



Lawrence W. Chinnery, Sr.

260 New Mark Esplanade
Rockville, MD 20950-2733
Phone: 1-301-610-9146 or
Fax: 1-301-610-9376
E-mail: bchinnery@verizon.net

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CIGNA Medicare
PO Box 671
Nashville, TN 37202-0671

Re: Urgent request for you to direct LabCorp to file properly with Medicare for ALL of my Chromogranin-A (CgA) testing as NOT EXPERIMENTAL

Clarification: This is my **second appeal** on the same subject - Medicare payment of the "Immunoassay, tumor other (86316-GY)" [Chromogranin-A (CgA)] test performed by LabCorp on various dates this year including 03/15/04 and 05/04/04 because LabCorp is not obeying your ruling of 2/27/04 and is not dropping the "GY" [See HICN: 494-40-6033A or accompanying copy of your letter.]

BASIS OF APPEAL:

1. Prior Cigna Medicare ruling

As you at Cigna Medicare well know, my first appeal, filed January 31, 2004, received a positive response from you dated February 27, 2004 (see enclosure). This is logical because CgA is a well-accepted test of many years for monitoring the growth of neuroendocrine tumors.

2. LabCorp's limited response

LabCorp did correct the billing for the November 2003 CgA test. **However for all subsequent CgA tests, LabCorp has failed to follow your letter's specific instructions to use the appropriate service code.**

This failure continues despite not only the 2/27/04 Cigna Medicare instructions but also repeated letters and phone calls from my wife (Dr. Linda Silversmith) and myself.

3. Results of LabCorp's repetitious error

Of course, since LabCorp keeps applying the wrong code, Cigna Medicare continues to deny the claims, and the company duns me (a minimum of twice monthly for each test) for payment of their exorbitant fee \$174.00 for this procedure.

4. Jeopardization of my medical treatment and care

Just this past week I discovered that LabCorp is now refusing to conduct further CgA tests on my blood without ever informing my physician or me in advance.

Instead it appears that the company has recently been discarding the samples of my blood submitted for testing by my physician. Since the CgA test is essential to monitor the success or failure of my cancer treatments, LabCorp's thoughtlessness and/or callousness is seriously affecting my medical treatment.

5. LabCorp's "pass the buck" contention

One of LabCorp's claims is that its staff are "simply using the procedure code on a list provided them by Medicare", thus admitting that either these staff have lost or are ignoring the Cigna Medicare instructions, or else training and communications are so poor at LabCorp that senior management have failed to create a system to ensure effective implementation of new and corrected instructions.

If you at Cigna Medicare know who at LabCorp is supposed to be handling the mail that you send to "P.O. Box 2240", perhaps you can assist the company in finding out what happened to your 2/27/04 letter accepting my appeal. My wife was informed on 8/24/04 that there is no evidence in my files at LabCorp of the original Cigna Medicare letter and no evidence of either of the multiple copies of it that I forwarded to LabCorp when LabCorp continued to bill me for CgA tests despite the satisfactory settlement of that first test bill.

MY PROPOSED RESOLUTION:

1. First, I would like you to **once again instruct LabCorp to use the appropriate procedure code** on all prior, current and future filings with you **on my behalf** and rectify this (my personal) problem.
2. Second, I would like you to instruct LabCorp to **correctly file such claims** on all prior, current and future filings with you **on behalf of any and all their client/patients who need the CgA test to monitor for neuroendocrine tumors like carcinoid.**
3. Third, I would like you to **explore whether or not there are sanctions** that can be applied against LabCorp for its conduct deleterious to good medical care.

My guess is that this company has gotten so big that harassing patients has become a pattern. Or, perhaps, this is intentional to increase profitability.

Furthermore, it is clear from what has transpired over the past several months that each unit or division of the company hasn't a clue about the actions of other units, and that few personnel in each of those units could give a damn or know how to say "the buck stops here and I will help you till the problem is solved".

4. Fourth, I would like you **to determine if you need to take action** so that whenever an appeal like this one is won, **Medicare promptly changes this procedure code to the appropriate code on ALL the lists** they provide to all their agents, not just you.

The CgA test is definitely no longer an experimental procedure, and patients in all parts of the country should be treated fairly and equitably, not in the current haphazard manner. I get reports from all over the country (via the Internet) that some claims for this procedure are paid by Medicare, and some are not.

Has Medicare (CMS) also gotten too big and impersonal? Otherwise, how do you explain a situation in which the CgA test when needed by carcinoid cancer patients is readily paid for by Medicare in New York, paid for on appeal on the east coast, and not paid for by Medicare in Texas or Ohio?

FOLLOW-UP REMARKS:

For your information and that of the LabCorp officials receiving a copy of this letter, I am recording all of this mistreatment by LabCorp that has jeopardized my medical care. The recording is for possible use by my attorneys. I am also sharing parts of it on my website – <http://www.noids.org> under “Carcinoid Cancer” -- “Medicare Appeal” for others to view.

Yours sincerely,



Lawrence W Chinnery

Cc: LabCorp
P.O. Box 2240
Burlington, NC 27216-2240

LCA (Collections)
PO Box 2240
Burlington, NC 27216-2240

Richard L. Novak
Executive Vice President and COO
LabCorp
358 S. Main St.
Burlington, NC 27215-5837

Thomas P. MacMahon
Chairman, President and CEO
LabCorp
358 S. Main St.
Burlington, NC 27215-5837

George A. Sotos, M.D.
Associates in Oncology
9707 Medical Center Dr Ste 300
Rockville, MD 20850-3365

Myla Lai-Goldman, M.D.
Exec. VP, Chief Sc. Officer, & Medical Director
LabCorp
358 S. Main St.
Burlington, NC 27215-5837