NAME: **SS#:**

Industry and Local 338 Welfare Fund

LOCAL: 338
STATUS: Full Time

ISSUE: Hospital/Medical – Experimental/Investigational #M26/101-5487

FUND RULE:

"**Exclusions**

In addition to services listed under 'What's Not Covered' in the prior sections, your PPO does not cover the following:

Experimental/Investigational Treatments

- Technology, treatments, procedures, drugs, biological products or medical devices that in Empire's judgment are:
  - experimental or investigative,
  - obsolete or ineffective, and
  - any hospitalization in connection with experimental or investigative treatments.

- "Experimental" or "investigative" means that for the particular diagnosis or treatment of the covered person's condition, the treatment is:
  - not of proven benefit,
  - not generally recognized by the medical community (as reflected in published medical literature).

Government approval of a specific technology or treatment does not necessarily prove that it is appropriate or effective for a particular diagnosis or treatment of a covered person's condition. Empire may require that any or all of the following criteria be met to determine whether a technology, treatment, procedure, biological product, medical device or drug is experimental, investigative, obsolete or ineffective:

- There is final market approval by the U.S. Food and Drug Administration (FDA) for the patient's particular diagnosis or condition, except for certain drugs prescribed for the treatment of cancer. Once the FDA approves use of a medical device, drug or biological product for a particular diagnosis or condition, use for another diagnosis or condition may require that additional criteria be met.
- Published peer review medical literature must conclude that the technology has a definite positive effect on health outcomes.
- Published evidence must show that over time the treatment improves health outcomes (i.e., the beneficial effects outweigh any harmful effects).
- Published proof must show that the treatment at the least improves health outcomes or that it can be used in appropriate medical situations where the established treatment cannot be used. Published proof must show that the treatment improves health outcomes in standard medical practice, not just in an experimental laboratory setting."

(Industry and Local 338 Welfare Fund SPD, Pages 79-80)

SUMMARY:

Date(s) of Service:	November 21, 2025
Claim(s) Received:	December 8, 2025
Claim(s) Denied:	December 11, 2025
Appeal Received:	May 26, 2026

The **provider,** Englewood Knee and Sports Medicine, is appealing for payment of a claim for a PRP (Platelet-Rich Plasma) injection that was denied. The provider states, "This treatment was prescribed based on clear clinical evidence and in alignment with the patient's medical needs, with the goal of improving function, reducing pain, and preventing further deterioration. […] Platelet-Rich Plasma therapy is supported by a growing body of peer-reviewed literature demonstrating its efficacy in promoting tissue healing, reducing inflammation, and restoring function in musculoskeletal conditions that have failed standard care."

Records indicate that Englewood Knee and Sports Medicine submitted a claim for a PRP injection (CPT codes 0232T and 20610-LT) rendered on November 21, 2025 with the diagnoses "Unilateral primary osteoarthritis – left knee, Other tear of medial meniscus – current injury – left knee, Effusion – left knee, and Pain in left knee." It is noted that CPT codes with a "T" modifier are considered "Category III CPT codes" for "emerging technology" by the American Medical Association. The claim was denied because the treatment is considered experimental/investigational in nature and therefore excluded from coverage.

Note: The Fund Office received a phone call from the provider's office on November 3, 2025, prior to the services being rendered, regarding benefits and authorization for CPT code 0232T. The provider was advised that this service would not be covered.

The provider billed $4,300.00 for the claim under review, and the out-of-network Reasonable and Customary allowance is $1,980.31. If approved by the Trustees, the Plan would pay $1,612.18. The participant's responsibility would be $2,687.82.

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

Englewood Knee & Sports Medicine
Suite 100
370 Grand Ave
Englewood NJ 07631

Associated Administrators
Attn Appeals Department
911 Ridgebrook Rd
Sparks MD 21152

Englewood Knee and Sports Medicine
370 Grand Ave Ste100 Englewood NJ, 07631
Phone: 201-567-5700 Fax: 201-567-8049

Request for Appeal from Denial, Reduction, and/or Non-Payment

03/23/2026

Re: Appeal for Medical Necessity – CPT 0232T
Patient Name: [redacted]
Policy Number: RWB0040573BW
Claim Number: DKJQ78
Date(s) of Service: 11/21/2025

Dear Medical Review Committee,

I am writing to formally appeal the denial of coverage for **CPT 0232T – Injection(s), platelet-rich plasma, any site, including image guidance, harvesting, and preparation when performed** for my patient, [Patient Name]. This treatment was prescribed based on clear clinical evidence and in alignment with the patient's medical needs, with the goal of improving function, reducing pain, and preventing further deterioration.

Clinical Background:

[redacted] has been diagnosed with osteoarthritis and effusion and medical meniscus tear of left knee confirmed through [diagnostic imaging, physical examination, and/or lab results]. The patient has undergone extensive conservative management, including [list treatments: physical therapy, NSAIDs, corticosteroid injections, bracing, activity modification], without sufficient or lasting relief.

Rationale for Medical Necessity:

Platelet-Rich Plasma (PRP) therapy is supported by a growing body of peer-reviewed literature demonstrating its efficacy in promoting tissue healing, reducing inflammation, and restoring function in musculoskeletal conditions that have failed standard care. In this case:

- **Failure of conservative treatment:** The patient has exhausted non-invasive options over [duration].
- **Functional impairment:** The condition significantly limits daily activities and quality of life.
- **Evidence-based support:** Multiple clinical studies and specialty society guidelines recognize PRP as a viable treatment for left knee.
- **Prevention of more invasive procedures:** PRP may help avoid surgical intervention, which carries higher risk, cost, and recovery time.

Request:

Given the patient's documented history, failed conservative measures, and the potential for PRP to provide meaningful improvement, I respectfully request reconsideration and approval for coverage of CPT 0232T as medically necessary.

I have enclosed:

- Detailed clinical notes and history
- Imaging and diagnostic reports
- Peer-reviewed literature supporting PRP efficacy for this condition
- Documentation of prior treatments and outcomes

Thank you for your time and careful review of this appeal. I am confident that approval of this treatment will serve the patient's best interest and align with evidence-based medical practice.

Sincerely,

Carla Beltran
Billing Representative
email: cbeltran@spsrcm.com
Phone: 855-777-1056 ex 209
Fax: 201-526-6629

Horizon®

The Health Plan's value add response was invalid. Only 277 details can be returned.

Patient Information

Patient	[redacted]
DOB	
Member ID	RWB0040573BW
Patient Account Number	9570-130187
Gender	

Claim Information

Claim Number	27253388733400
Claim Status	FINALIZED
Claim Type	
Effective Date	12/12/2025
Received Date	
Finalized Date	12/12/2025
Service Dates	11/21/2025 - 11/21/2025
Line of Business	
Bill Type	
Other ID	
Adjusted	
Reason/Remark Codes	
Allowed Amount	
Billed Amount	$4,300.00
Coinsurance Amount	
Copay Amount	
Deductible Amount	
Insurance Total Paid Amount	$0.00
Patient Responsibility Amount	
Medicare Paid Amount	
Other Insurance Paid Amount	
Medicare Allowed Amount	
Medicare Deductible Amount	
Medicare Coinsurance Amount	
Claim Comment	

RECEIVED
MAY 26 2026
AA,LLC

Payment Information

Check Number	
Check Amount	
Check Date	12/12/2025
Payee Type	
Provider Type	
Billing Provider NPI	1316133564
Billing Provider Tax ID	
Billing Provider Name	ENGLEWOOD KNEE & SPORTS MEDICINE

Line Level Information

Status	Service Dates	Rev	Proc	QTY	DX Codes	Modifier	Reason/Remark Codes	Billed	Allowed	Paid	Coinsurance	Copay	Deductible	Medicare Paid
FINALIZED	11/21/2025 11/21/2025		0232T	1				$3,500.00		$0.00				
FINALIZED	11/21/2025 11/21/2025		20610	1		LT		$800.00		$0.00				

Codes

Type	Code	Description
Category	F0	Finalized-The claim/encounter has completed the adjudication cycle and no more action will be taken.
Status	1	For more detailed information, see remittance advice.

Mood: ° Euthymic.
Affect: ° Normal - calm.

Skin:

• Dry. • Generally warm.

Left knee portals c/d/i
ROM 0-160
NO EFFUSION
No calf tenderness
distalyl n/v/i
quad strenght is improving.
Tests

Imaging:

X-Ray Knee:

Impressions: AP and lateral view x-rays of the left knee were performed.

Assessment

- Knee joint pain
- Acute medial meniscus tear
- Hydrarthrosis of the knee / patella / tibia / fibula

Allergies
Nkda.
Plan

- Follow-up for re-examination in 3 weeks

[redacted] ww/p left knee arthroscopic medial meniscus repair on 9/15/25.

Continue with home excise program. With patient's consent, from the right antecubital fossa 10 cc of peripheral venous blood was obtained. This was then placed through the centrifuge resulting in 3 cc of platelet rich plasma. This was then injected in sterile fashion into the left knee. She tolerated the procedure well. Follow-up in 5 weeks.
Practice Management

Postoperative visit, without charge.

Narrative

No narrative has been assigned.

Medications

No medications have been prescribed.

Messages

No messages exist.

Orders

No orders have been ordered.

Tasks

No tasks have been created.

Vaccinations

No vaccinations have been entered.

Problem List

Date	Description	Code
11/21/2025	PAIN IN LEFT KNEE	M25.562
11/21/2025	EFFUSION, LEFT KNEE	M25.462
11/21/2025	OTHER TEAR OF MEDIAL MENISCUS, CURRENT INJURY, LEFT KNEE, INITIAL ENCOUNTER	S83.242A

Allergy Shot

No shots exist.

Injections

No injections have been entered.

Associated Administrators, LLC
911 Ridgebrook Rd.
Sparks MD 21152

Explanation of Benefits - This is NOT a Bill
Please retain for Tax Purposes

Forwarding Service Requested

**********ALL FOR AADC 105
PB-COL-34-ENV 7355 23
[redacted]

Industry & Local 338 Welfare Fund

If you have any questions, please call (855) 412-3797

Statement Date: 12/11/25

TYPE	DESCRIPTION
B	Basic Benefit
M	Major Medical Benefit

Dates of Service	Procedure	Amount Charged	Not Covered	Remark Codes	Amount Allowed	Deductible	Type	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
Claim #: DKJQ78			**Patient:** [redacted]						**Patient Acct. #:** XXXXX5487		
Provider: KNEE SPORTS ENGLEWOOD			**Employee:** [redacted]						**Employee #:** 0040573BW		
11/21-11/21/2025	MEDICAL SERVICE	3,500.00	3,500.00	A1 A2	0.00	0.00	M	0	0.00	0.00	3,500.00
11/21-11/21/2025	SURGERY	800.00	800.00	A1	0.00	0.00	M	0	0.00	0.00	800.00
	TOTALS	4,300.00	4,300.00		0.00	0.00			0.00	0.00	4,300.00

Total Plan Benefit	0.00
Total Plan Pays	0.00
Less COB Adjustment:	0.00
Less Provider Payment Adjustment:	0.00
Total Benefits Paid:	3,633.45

Dates of Service	Procedure	Amount Charged	Not Covered	Remark Codes	Amount Allowed	Deductible	Type	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
Claim #: DKMP51			**Patient:** [redacted]						**Patient Acct. #:** XXXXX5487		
Provider: NAME MEDICAL HOLY			**Employee:** [redacted]						**Employee #:** 0040573BW		
11/04-11/04/2025	PHYS. THERAPY	658.00	47.90	A1	610.10	0.00	M	100	590.10	0.00	20.00
11/04-11/04/2025	PHYS. THERAPY	309.00	22.49		286.51	0.00	M	100	286.51	0.00	0.00
11/04-11/04/2025	PHYS. THERAPY	293.00	21.33		271.67	0.00	M	100	271.67	0.00	0.00
11/06-11/06/2025	PHYS. THERAPY	987.00	71.85	A1	915.15	0.00	M	100	895.15	0.00	20.00
11/06-11/06/2025	PHYS. THERAPY	293.00	21.33		271.67	0.00	M	100	271.67	0.00	0.00
11/11-11/11/2025	PHYS. THERAPY	879.00	63.99	A1	815.01	0.00	M	100	795.01	0.00	20.00
11/13-11/13/2025	PHYS. THERAPY	586.00	42.66	A1	543.34	0.00	M	100	523.34	0.00	20.00
	TOTALS	4,005.00	291.55		3,713.45	0.00			3,633.45	0.00	80.00

Total Plan Benefit	3,713.45
Total Plan Pays	3,633.45
Less COB Adjustment:	0.00
Less Provider Payment Adjustment:	0.00
Total Benefits Paid:	3,633.45

Claim	Line	Code	Description
DKJQ78	001	A1	CONSIDERED INVESTIGATIONAL/EXPERIMENTAL
DKJQ78	001	A2	SERVICE IS NOT COVERED BY YOUR PLAN.
DKJQ78	002	A1	SERVICE IS NOT COVERED BY YOUR PLAN.
DKMP51	001	A1	CO-PAYMENT
DKMP51	004	A1	CO-PAYMENT
DKMP51	006	A1	CO-PAYMENT
DKMP51	007	A1	CO-PAYMENT
DKMP51	00C	B1	MEMBER IS NOT RESPONSIBLE FOR ANTHEM DISCOUNT OF $291.55.
DKMP51	00C	B2	YOU HAVE APPLIED 13 OF YOUR 30 ANNUAL MAXIMUM.

	Amount Charged	Not Covered		Amount Allowed	Deductible		Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
STATEMENT TOTALS	8,305.00	4,591.55		3,713.45	0.00		3,633.45	0.00	4,380.00

Appeal Rights

If your claim has been wholly or partially denied (as shown in the Messages section on the front of this Explanation of Benefits, or "EOB"), you have the right to appeal this decision within 180 days of your receipt of this EOB. You may submit written comments, documents, and other information relating to your claim. You have the right to designate, in writing, a representative to act on your behalf. You must provide the Fund with the representative's name, address, and telephone number, and the Fund will direct all future communications to the representative.

If the Fund relied upon an internal rule, guideline, or protocol in making the decision, it will be available upon request, free of charge. If the Fund based its determination upon medical necessity, experimental treatment, or similar exclusion or limit, such explanation is available upon request and free of charge. If the Fund obtained any advice from a medical expert on the claim (even if the advice was not relied upon) the Fund will identify, upon request, the firm providing the medical expert's advice.

The Board of Trustees will review your appeal at its next scheduled meeting unless the appeal is filed within 30 days of that meeting, in which case it will be reviewed at the following meeting. If circumstances require more time for a decision, you will be notified in writing. The notice will describe the reason for the delay, and the approximate date a decision will be made. The decision will be made no later than the third Board of Trustees meeting following the date the Fund receives your appeal. The review will take into account all information you submit relating to your claim. The Fund will notify you in writing of the Board of Trustees' decision within five days after the decision is made. In the event your appeal is denied, you have the right to bring a civil action under Section 502(a) of the Employee Retirement Income Security Act.

If your situation meets the definition of urgent under law, your review will be conducted within the urgent time frames established by law. An appeal of an Urgent Care Claim denial may be oral or in writing. You or your doctor should supply all information for an Urgent Care Claim appeal by hand delivery to the Fund Office or by telephone to 1-855-412-3797 or by fax to 1-877-227-3536.

In the event that your internal appeal is denied, you may be entitled to request an external review, as defined by the Patient Protection and Affordable Care Act (PPACA). If your claim is urgent, you may be entitled to request an expedited external review. Please contact the Fund Office for details about the availability of an external review.

If your claim is denied, in whole or in part, you are not required to appeal the decision. Further, you have the right to file suit in federal or state court under Section 502(a) of ERISA on your claim for benefits. However, you must exhaust your administrative remedies by appealing the denial to the Board of Trustees before you have the right to file suit in state or federal court. Failure to exhaust these administrative remedies will result in the loss of your right to file suit, as described in the ERISA Rights statement in your Summary Plan Description.

Should you have any questions about your appeal rights, please contact Participant Services at the number shown in your SPD, or mail your appeal to "Associated Administrators, LLC, 911 Ridgebrook Road, Sparks, Maryland 21152-9451, Attn: Appeals Coordinator". You may also contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272).

Spanish (Español): Para obtener asistencia en Español, llame al 855-412-3797.