Turning a denial into an improved patient story

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CaroMont Health

PA/UR Bootcamp
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CaroMont Regional Medical Center

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437 bed independent hospital

Gastonia is a suburb of Charlotte, NC

40 OP clinic practices

Magnet Hospital

Level II Trauma Center

Population-209,420 (2013)

Internal Appeals 2014

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Biggest Challenge Currently

The explosion of denial activity in the past 6-12 months! Both Medical Necessity and DRG denials.

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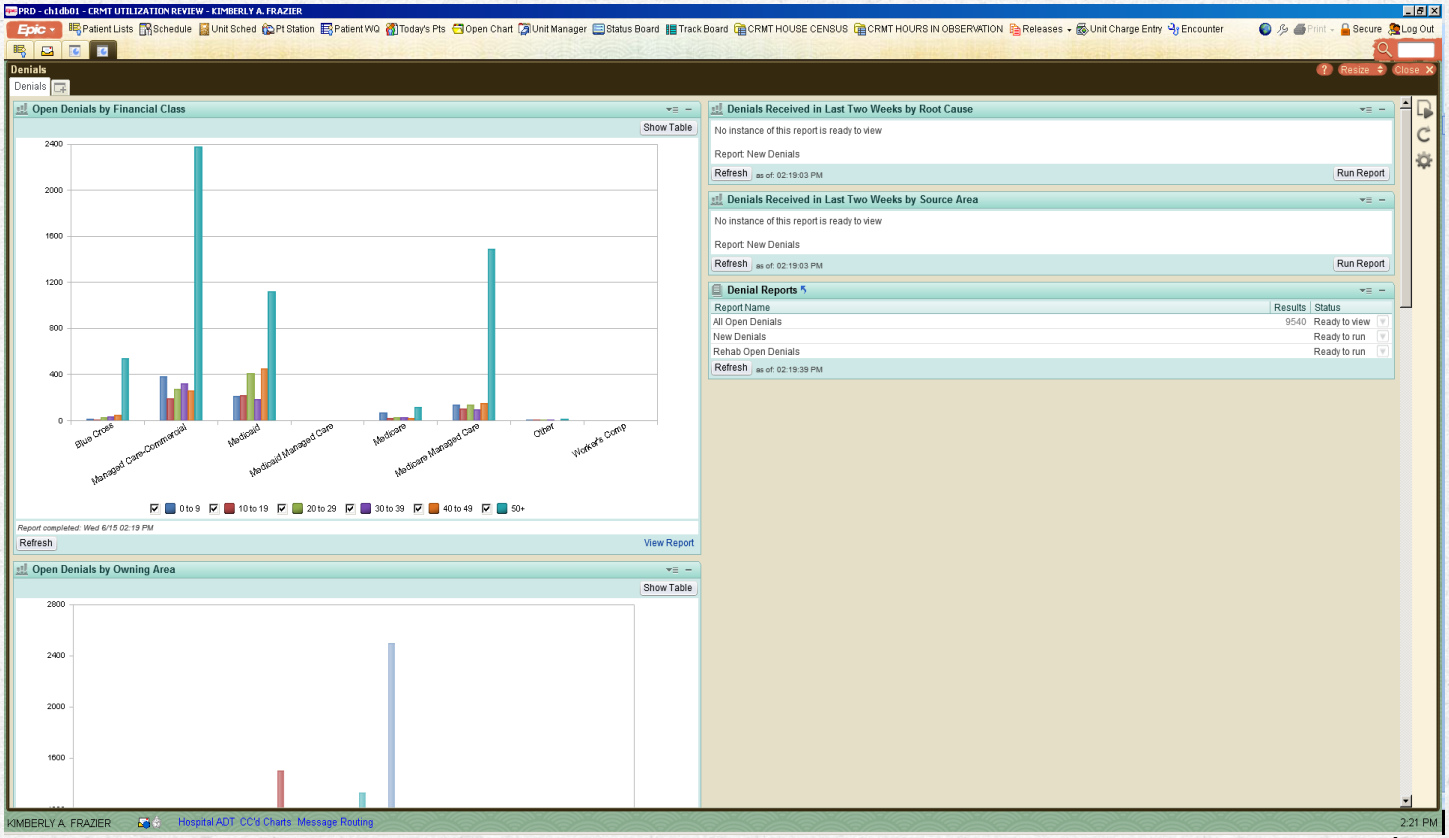
Spike in Managed Medicare and Commercial Denials



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Illogical Denials

Do you ever wonder if a bunch of monkeys are reviewing the clinical?

I do every day!

Examples of Denials

Clinical Summary

- The patient is an 18 year old Caucasian Freshman college student with an unknown history of sickle cell trait. He presented to our ED following a collapse on a soccer field and becoming unresponsive. His temperature jumped to 104 degrees and his glucose level was 184. The training staff at the school externally attempted to cool the patient and he was orotracheally intubated and given cooled saline. According to the records of transport the patient had multiple episodes of cardiac arrest in route to the hospital.
- He was found to have life-threatening and critical rhabdomyolysis, severe anion gap metabolic acidosis, hyperkalemia, requiring constant hemodialysis to keep up with his acidosis and hyperkalemia. He was critically ill and admitted to our ICU. He is on a ventilator and has developed compartment syndrome in both legs because of the muscle and fluid issues resulting from the resuscitative efforts.

There was a need for emergency fasciotomies . He was massively coagulopathic. Initial blood pressure was 104/48 on arrival with a heart rate of 136. Bun was 15 and a creatinine of 1.8. Repeat total CK is 4872 so he continued to be aggressively volume resuscitated. His CPKs were greater than 164,000. He received state of the art, evidence base goal –directed critical care for the above mentioned medical problems.

8/17/14: Emergent Bilateral fasciotomies were done at bedside for bilateral compartment syndrome. He remains unresponsive and on vent. (Left sided bilateral four compartment leg fasciotomy and right sided bilateral four compartment leg fasciotomy).

8/20/14: Dressing changes performed on open wounds encompassing 38% total body surface area .Bleeding cauterized and open wounds covered with fibrillar and surgical. He continues with worsening acidosis. Nephrology is switching him from CRRT over to conventional dialysis for 4 hours to help control his acidosis. He received a unit of blood, Vitamin K and two more units of FFP and two units of cryoprecipitate.

8/21/14: It became apparent that the lower part of his right lower extremity was gangrenous compromising the circulation and viability of the right leg and foot. Guillotine amputation through the tibia and fibula of the right leg was performed in attempts to salvage his life. Because he was not stable for transport to OR, the procedure took place at the bedside in the ICU. He remains on continuous round the clock hemodialysis and is extremely coagulopathic.

This 18 year old male remained critically ill and unstable with an extremely guarded prognosis. Herculean efforts were undertaken to save this young man's life. His potassium rebounded to nearly 9 and at that point he was running on a 2K bath. His rhabdomyolysis continued and it was difficult to keep up with his metabolic demands with continuous therapy. He remained in shock and was bleeding profusely from lower extremity fasciotomy sites. They were attempting to reverse his coagulopathy with FFP, blood and some recombinant factor VII. (See Dr.X's, 8/19/14 progress note) His severe rhabdomyolysis was possibly related to and complicated by sickle cell trait.

The medical record is included for your review. We are requesting that your medical director re-evaluate the care delivered, and approve the use of Factor VII and prothrombin complex concentrate (human) as a last resort effort to reverse the severe coagulopathy and save this young man's life.

Cigna determined that the following services did not meet the criteria for payment according to your agreement with Cigna.

Rev. Code 636- RFP-401 Dialysis solution 5000ml erroneous charge

Rev. Code: 730- EKG erroneous charge

Factor VIIa and Prothrombin Complex Concentrate (human) KCentra does not meet Cigna guidelines for coverage because we found that the service requested is considered experimental, investigational and/or unproven (E/I/U).

Claim Review Decision:

Irwin Tischler DO, a Cigna Medical Director, determined that the service is not a covered benefit citing the information below:

Factor VIIa (Novaseven RT: Factor VIIa (Novoseven RT)

Recombinant coagulation Factor VIIa is considered medically necessary for one of the following:

Treatment of bleeding episodes and peri-operative management in adults and children with one of the following:

Hemophilia A or B with inhibitors

Congenital Factor VII

Glanzmann's thrombastonia with refractoriness to platelet transfusions

Treatment of bleeding episodes and peri-operative management in adults with acquired hemophilia.

Perservere

We all thought this would be a slam dunk…

NO…they denied this multiple times and it took our Medical Director of Utilization Review / Physician Advisor tracking down the Medical Director at Cigna and basically threatening to go to the papers if they did not approve this. (This case was on the local news media when it initially happened). They reluctantly agreed to pay the claim. It took us 18 months to receive payment!

Health Data Insights Review/Denial

Clinical Review

Per HDI's rationale: The acute inpatient admission of the beneficiary was not made medically necessary by any pre-existing medical problems or extenuating circumstances. The health, safety and medical condition of the beneficiary would **not** have been threatened by the provision of this care in other than an inpatient status.

Rebuttal: CaroMont Regional Medical Center feels strongly that Mr.X warranted an inpatient admission due to ongoing, progressive RUQ pain which failed outpatient treatment, two trips to the ED in three days, an outpatient ultrasound showing gallstones. Mr. X was unable to take any of his home medications. In addition, the medical record does support that the inpatient admission was medically necessary due to his pre existing condition of hypertension, gout, GERD, prostate cancer, diverticulitis, CVA, diabetes type II, GI Bleed, hyperlipedemia, heart murmur, AKA.

Status post TKA complicated by staph septicemia… The health, safety, and medical condition of Mr. X would have been threatened if the provisions of his care had occurred in anything other than an inpatient status.

During his hospitalization, he had a laparoscopic cholecystectomy and a laparoscopic appendectomy.

This case was unfavorable upon first level appeal to HDI. We submitted to Maximus and it was overturned as favorable for us and the claim was paid. This was a 2013 case that was reviewed in 2014 and money recouped. It was finally paid again 11/2014.

Managed Medicare Advantage Plans

Practical Tips

- Appeal everything except the most blatant, incorrect status/class issues that still slip by.

- Have your PA aggressively do Peer to Peer discussions to get denials overturned while the patient is still in-house.

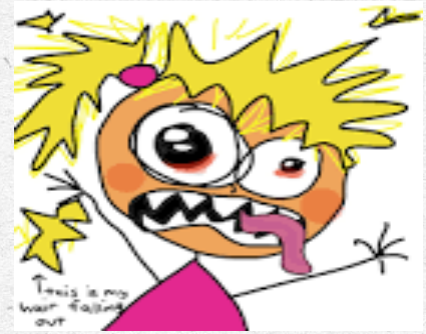
- Call and email egregious behavior to Medicare just as you would with traditional Medicare issues. We have made a good contact with CMS. Vikki Ahern Deputy Director Medicare Parts C & D Oversight and Enforcement Group

  vikki.ahern@cms.hhs.gov

Final Advice

- You have to stay persistent and follow up on these egregious denials. It may take a year or two but you will be successful!
- MA Plans are very sneaky and will ride the fence as to whether they are commercial or Medicare.
- Work with your Director of Contracts to ensure that any upcoming contract negotiations have verbiage ensuring that once front end review is completed and status/class approved after a Peer to Peer…there will be no back end audits and denials.

This is how we feel after dealing with denials all day!



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Questions???

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