inpatient or Emergency Room setting" requires prior authorization. Page 40 section 6.4 Prior Authorization "Sendero requires that all services described on the prior authorization list be authorized prior to services being rendered."

No

No

Family Medici Outpatient

M25.51

The reason for this decision is:

MEMBER REASON:

The requested PuraPly AM ordered by Dr. Kimberly Chou was denied as not a covered benefit as it is considered experimental/investigational by Sendero Health Plans. For additional information refer to the 2022 Sendero Evidence of Coverage (EOC) see reference below.

PROVIDER REASON:

4539520

Outpatient Service

Sendero Health Plan has determined that the requested PuraPly AM is considered experimental and investigational and therefore not a covered benefit.

As stated in the 2022 Sendero Consumer Choice Evidence of Coverage (EOC) pages 48-53:

General Exclusions and Limitations

Below is a list of limitations and exclusions on Covered Services. Please review the entire document, as there may be multiple limitations applicable to a particular service. These limitations and exclusions apply even if a Physician or Provider has performed or prescribed a medically appropriate service. This does not prevent Your Healthcare Practitioner from providing or performing the service, however, the service will not be a Covered Service paid for by us. ...Unless specifically stated otherwise, no benefits will be provided for, or on account of, the following items:

4. Services which are Experimental or Investigational, or related to such, whether incurred prior to, in connection with, or subsequent to the service which is Experimental or Investigational except as expressly provided in this Contract.

Family Medical Outpatient

187.212, L97.8

No

No

MEMBER REASON:

The Sendero Medical Director reviewed the clinical information sent in by your provider requesting additional physical therapy. Physical therapy is supervised treatment that uses specially designed exercises and equipment to help patients regain or improve their physical abilities.

The Sendero Medical Director denied the request for additional physical therapy. The reason for this was that there are certain rules which must be followed for Sendero to approve additional physical therapy. These rules come from the March 2022 InterQual® criteria, the section on Outpatient Rehabilitation.

You have had approximately eight months of physical therapy authorized since your surgery on the left shoulder (performed on 9/7/2021). In the physical therapy notes May 23, 2022, there is documentation of minimal pain and functionality has improved, although not back to baseline. The Sendero Medical Director determined that there is no evidence that continued formal physical therapy will improve the current situation given that surgery was so distant.

1150509

Physical Therapy

PROVIDER REASON:

The requested additional physical therapy does not meet medical necessity as required by Sendero 2022 Evidence of Coverage page 87-88, "Medically Necessary means the required extent of a healthcare service, treatment or procedure that a Healthcare Practitioner would provide to his/her patient for the purpose of diagnosing, palliating, or treating an Illness or Bodily Injury or its symptoms. The fact that a Healthcare Practitioner may prescribe, authorize, or direct a service does not of itself make it Medically Necessary or covered under this Illness. Such healthcare service, treatment or procedure must be:

In accordance with nationally recognized standards of medical practice and identified as safe, widely used, and generally accepted as effective for the proposed use.

Clinically appropriate in terms of type, frequency, intensity, toxicity, extent, setting, and duration.

Not primarily for the convenience of the patient or Healthcare Practitioner.

Clearly substantiated and supported by the medical records and documentation concerning the patient's condition.

Performed in the most cost-effective setting required by the patient's condition.

Orthopedic Outpatient

M25.512

Supported by the preponderance of nationally recognized peer reviewed medical literature, if any, published in the English language as of the date of

No

No

3654448	/Neuropsych T	<p>The reason for this decision is:</p> <p>Member reason:</p> <p>This request for an out of network provider, Douglas Greg Allen, Ph. D. with Austin Neuropsychology, PLLC for neuropsychological evaluation and testing (Current Procedural Terminology [CPT®]) codes 96116 1 unit, 96132 2 units, 96133 3 units, 96138 1 unit and 19139 10 units has been denied, as Sendero has contracted in network providers that can provide the requested services. The requested treatment is not part of emergency treatment.</p> <p>Further important information relating to this denial of your request follows:</p> <p>You are responsible for the full cost of Excluded Services. Excluded Services do not count toward your deductible, copayment and Maximum Out of Pocket amounts. If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a Preauthorization for You to see an Out-of-Network Provider</p> <p>Provider reason:</p> <p>As stated in the 2022 Sendero IdealCare Evidence of Coverage (EOC), Page 9: "Unless preauthorized by Sendero or rendered as a part of covered Emergency Care, Out-of-Network Benefits are considered Excluded Services and are not Covered Services by Sendero. You are responsible for the full cost of Excluded Services. Covered Services are Medically Necessary, appropriate, preauthorized by Sendero and included in your benefits. Any payment you make toward an Excluded Service does not count toward your deductible, copayment, or Maximum-Out-of-Pocket amounts. If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a preauthorization for You to see an Out-of-Network Provider."</p>	Yes	No
Neuropsychol Office	F80.89, F84.0,	IdealCare has contracted in-network providers that can provide the requested services.		
4171205	itpatient Servic	<p>The reason for this decision is:</p> <p>Member reason:</p> <p>This request for an out of network provider, Ascension Texas Imaging to perform screening mammogram/3D (Current Procedural Terminology [CPT®] codes 77067and 77063), has been denied, as Sendero has contracted in network providers that can provide the requested services. The requested treatment is not part of emergency treatment.</p> <p>Further important information relating to this denial of your request follows:</p> <p>You are responsible for the full cost of Excluded Services. Excluded Services do not count toward your deductible, copayment and Maximum Out of Pocket amounts. If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a Preauthorization for You to see an Out-of-Network Provider.</p> <p>Provider reason:</p> <p>As stated in the 2022 Sendero IdealCare Evidence of Coverage (EOC), Page 9: "Unless preauthorized by Sendero or rendered as a part of covered Emergency Care, Out-of-Network Benefits are considered Excluded Services and are not Covered Services by Sendero. You are responsible for the full cost of Excluded Services. Covered Services are Medically Necessary, appropriate, preauthorized by Sendero and included in your benefits. Any payment you make toward an Excluded Service does not count toward your deductible, copayment, or Maximum-Out-of-Pocket amounts. If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a preauthorization for You to see an Out-of-Network Provider."</p> <p>IdealCare has contracted in-network providers that can provide the requested services.</p>	No	No
Family Medici Outpatient	Z12.39			

3486526	and Behavior Ar	BCBA	Outpatient	F84.0	MEMBER REASON: The Sendero Behavioral Health Medical Director reviewed the clinical information sent in by the provider requesting 40 hours per week of ABA therapy. The Sendero Behavioral Health Medical Director denied the request because current scientific evidence does not justify 40 hours per week as beneficial and suggests positive outcomes can occur in the 12 – 15 hour range. PROVIDER REASON: While this child meets the criteria for Autistic Disorder, her diagnosis does not warrant 40 hours a week of ABA therapy. ABA therapy has been shown to be beneficial for the treatment of autistic disorders but 40 hours a week of therapy has not been justified in the scientific literature with randomized controlled trials. Empirical evidence suggests that the best outcomes with positive gains can occur in the range of 12 -15 hours. There is no evidence that a high number of hours of discrete behavioral interventions are more effective than a naturalistic approach. While this patient exhibits some challenging behaviors, her symptoms do not warrant 40 hours a week of in center care. She also needs language intervention in the form of speech therapy or other modality as well as occupational therapy which are either currently ongoing or scheduled. A large number of only ABA is prohibitive of adequately receiving those other treatment modalities. A more naturalistic approach that involves in home treatment for the child and family is recommended to address these issues along with others pertaining to her diagnosis. Parent training is a key component in the treatment for children with Autism and cannot be adequately addressed with 40 hours of in center ABA. A child with ASD will not be expected to have zero challenging behaviors in childhood and adaptive functioning, communication, social skills, and cognitive functioning may never reach “normative levels” for at least half of the children on the Autism spectrum. A fade plan is required and should be developmentally appropriate and realistic. Comprehensive care for individuals with Autism Spectrum Disorder includes the provision of and collaboration with services such as Speech and Language Pathology, Occupation and Physical Therapy, Psychiatry, educational programs, etc. Consultation with OT, SLP, and psychiatry is recommended to maximize progress in ABA therapy. Empirical studies have indicated that a multidisciplinary approach is best practice in the treatment of the symptoms associated with ASD.	No	No
8664196	Advanced Imagi	Orthopedic	Outpatient	M54.16	Member reason: As stated in the IdealCare Member Handbook effective 1/2022, page 7: “Certain covered services require preauthorization before receiving the service. If a service requires preauthorization, and Sendero does not authorize it, the service(s) provided will be denied.” Provider reason: As stated in the Sendero Provider Manual effective 7/8/2021, pages 4-5, section 1.0 – “Prior Authorization List – Medical” effective 1/1/2021 specifically states that “CT/CTA Scans, MRIs & MRAs not provided in an inpatient or Emergency Room setting” requires prior authorization. Page 40 section 6.4 Prior Authorization “Sendero requires that all services described on the prior authorization list be authorized prior to services being rendered.”	Yes	No

The Sendero Medical Director reviewed the clinical information sent in by your provider requesting MRI with IV contrast of the lumbar spine. An MRI is a medical imaging technique that uses a magnetic field and computer-generated radio waves to create detailed images of the organs and tissues in your body.

The Sendero Medical Director denied the request for MRI with IV contrast of the lumbar spine. The reason for this was that there are certain rules which must be followed for Sendero to approve MRI with IV contrast of the lumbar spine. These rules come from the April 2022 InterQual® criteria, the section on Imaging, Spine, Lumbar. For us to approve this test, you would have to have at least three weeks of acetaminophen or non-steroidal anti-inflammatory drugs or an epidural steroid injection and at least six weeks of home exercise or physical therapy and activity modification. If symptoms continued after that treatment, MRI would meet the guidelines.

PROVIDER REASON:

The requested MRI with IV contrast of the lumbar spine does not meet medical necessity as required by Sendero 2022 Evidence of Coverage page 84-85, "Medically Necessary means the required extent of a healthcare service, treatment or procedure that a Healthcare Practitioner would provide to his/her patient for the purpose of diagnosing, palliating, or treating an illness or Bodily Injury or its symptoms. The fact that a Healthcare Practitioner may prescribe, authorize or direct a service does not of itself make it Medically Necessary or covered under this illness. Such healthcare service, treatment or procedure must be:

- In accordance with nationally recognized standards of medical practice and identified as safe, widely used, and generally accepted as effective for the proposed use;
- Clinically appropriate in terms of type, frequency, intensity, toxicity, extent, setting, and duration;
- Not primarily for the convenience of the patient or Healthcare Practitioner;
- Clearly substantiated and supported by the medical records and documentation concerning the patient's condition;
- Performed in the most cost effective setting required by the patient's condition;
- Supported by the preponderance of nationally recognized peer reviewed medical literature, if any, published in the English language as of the date of service; and

Not Experimental or Investigational."

8015502

Advanced Imagin

Internal Medi Outpatient

M54.50

No

No

The reason for this decision is:

Member reason:

This request for an out of network provider, Ascension Texas Imaging to perform ultrasound exam abdomen complete, ultrasound exam pelvic complete, and transvaginal ultrasound non-obstetric, has been denied, as Sendero has contracted in network providers that can provide the requested services. The requested treatment is not part of emergency treatment.

Further important information relating to this denial of your request follows:

You are responsible for the full cost of Excluded Services. Excluded Services do not count toward your deductible, copayment and Maximum Out of Pocket amounts. If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a Preauthorization for You to see an Out-of-Network Provider.

Provider reason:

As stated in the 2022 Sendero IdealCare Evidence of Coverage (EOC), Page 9: "Unless preauthorized by Sendero or rendered as a part of covered Emergency Care, Out-of-Network Benefits are considered Excluded Services and are not Covered Services by Sendero. You are responsible for the full cost of Excluded Services. Covered Services are Medically Necessary, appropriate, preauthorized by Sendero and included in your benefits. Any payment you make toward an Excluded Service does not count toward your deductible, copayment, or Maximum-Out-of-Pocket amounts. If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a preauthorization for You to see an Out-of-Network Provider."

5532349

Outpatient Serv

FNP

Office

R10.2, R10.9

IdealCare has contracted in-network providers that can provide the requested services.

No

No

MEMBER REASON:

The Sendero Medical Director reviewed the clinical information sent in by your provider requesting an MRI of the brain. An MRI is a medical imaging technique that uses a magnetic field and computer-generated radio waves to create detailed images of the organs and tissues in your body.

The Sendero Medical Director denied the request for the MRI of the brain. The reason for this was that there are certain rules which must be followed for Sendero to approve this test.

For us to approve this test, the provider would have to have to provide documentation that medications you are currently taking are not contributing to your mental status change and you would have to have laboratory testing performed that did not explain the cause of the mental status change.

PROVIDER REASON:

5734325

Advanced Imagi

The requested MRI of the brain does not meet medical necessity as required by Sendero 2022 Evidence of Coverage page 87-88, "Medically Necessary means the required extent of a healthcare service, treatment or procedure that a Healthcare Practitioner would provide to his/her patient for the purpose of diagnosing, palliating, or treating an illness or Bodily Injury or its symptoms. The fact that a Healthcare Practitioner may prescribe, authorize or direct a service does not of itself make it Medically Necessary or covered under this illness. Such healthcare service, treatment or procedure must be:

In accordance with nationally recognized standards of medical practice and identified as safe, widely used, and generally accepted as effective for the proposed use;

Clinically appropriate in terms of type, frequency, intensity, toxicity, extent, setting, and duration;

Not primarily for the convenience of the patient or Healthcare Practitioner;

Clearly substantiated and supported by the medical records and documentation concerning the patient's condition;

Performed in the most cost effective setting required by the patient's condition;

Supported by the preponderance of nationally recognized peer reviewed medical literature, if any, published in the English language as of the date of service; and

Not Experimental or Investigational."

Physician Assi Outpatient

R41.3

Yes

No

The reason for this decision is:

Member reason:

This request for an out of network provider, Dr. Christopher Hall to perform right and left knee arthroscopy at out of network facility, Brushy Creek Family Hospital has been denied, as Sendero has contracted in network providers that can provide the requested services. The requested treatment is not part of emergency treatment.

Further important information relating to this denial of your request follows:

You are responsible for the full cost of Excluded Services.

Excluded Services do not count toward your deductible, copayment and Maximum Out of Pocket amounts. If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a Preauthorization for You to see an Out-of-Network Provider

Provider reason:

As stated in the 2022 Sendero IdealCare Evidence of Coverage (EOC), Page 9: "Unless preauthorized by Sendero or rendered as a part of covered Emergency Care, Out-of-Network Benefits are considered Excluded Services and are not Covered Services by Sendero. You are responsible for the full cost of Excluded Services. Covered Services are Medically Necessary, appropriate, preauthorized by Sendero and included in your benefits. Any payment you make toward an Excluded Service does not count toward your deductible, copayment, or Maximum-Out-of-Pocket amounts.

If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a preauthorization for You to see an Out-of-Network Provider."

0335657

Outpatient Servic

Orthopedic Outpatient

M22.42, M22. IdealCare has contracted in-network providers that can provide the requested services.

No

No

8436285	Outpatient Service	<p>The reason for this decision is:</p> <p>MEMBER REASON:</p> <p>The requested Kerecis Omega 3 ordered by Dr. Angela Akin was denied as not a covered benefit as it is considered experimental/investigational by Sendero Health Plans. For additional information refer to the 2022 Sendero Platinum Evidence of Coverage (EOC) see reference below.</p> <p>PROVIDER REASON:</p> <p>Sendero Health Plan has determined that the requested Kerecis Omega 3 is considered experimental and investigational and therefore not a covered benefit.</p> <p>As stated in the 2022 Sendero Platinum Evidence of Coverage (EOC) pages 46-51:</p> <p>General Exclusions and Limitations</p> <p>Below is a list of limitations and exclusions on Covered Services. Please review the entire document, as there may be multiple limitations applicable to a particular service. These limitations and exclusions apply even if a Physician or Provider has performed or prescribed a medically appropriate service. This does not prevent Your Healthcare Practitioner from providing or performing the service, however, the service will not be a Covered Service paid for by us. ...Unless specifically stated otherwise, no benefits will be provided for, or on account of, the following items:</p> <p>4. Services which are Experimental or Investigational, or related to such, whether incurred prior to, in connection with, or subsequent to the service which is Experimental or Investigational except as expressly provided in this Contract.</p>	No	No
6807873	Outpatient Service	<p>The reason for this decision is:</p> <p>MEMBER REASON:</p> <p>The requested In Intracept® procedure to treat chronic vertebrogenic pain (thermal destruction of intraosseous basivertebral nerve) ordered by Dr. Ramesh Singa was denied as not a covered benefit as it is considered experimental/investigational by Sendero Health Plans. For additional information refer to the 2022 Sendero Platinum Evidence of Coverage (EOC) see reference below.</p> <p>PROVIDER REASON:</p> <p>Sendero Health Plan has determined that the requested In Intracept® procedure to treat chronic vertebrogenic pain (thermal destruction of intraosseous basivertebral nerve) is considered experimental and investigational and therefore not a covered benefit.</p> <p>As stated in the 2022 Sendero Platinum Evidence of Coverage (EOC) pages 46-51:</p> <p>General Exclusions and Limitations</p> <p>Below is a list of limitations and exclusions on Covered Services. Please review the entire document, as there may be multiple limitations applicable to a particular service. These limitations and exclusions apply even if a Physician or Provider has performed or prescribed a medically appropriate service. This does not prevent Your Healthcare Practitioner from providing or performing the service, however, the service will not be a Covered Service paid for by us. ...Unless specifically stated otherwise, no benefits will be provided for, or on account of, the following items:</p> <p>4. Services which are Experimental or Investigational, or related to such, whether incurred prior to, in connection with, or subsequent to the service which is Experimental or Investigational except as expressly provided in this Contract.</p>	No	No



The reason for this decision is:

MEMBER REASON:

The requested Kerecis Omega 3 ordered by Dr. Angela Akin was denied as not a covered benefit as it is considered experimental/investigational by Sendero Health Plans. For additional information refer to the 2022 Sendero Platinum Evidence of Coverage (EOC) see reference below.

PROVIDER REASON:

Sendero Health Plan has determined that the requested Kerecis Omega 3 is considered experimental and investigational and therefore not a covered benefit.

As stated in the 2022 Sendero Platinum Evidence of Coverage (EOC) pages 46-51:

General Exclusions and Limitations

Below is a list of limitations and exclusions on Covered Services. Please review the entire document, as there may be multiple limitations applicable to a particular service. These limitations and exclusions apply even if a Physician or Provider has performed or prescribed a medically appropriate service. This does not prevent Your Healthcare Practitioner from providing or performing the service, however, the service will not be a Covered Service paid for by us. ...Unless specifically stated otherwise, no benefits will be provided for, or on account of, the following items:

4. Services which are Experimental or Investigational, or related to such, whether incurred prior to, in connection with, or subsequent to the service which is L97.522, L97.5 Experimental or Investigational except as expressly provided in this Contract.

No

No

The reason for this decision is:

Member reason:

This request for out of network provider, Dr. Christopher Schneider to perform right nasal ala reconstruction with full thickness skin graft (FTSG) vs paramedian forehead flap CPT® codes 15260 and 15731 has been denied, as Sendero has contracted in network providers that can provide the requested services. The requested treatment is not part of emergency treatment.

Further important information relating to this denial of your request follows:

You are responsible for the full cost of Excluded Services.

Excluded Services do not count toward your deductible, copayment and Maximum Out of Pocket amounts. If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a Preauthorization for You to see an Out-of-Network Provider

Provider reason:

As stated in the 2022 Sendero IdealCare Evidence of Coverage (EOC), Page 9: "Unless preauthorized by Sendero or rendered as a part of covered Emergency Care, Out-of-Network Benefits are considered Excluded Services and are not Covered Services by Sendero. You are responsible for the full cost of Excluded Services. Covered Services are Medically Necessary, appropriate, preauthorized by Sendero and included in your benefits. Any payment you make toward an Excluded Service does not count toward your deductible, copayment, or Maximum-Out-of-Pocket amounts.

If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a preauthorization for You to see an Out-of-Network Provider."

No

No

4994257

Outpatient Service

Family Medici Outpatient

L97.522, L97.5

1289329

Outpatient Service

Orthopedic Outpatient

M17.11

IdealCare has contracted in-network providers that can provide the requested services.

The reason for this decision is:

Member reason:

This request for out of network provider, Dr. Christopher Schneider to perform right nasal ala reconstruction with full thickness skin graft (FTSG) vs paramedian forehead flap CPT® codes 15260 and 15731 has been denied, as Sendero has contracted in network providers that can provide the requested services. The requested treatment is not part of emergency treatment.

Further important information relating to this denial of your request follows:

You are responsible for the full cost of Excluded Services.

Excluded Services do not count toward your deductible, copayment and Maximum Out of Pocket amounts. If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a Preauthorization for You to see an Out-of-Network Provider

Provider reason:

As stated in the 2022 Sendero IdealCare Evidence of Coverage (EOC), Page 9: "Unless preauthorized by Sendero or rendered as a part of covered Emergency Care, Out-of-Network Benefits are considered Excluded Services and are not Covered Services by Sendero. You are responsible for the full cost of Excluded Services. Covered Services are Medically Necessary, appropriate, preauthorized by Sendero and included in your benefits. Any payment you make toward an Excluded Service does not count toward your deductible, copayment, or Maximum-Out-of-Pocket amounts.

If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a preauthorization for You to see an Out-of-Network Provider."

2591859

Outpatient Service

Plastic Surgery Outpatient

S01.20XD

IdealCare has contracted in-network providers that can provide the requested services.

Yes

No

The reason for this decision is:

Member reason:

This request for an out of network provider, Dr. Michael Martin (Family Medicine) for continued follow up visits related to diabetes, dates of service September 20, 2022 through December 31, 2022 has been denied, as Sendero has contracted in network providers that can provide the requested services. The requested treatment is not part of emergency treatment.

Further important information relating to this denial of your request follows:

You are responsible for the full cost of Excluded Services.

Excluded Services do not count toward your deductible, copayment and Maximum Out of Pocket amounts. If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a Preauthorization for You to see an Out-of-Network Provider.

Provider reason:

As stated in the 2022 Sendero IdealCare Evidence of Coverage (EOC), Page 9: "Unless preauthorized by Sendero or rendered as a part of covered Emergency Care, Out-of-Network Benefits are considered Excluded Services and are not Covered Services by Sendero. You are responsible for the full cost of Excluded Services. Covered Services are Medically Necessary, appropriate, preauthorized by Sendero and included in your benefits. Any payment you make toward an Excluded Service does not count toward your deductible, copayment, or Maximum-Out-of-Pocket amounts.

If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a preauthorization for You to see an Out-of-Network Provider."

5164750

Office Visit

Family Medicine Office

E11.65, E78.00 IdealCare has contracted in-network providers that can provide the requested services.

No

No

3234565	Office Visit		<p>Member reason:</p> <p>This request by an out of network provider, Dr. Gary Gilcrease for a referral to an out of network Ophthalmologist, Dr. Felipe Deleon, dates of service September 27, 2022 through September 27, 2023 has been denied, as Sendero has contracted in network providers that can provide the requested services. The requested treatment is not part of emergency treatment.</p> <p>Further important information relating to this denial of your request follows:</p> <p>You are responsible for the full cost of Excluded Services. Excluded Services do not count toward your deductible, copayment and Maximum Out of Pocket amounts. If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a Preauthorization for You to see an Out-of-Network Provider.</p> <p>Provider reason:</p> <p>As stated in the 2022 Sendero IdealCare Evidence of Coverage (EOC), Page 9: "Unless preauthorized by Sendero or rendered as a part of covered Emergency Care, Out-of-Network Benefits are considered Excluded Services and are not Covered Services by Sendero. You are responsible for the full cost of Excluded Services. Covered Services are Medically Necessary, appropriate, preauthorized by Sendero and included in your benefits. Any payment you make toward an Excluded Service does not count toward your deductible, copayment, or Maximum-Out-of-Pocket amounts.</p> <p>If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a preauthorization for You to see an Out-of-Network Provider."</p>	No	No
Ophthalmolog Office	H53.8	IdealCare has contracted in-network providers that can provide the requested services.	No	No	
3754586	Dialysis		<p>Member reason:</p> <p>This request for an out of network provider, Fresenius Kidney Care Austin for hemodialysis, dates of service September 26, 2022 through September 25, 2023 has been denied, as Sendero has contracted in network providers that can provide the requested services. The requested treatment is not part of emergency treatment.</p> <p>Further important information relating to this denial of your request follows:</p> <p>You are responsible for the full cost of Excluded Services. Excluded Services do not count toward your deductible, copayment and Maximum Out of Pocket amounts. If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a Preauthorization for You to see an Out-of-Network Provider</p> <p>Provider reason:</p> <p>As stated in the 2022 Sendero IdealCare Platinum Evidence of Coverage (EOC), Page 8: "Unless preauthorized by Sendero or rendered as a part of covered Emergency Care, Out-of-Network Benefits are considered Excluded Services and are not Covered Services by Sendero. You are responsible for the full cost of Excluded Services. Covered Services are Medically Necessary, appropriate, preauthorized by Sendero and included in your benefits. Any payment you make toward an Excluded Service does not count toward your deductible, copayment, or Maximum-Out-of-Pocket amounts.</p> <p>If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a preauthorization for You to see an Out-of-Network Provider."</p>	No	No
Nephrology Outpatient	N1739	IdealCare has contracted in-network providers that can provide the requested services.	No	No	

Your physician requested home health aide/Attendant Services, 8am to 5pm, 5 days per week for 4 weeks to help with activities of daily living. This has been determined to be treatment/services that are considered custodial care. It was denied as not a covered benefit per your 2022 Sendero Evidence of Coverage (EOC) Platinum Health Benefit Plans see reference below.

Further important information relating to this denial of your request follows:

You are responsible for the full cost of Excluded Services.

Medically Necessary, appropriate, preauthorized by Sendero and/or included in your benefits. Excluded Services do not count toward your deductible, copayment and Maximum Out of Pocket amounts. If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a Preauthorization for You to see an Out-of-Network Provider.

PROVIDER REASON:

As stated in the Sendero 2022 Platinum Evidence of Coverage page 36:

For Home Healthcare

3. No benefits will be provided for, or on account of:
d. Custodial care.

And pages 46-51:

General Exclusions and Limitations

2100861

Home Health

Family Medici Home

Z78.9, G95.0, Below is a list of limitations and exclusions on Covered Services. Please review the entire document, as there may be multiple limitations applicable to a

No

No

The reason for this decision is:

Member reason:

This request for a follow up visit with out of network provider, Dr. Manuel Martin at Medical Arts Family Medicine, PLLC, date of service between October 13, 2022 through October 31, 2022 has been denied, as Sendero has contracted in network providers that can provide the requested services. The requested treatment is not part of emergency treatment.

Further important information relating to this denial of your request follows:

You are responsible for the full cost of Excluded Services.

Excluded Services do not count toward your deductible, copayment and Maximum Out of Pocket amounts. If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a Preauthorization for You to see an Out-of-Network Provider

Provider reason:

As stated in the 2022 Sendero IdealCare Evidence of Coverage (EOC), Page 9: "Unless preauthorized by Sendero or rendered as a part of covered Emergency Care, Out-of-Network Benefits are considered Excluded Services and are not Covered Services by Sendero. You are responsible for the full cost of Excluded Services. Covered Services are Medically Necessary, appropriate, preauthorized by Sendero and included in your benefits. Any payment you make toward an Excluded Service does not count toward your deductible, copayment, or Maximum-Out-of-Pocket amounts.

If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a preauthorization for You to see an Out-of-Network Provider."

3453967

Office Visit

Family Medici Office

R68

IdealCare has contracted in-network providers that can provide the requested services.

No

No

The reason for this decision is:

Member reason:

This request by Dr. Mary Ann Gonzales for out of network, provider Baylor Scott & White, Baylor Institute for Rehabilitation for full day rehabilitation program, date of service not provided has been denied, as Sendero has contracted in network providers that can provide the requested services. The requested treatment is not part of emergency treatment.

Further important information relating to this denial of your request follows:

You are responsible for the full cost of Excluded Services.

Excluded Services do not count toward your deductible, copayment and Maximum Out of Pocket amounts. If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a Preauthorization for You to see an Out-of-Network Provider.

Provider reason:

As stated in the 2022 Sendero IdealCare Evidence of Coverage (EOC), Page 9: "Unless preauthorized by Sendero or rendered as a part of covered Emergency Care, Out-of-Network Benefits are considered Excluded Services and are not Covered Services by Sendero. You are responsible for the full cost of Excluded Services. Covered Services are Medically Necessary, appropriate, preauthorized by Sendero and included in your benefits. Any payment you make toward an Excluded Service does not count toward your deductible, copayment, or Maximum-Out-of-Pocket amounts.

If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a preauthorization for You to see an Out-of-Network Provider."

5630589

Outpatient Service

PCP

Outpatient

163.9

IdealCare has contracted in-network providers that can provide the requested services.

No

No

The reason for this decision is:

Member reason:

This request for out of network provider, Dr. Savannah Sommerhalder with Aspire Allergy & Sinus for allergy injections, total of 40 injections, for dates of service from 10/5/2022 through 10/5/2023 has been denied, as Sendero has contracted in network providers that can provide the requested services. The requested treatment is not part of emergency treatment.

Further important information relating to this denial of your request follows:

You are responsible for the full cost of Excluded Services.

Excluded Services do not count toward your deductible, copayment and Maximum Out of Pocket amounts. If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a Preauthorization for You to see an Out-of-Network Provider.

Provider reason:

As stated in the 2022 Sendero IdealCare Evidence of Coverage (EOC), Page 9: "Unless preauthorized by Sendero or rendered as a part of covered Emergency Care, Out-of-Network Benefits are considered Excluded Services and are not Covered Services by Sendero. You are responsible for the full cost of Excluded Services. Covered Services are Medically Necessary, appropriate, preauthorized by Sendero and included in your benefits. Any payment you make toward an Excluded Service does not count toward your deductible, copayment, or Maximum-Out-of-Pocket amounts.

If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a preauthorization for You to see an Out-of-Network Provider."

9824134

Outpatient Service

Allergy

Outpatient

J30.1, J30.2

IdealCare has contracted in-network providers that can provide the requested services.

No

No

The reason for this decision is:

Member reason:

This request for an out of network provider, Lake Travis ER LLC to provide, observation services per hour for 72 hours or 3 days has been denied, as Sendero has contracted in network providers that can provide the requested services. The requested treatment is not part of emergency treatment.

Further important information relating to this denial of your request follows:

You are responsible for the full cost of Excluded Services.

Medically Necessary, appropriate, preauthorized by Sendero and/or included in your benefits. Excluded Services do not count toward your deductible, copayment and Maximum Out of Pocket amounts. If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a Preauthorization for You to see an Out-of-Network Provider

Provider reason:

As stated in the 2022 Sendero IdealCare Evidence of Coverage (EOC), Page 8: "Out-of-Network Services Unless preauthorized by Sendero or rendered as a part of covered Emergency Care, Out-of-Network Benefits are Excluded Services and are not Covered Services by Sendero. You are responsible for the full cost of Excluded Services. Covered Services are Medically Necessary, and appropriate, must be either preauthorized by Sendero and included in your benefits. Excluded Services does not count toward your deductible, copayment, or Maximum Out of Pocket amounts.

If Medically Necessary, Covered Services are not available through an In-Network Provider, your Primary Care Provider (PCP) may request a Preauthorization for you to see an Out-of-Network Provider."

9444604

Observation

Emergency M: Outpatient

F10.12, F14.1, IdealCare has contracted in-network providers that can provide the requested services.

No

No

The reason for this decision is:

Member reason:

This request for an out of network provider, Dr. Michael Martin/Medical Arts Family Medicine for preventative medicine evaluation of established patient, dates of service November 30, 2022 through December 31, 2022 has been denied, as Sendero has contracted in network providers that can provide the requested services. The requested treatment is not part of emergency treatment.

Further important information relating to this denial of your request follows:

You are responsible for the full cost of Excluded Services.

Excluded Services do not count toward your deductible, copayment and Maximum Out of Pocket amounts. If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a Preauthorization for You to see an Out-of-Network Provider.

Provider reason:

As stated in the 2022 Sendero IdealCare Evidence of Coverage (EOC), Page 9: "Unless preauthorized by Sendero or rendered as a part of covered Emergency Care, Out-of-Network Benefits are considered Excluded Services and are not Covered Services by Sendero. You are responsible for the full cost of Excluded Services. Covered Services are Medically Necessary, appropriate, preauthorized by Sendero and included in your benefits. Any payment you make toward an Excluded Service does not count toward your deductible, copayment, or Maximum-Out-of-Pocket amounts.

If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a preauthorization for You to see an Out-of-Network Provider."

9625900

Office Visit

Family Medici Office

Z00.00

IdealCare has contracted in-network providers that can provide the requested services.

No

No

8002761	Occupational Ther		<p>The reason for this decision is:</p> <p>Member reason:</p> <p>This request for an out of network provider, Mark Seske, OTR with Austin's Communication Station to provide occupational therapy, dates of service November 1, 2022 through February 1, 2023 has been denied, as Sendero has contracted in network providers that can provide the requested services. The requested treatment is not part of emergency treatment.</p> <p>Further important information relating to this denial of your request follows:</p> <p>You are responsible for the full cost of Excluded Services. Excluded Services do not count toward your deductible, copayment and Maximum Out of Pocket amounts. If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a Preauthorization for You to see an Out-of-Network Provider.</p> <p>Provider reason:</p> <p>As stated in the 2022 Sendero IdealCare Evidence of Coverage (EOC), Page 9: "Unless preauthorized by Sendero or rendered as a part of covered Emergency Care, Out-of-Network Benefits are considered Excluded Services and are not Covered Services by Sendero. You are responsible for the full cost of Excluded Services. Covered Services are Medically Necessary, appropriate, preauthorized by Sendero and included in your benefits. Any payment you make toward an Excluded Service does not count toward your deductible, copayment, or Maximum-Out-of-Pocket amounts.</p> <p>If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a preauthorization for You to see an Out-of-Network Provider."</p>		
Pediatrican	Outpatient	F82, R41.844	IdealCare has contracted in-network providers that can provide the requested services.	No	No
3697605	e Medical Equi		<p>The reason for this decision is:</p> <p>Member reason:</p> <p>This request for an out of network provider, BioTAB Healthcare for purchase of pneumatic compression device and leg sleeves, dates of service December 5, 2022 through March 6, 2023 has been denied, as Sendero has contracted in network providers that can provide the requested services. The requested treatment is not part of emergency treatment.</p> <p>Further important information relating to this denial of your request follows:</p> <p>You are responsible for the full cost of Excluded Services. Excluded Services do not count toward your deductible, copayment and Maximum Out of Pocket amounts. If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a Preauthorization for You to see an Out-of-Network Provider</p> <p>Provider reason:</p> <p>As stated in the 2022 Sendero IdealCare Evidence of Coverage (EOC), Page 9: "Unless preauthorized by Sendero or rendered as a part of covered Emergency Care, Out-of-Network Benefits are considered Excluded Services and are not Covered Services by Sendero. You are responsible for the full cost of Excluded Services. Covered Services are Medically Necessary, appropriate, preauthorized by Sendero and included in your benefits. Any payment you make toward an Excluded Service does not count toward your deductible, copayment, or Maximum-Out-of-Pocket amounts.</p> <p>If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a preauthorization for You to see an Out-of-Network Provider."</p>		
Cardiology	Home	I89.0	IdealCare has contracted in-network providers that can provide the requested services.	No	No

The reason for this decision is:

Member reason:

This request for a referral to an out of network provider, Sullivan Physical Therapy to provide evaluation and treatment for pelvic floor therapy, dates of service December 16, 2022 through December 16, 2023 has been denied, as Sendero has contracted in network providers that can provide the requested services. The requested treatment is not part of emergency treatment.

Further important information relating to this denial of your request follows:

You are responsible for the full cost of Excluded Services.

Excluded Services do not count toward your deductible, copayment and Maximum Out of Pocket amounts. If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a Preauthorization for You to see an Out-of-Network Provider.

Provider reason:

As stated in the 2022 Sendero IdealCare Evidence of Coverage (EOC), Page 9: "Unless preauthorized by Sendero or rendered as a part of covered Emergency Care, Out-of-Network Benefits are considered Excluded Services and are not Covered Services by Sendero. You are responsible for the full cost of Excluded Services. Covered Services are Medically Necessary, appropriate, preauthorized by Sendero and included in your benefits. Any payment you make toward an Excluded Service does not count toward your deductible, copayment, or Maximum-Out-of-Pocket amounts.

If Medically Necessary, covered services are not available through an In-Network Provider, Your Primary Care Provider (PCP) may request a preauthorization for You to see an Out-of-Network Provider."

8362837

Physical Therap

Family Medici Outpatient

M62.89

IdealCare has contracted in-network providers that can provide the requested services.

No

No