June 10, 2021

James Pistorino
224 Lexington Dr.
Menlo Park, CA 94025
(650) 400-0043

     Re: Freedom of Information Act Request

Dear Sirs:

Pursuant to 5 U.S.C. § 551, *et seq.* (*i.e.*, the Freedom of Information Act), I respectfully request copies of the records identified below.

Request # 1:

For each of the calendar years 2018, 2091, and 2020, and for each claim submitted to Original Medicare for initial determination (whether for durable medical equipment or for services/produces), please provide, in electronic format, the complete record associated with each claim excepting any personally identifiable information (*e.g.*, name, street address, HICN/MBI).

Thus, each record would include, at least:

1) The claim identification number;
2) The date the claim was submitted;
3) The amount of the claim;
4) The CPT/HCPCS code(s) applicable to the claim;
5) The city/town and state of the beneficiary;
6) The name, city/town, state of the provider and any codes associated with the same;
7) Whether the claim was approved or denied;
8) The amount approved or denied;
9) The date of claim approval or denial;
10) Any explanation or code(s) associated with the approval or denial, including any codes reflecting the reason for approval or denial, and any explanation provided to the beneficiary.

For each unique code included in the records, please provide a table reflecting the code and any associated explanation, text, or meaning of the code.

Request #2:

For each of the calendar years 2018, 2091, and 2020, and for each claim denied at initial determination by Original Medicare as reflected in Request #1 and appealed, please provide, in electronic format, the complete record associated with each appeal excepting any personally identifiable information (*e.g.*, name, street address, HICN/MBI).:

1) The claim identification number;
2) The date the claim was appealed;
3) Whether the claim was approved or denied on appeal;
4) The amount approved;
5) The date of claim approval or denial on appeal;
6) Any explanation or codes associated with the approval or denial on appeal, including any codes reflecting the reason for approval or denial, and any explanation provided to the beneficiary.

For each unique code included in the records, please provide a table reflecting the code and any associated explanation, text, or meaning of the code.

I will pay for the cost of responding to this request being made under the Freedom of Information Act, but please contact me for further authorization if the fees associated with responding to this request exceed $5,000. Please do not hesitate to contact me at 650-400-0043 or james.pistorino@gmail.com if you have any questions regarding compliance with my request.

Sincerely,

James Pistorino