DENIALS AND APPEALS

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LEARNING OBJECTIVES

- Be able to complete a review of the medical record, denial letter and begin to construct a persuasive argument refuting the denial and convincing the reader that the hospital correctly placed the patient in an inpatient status and/or correctly coded and billed for the diagnoses that the reviewer has stated are not supported.

DISCLOSURE

- Note: This lecture is Michelle Barrett's personal opinion and may not reflect the opinion of Dr. Kennedy or VP-MA Health Solutions, dba CDIMD.

TYPES OF APPEALS

- Medical Necessity
  - Inpatient medical necessity
- Clinical Validation

FOR ALL APPEALS

- Thoroughly review the denial letter
- Determine what has been denied and the reason for the denial
- Address directly the issue being denied, citing references that rebut their position

REVIEW ALL MEDICAL RECORDS

- EMR and written documents
- Compare with the records submitted and ensure everything was submitted
- Ensure that you have a legible copy of everything submitted to review

INPATIENT MEDICAL NECESSITY

- Inpatient Only procedure list
- Stays less than 2 midnights
  - Consider severity of illness
  - Intensity of service
  - Comorbid conditions
  - Risk of decompensation

MEDICAL NECESSITY

- Standard of care
  - Can the care that was expected to be necessary be safely delivered in the outpatient setting?
- What the provider knew at the time of admission
  - Remember, the denial often will focus on what was known at the time of discharge, which should not be pertinent to the reason for the inpatient order at the time it was written

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MEDICAL NECESSITY

- Stays for social reasons and "admit for skilled nursing home placement"
  - Medical necessity is not supported

Note: Observation time does NOT count toward a qualifying 3 day inpatient stay for SNF placement

PROCEDURES NOT ON THE INPATIENT ONLY PROCEDURE LIST

- What happened to occasion the admission, such as labile blood pressure during the procedure, supplemental O_2 needs post procedure beyond baseline and after discharge from the PACU
- Emphasize that the condition was expected to need treatment/monitoring for 2 midnights, including the time the patient was in outpatient or observation care.

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CLINICAL VALIDATION

- Target diagnoses
  - When possible, have the hospital define what supports each of these diagnoses

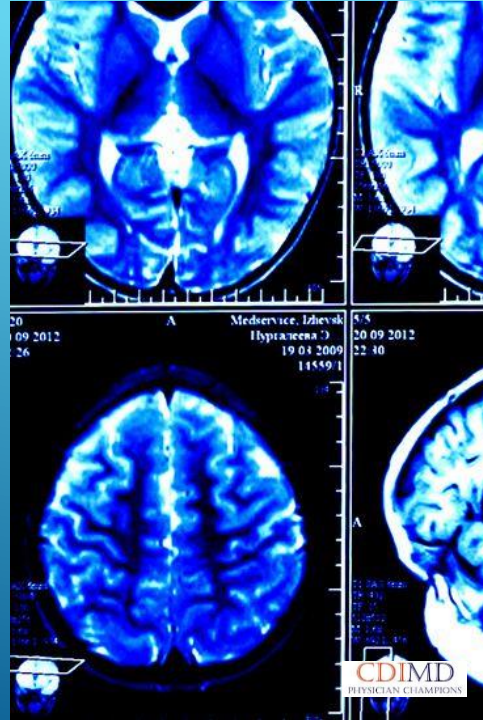
Coding Clinic, 4th Quarter, 2016, pages 147-149

CLINICAL VALIDATION

- Sepsis
  - Sepsis 2 vs Sepsis 3

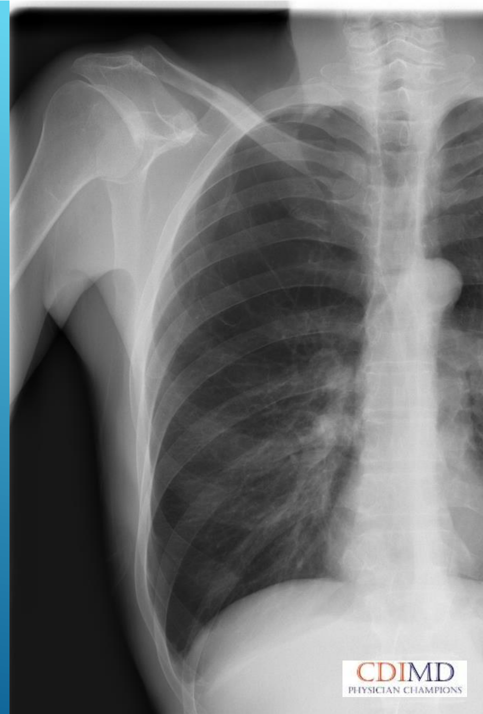
CLINICAL VALIDATION

- Encephalopathy



CLINICAL VALIDATION

- Acute hypoxic respiratory failure
- Acute hypercapneic respiratory failure



CLINICAL VALIDATION

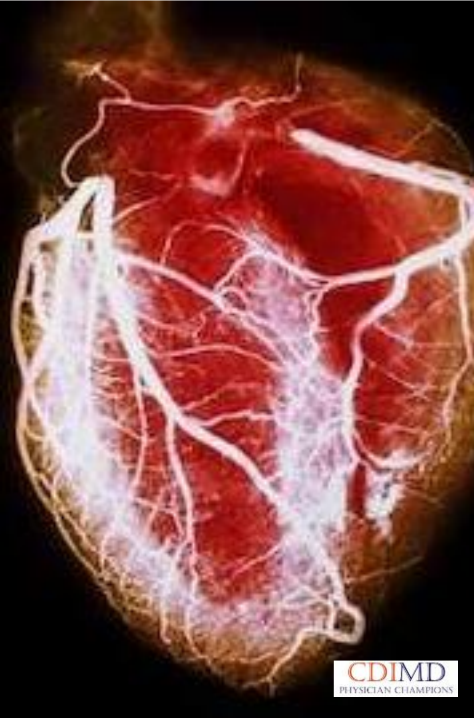
- Malnutrition
  - OIG target – severe malnutrition, marasmus, and kwashiokor
    - Diagnosis consistently documented
    - Supporting clinical data
    - Treatment plan

CLINICAL VALIDATION

- AKI w/ or w/o ATN
  - KDIGO criteria for AKI
  - "ATN" – what was the suspected renal pathology causing the AKI

CLINICAL VALIDATION

- NSTEMI vs. “troponin leak”



DRILL DOWN THE DENIAL

- Look at the denial letter to determine specifically why the reviewer determined that the diagnosis is not clinically supported. Examples include:
  - NSTEMI-no EKG changes, not diagnosed by a cardiologist etc.
  - Sepsis – no evidence of organ dysfunction
  - Pneumonia – negative CXR

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DRILL DOWN THE DENIAL

- According to the 4th Universal Definition of Myocardial Infarction (available late August, 2018), NSTEMI only requires a troponin rise and/or fall at the 99th URL with clinical evidence of unstable angina, an angina equivalent OR typical EKG changes
  - May be caused by a supply demand mismatch such as respiratory failure or atrial fib with RVR) requiring treatment for what caused the mismatch
  - Does not need to be diagnosed by a cardiologist
    - Hospitalists are licensed providers

DRILL DOWN THE DENIAL

- Sepsis
  - Many organizations have not adopted the sepsis 3 definition
  - There is now some question about the validity of the definition

WRITING THE APPEAL

- Always use the patient's name
  - Personalize the patient
- Begin with the facts surrounding the admission, including all clinical data that supports your position
  - Vital signs, lab values, physical exam, documentation of the condition, etc., emphasizing where the documentation is found

WRITING THE APPEAL

- Include any dispositive facts and explain why those facts do not negate the diagnosis, if possible
- The findings of the reviewer
- Why those findings are not correct, inapplicable to the fact situation, not the correct clinical definition of the diagnosis in question

WRITING THE APPEAL

- Apply your clinical definition to the facts and demonstrate why that is supported ie the NSTEMI was in fact diagnosed by the cardiologist and where the documentation is contained
  - **Cite authoritative sources**
- If multiple diagnoses are challenged, address each one separately and argue why it is in fact clinically supported

WRITING THE APPEAL

- Finish with a statement that the hospital was correct in how it coded the case, "statused" the patient, etc. and thus the payment was correct

FUTURE USE OF CLINICAL VALIDATION INFO

- Consider using the definitions from appeals supporting clinical diagnoses as the basis for clarifications.

THANK YOU & QUESTIONS

- Questions?

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