

Agency Name & Address Redacted

Notice of Denial of Medical Coverage

Date: 03/07/2026

Member number: (Redacted)

Name: (Redacted)

Address: (Redacted)

State Zip: (Redacted)

Authorization: (Redacted)

Provider Name: (Redacted)

Date(s) of Service: 03-09-2026 to 04-09-2026

Coverage for your medical services/items was *denied*

We've *denied* the *medical services/items* listed below that you or your doctor (**Redacted**) requested:

Epidural Steroid Injection

Why was coverage denied?

We *denied* the *medical services/items* listed above because the request for (CPT 62323) Epidural Steroid Injection has been reviewed, and the request is denied. The record provided, medical judgment, and InterQual® 2025, Oct. 2025 Release, Medicare: Procedures Epidural Steroid Injections for Pain Management Noridian were used to make the decision. **The notes did not show that you had completed at least six weeks of physical therapy, home exercise program, activity modification, or chiropractic care. The policy also requires that you have tried or have a reason not to take an anti-inflammatory medication (NSAID) for at least 3 weeks.** Please follow up with your doctor for the next step in your care.

Share a copy of this decision with your doctor (**Redacted**) and discuss next steps. If your doctor (**Redacted**) asked for coverage on your behalf, we already sent them a copy of this denial notice.

You have the right to appeal our decision

You have the right to ask (**Redacted**) to review our decision by asking us for an appeal within **65 calendar days** of the date of this notice. If you ask for an appeal after 65 days, you must explain why your appeal is late. See "How to ask for an appeal with (**Redacted**)" on the next page.

How to keep your services while we review your case: *If we're stopping or reducing a service, you can keep getting the service while your case is being reviewed. For service to continue, you must ask for an appeal within 10 days of the date of this notice or before the service is stopped or reduced, whichever is later. Your doctor (Redacted),*

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(Redacted) must agree that you should keep getting the service. You may have to pay for these services if you lose your appeal.

If you want someone else to act for you

You can name a relative, friend, attorney, doctor **(Redacted)**, or someone else to act as your representative. If you want someone else to act for you, call us at 1-**(Redacted)** to learn how to name your representative. TTY users call 711.

Important Information About Your Appeal Rights

There are 2 kinds of appeals with **(Redacted)**

Standard Appeal

- **Request for Service:** For services you haven't received yet, we'll give you a written decision within 30 days after we get your appeal. *Our decision might take longer if you ask for an extension, or if we need more information about your case. We'll tell you if we're taking extra time and will explain why more time is needed.*
- **Request for Payment:** For appeals related to payment of a medical service/item you already received, we'll give you a written decision within 60 days. You can't ask for a fast appeal if you're asking us to pay you back for a *medical service/item* you already received.

Fast Appeal (only available for service requests)

- We'll give you a decision on a fast appeal within 72 hours after we get your appeal. You can ask for a fast appeal if you or your doctor **(Redacted)** believe your health could be seriously harmed by waiting for a standard appeal.
- We'll automatically give you a fast appeal if a doctor **(Redacted)** asks for one for you or supports your request. For a fast appeal without support from a doctor **(Redacted)**, we'll decide whether your request requires a fast appeal. If we don't give you a fast appeal, we'll process a standard appeal.

How to ask for an appeal with **(Redacted)**

Step 1: You, your representative, or your doctor **(Redacted)** can ask for an appeal. Your *written* request must include:

- Your name

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- Address
- Plan Member number
- Reasons for appealing
- Whether you want a standard or fast appeal (for a fast appeal, explain why you need one).
Any evidence you want us to review, like medical records, doctor supporting statements, or other information that explains why you need the *medical service/item*.

If you're asking for an appeal and missed the deadline, you can ask for an extension and should include your reason for being late.

Keep a copy of everything you send for your records. *You can ask to see the medical records and other documents we used to make our decision before or during the appeal. You can also ask for a copy of the guidelines we used to make our decision at no cost to you.*

Step 2: Submit your appeal by mail, phone, fax, or online.

For a Standard Appeal: Mailing Address:

(Agency Redacted)

Attn: Appeals Department

(Address Redacted)

(City, State, Zip Redacted)

Phone: (Redacted)

Fax: (Redacted)

TTY Users Call:711

Online: www. (Redacted)

If you ask for a standard appeal by phone, we'll send you a letter confirming what you told us.

For a Fast Appeal:

Phone: (Redacted)

Fax: (Redacted)

TTY Users Call:711

Online: www. (Redacted)

What happens next?

If you ask for an appeal and we continue to deny your request for a *medical service*, we'll automatically send your case to an independent reviewer. If the independent reviewer denies your request, the written decision will explain if you have additional appeal rights.

Get help & more information

- (Redacted): (Redacted) TTY users call:711.

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From October 1 to March 31, you can call us 7 days a week from 7:45 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 7:45 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays. or [www. \(Redacted\)](#)

- **Medicare:** 1-800-MEDICARE (1-800-633-4227). TTY users call: 1-877-486-2048
 - **Medicare Rights Center:** 1-888-HMO-9050
 - **Elder Care Locator:** 1-800-677-1116 or [Eldercare.acl.gov/Public/Index.aspx](#) to find help in your community
 - State or local aging/disability resources contact information
- State Health Insurance Program:** call your State Health Insurance Assistance Program for free, personalized health insurance counseling. Visit [SHIPhelp.org](#) or call 1-877-839-2675 to get the number for your local SHIP.

You can get this document for free in other formats, such as large print, braille, or audio. Call **(Redacted)** (TTY 711). From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays. The call is free.

Get information in another format

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](#), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0829. This information collection is for the notice Medicare health plans must provide when a request for either a medical service or payment is denied, in whole or in part. The time required to complete this information collection is estimated to average less than 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is mandatory under Section 1852(g)(1)(B) of the Act and the regulatory authority set forth in Subpart M of Part 422 at 42 CFR 422.568, 422.572, 417.600(b), and 417.840. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: **(Redacted)**, Attention: PRA Reporting Clearance Officer, Mail Stop **(Redacted)**, **(Redacted)**.

(Redacted) is the **(Redacted)**, an HMO, PPO, PFFS, PDP plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNP plans have a contract with the state Medicaid program. Enrollment in our plans depends on contract renewal.

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Re: Appeal to Reopen/Continue Claim (Redacted) Member # on denial letter: (Redacted)
Requested Procedure: CPT 62323 – Lumbar Interlaminar Epidural Steroid Injection with Imaging Guidance

(Redacted)
Attn: Appeals Department
(Address Redacted)
City, State, Zip Redacted)

Patient: (Redacted)

Dated: 03/10/2026

To Whom It May Concern,

I am submitting this formal ***fast appeal*** to reopen or continue claim **(Redacted)**, originally submitted by **Dr. (Redacted)**, for authorization of CPT **62323**. The reasons for the ***fast appeal*** are as listed below. This request is medically urgent and directly related to a significant decline in my functional status and quality of life. I am also submitting this form by mail because your website will not allow me to file online as it keeps giving me the error that the appeal cannot be filed because the appeal cannot be sent. This was attempted on several occasions and on multiple days with the same error being produced. This problem delays appropriate medical care and the ability to get my pain relieved.

Clinical Background and Prior Surgical History

I underwent lumbar spine surgery at **L4–L5 in 2008**, performed by Dr. **(Redacted)**. At that time, I was specifically warned that the discs above and below the surgical site were at high risk for future herniation. Since then, **L5–S1 has fused**, and over the past year I have experienced progressively worsening lumbar pain and left hip and leg pain consistent with a new herniation at **L3–L4**.

Progression of Symptoms and Functional Decline

For more than a year, I have relied daily on **Tylenol, ibuprofen, heat, and rest** to manage my pain. Despite these measures, my symptoms have escalated to the point that:

- Pain radiates from my lower back into my **left hip**, down the **lateral aspect of my left leg**, and to my **ankle**.
- I am experiencing **loss of strength** in my left leg.
- I am now having to rely on **Tramadol**, in addition to those other OTC medications listed above.
- During severe episodes, I **cannot bear weight** on the leg at all.
- My walking is **extremely slow and limited**, and standing for even short periods can trigger pain levels of **10/10**.
- Even at rest, my baseline pain remains **3–4/10** and is constant.
- My ability to obtain an adequate night's sleep is now being affected by the pain.
- My **activities of daily living are severely restricted**, and I rarely leave my home due to pain and mobility limitations.

These symptoms are consistent with lumbar radiculopathy and are supported by the **x-rays and two MRI studies** already submitted by **(Redacted)**. The radiology findings are concerning for my long-term spinal health and functional capacity.

Timeline of Care

- November: Evaluated by my primary care physician, **Dr. (Redacted)**, due to worsening pain.
- Referred to **(Redacted)**.
- Underwent x-rays and two MRIs.
- **Dr. (Redacted)** submitted the authorization request for CPT 62323.
- The initial determination letter stated “more information needed,” while the website lists the request as **denied**.
- **(Redacted)** has confirmed that all requested documentation—including H&P, face-to-face notes, and imaging—was sent to you.
- We now have a final decision in writing that the request has been formally denied.

Medical Necessity and Urgency

The requested procedure is not elective. It is intended to:

- Reduce severe radicular pain
- Prevent further neurological decline
- Restore basic mobility
- Allow me to perform essential daily activities
- Potentially avoid more invasive interventions

Every day this request is delayed prolongs my pain and increases the risk of worsening neurological impairment. The pain and weakness in my left leg does not allow me to go to physical therapy multiple times a week, as the car ride to the facility and being unable to walk from the parking lot into the facility is extremely difficult to perform. I am also not able to drive myself because of the tramadol that I am on.

Professional Background

I am a **(Redacted)**. I understand the clinical implications of untreated lumbar radiculopathy and the importance of timely intervention. I also understand the medical necessity criteria for epidural steroid injections, and my case clearly meets them.

Request

I am requesting that claim **(Redacted)** be **reopened immediately** and that authorization for CPT **62323** be **approved without further delay**. All required documentation has been submitted, and the medical urgency is clear.

Thank you for your prompt attention to this matter.

Sincerely,

(Name & Address Redacted)

Member ID: **(Redacted)**

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(Patient Name Redacted)

Member Details

Medicaid		Patient Street:	(Redacted)
ID DFPS ID:		Patient City, State	(Redacted)
Date of Birth:	(Redacted)	Patient Zip Code	(Redacted)
Patient Gender:	Male	Patient Phone #	(Redacted)
STAR Health Effective Date of Coverage:	02/01/2026 (0 Years, 3 Months)	Primary Language:	English
		IDD Member:	Unknown
		Members with Special Healthcare Needs:	Unknown

Member's Primary Care Physician (PCP)

Primary Care Physician:	(Redacted)	PCP Business Address:	(Redacted)
PCP Phone:	(Redacted)	PCP City, State, Zip:	(Redacted)

AUTHORIZATION DETAILS

Authorization No. (Redacted)

Service Type	Start Date	End Date	Auth Type	Status
Pain Management	03/09/2026	Unknown	OUTPATIENT	Approved
Service Provider	Requested Unit	Location	Medical Necessity	Approved Units
(Redacted)	1	Unspecified	Unknown	1

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