

A decorative graphic on the left side of the slide, featuring several thin, dark green lines representing grass or reeds. A solid red arrow points to the right, overlapping the text.

Hospital to Payor



# Case 1.

## **MD Decision: Initial Denial.**

### **Rationale:.**

76 year old F PMH including inpt admission 2/2 pain d/t OA.

Present Level Of Functioning = lives with family in 2-story, 3 Story home; moderate assist for ADL, Assitive devices used for ambulation.

Given above information, below nursing, PT/OT findings, does not meet criteria.

**Letter: SNF/SwingBed/TCU Adm Denial (IP stay not required) Medicare.**

MCR reasonable and medically necessary guidelines (CMS Benefit Policy Manual, Chapter 8 skilled). Member's rehab need can be provided at a lower level of care, i.e. outpatient setting/LTC

## Advised of appeal

Current level of functioning **CLOF:**

Nursing: n/a

PT:

Bed mobility =

Transfers =

Goals

7/05/17

supv

cga

Gait =

80ft walker cga.



# Dialogue

Spoke with provider, with **no significant added information given**. However, provider stating he does have updated information that may **rule in** member for SNF.

Will continue to uphold, and promised that if more information can be provided, then a re-appeal could be requested.

Spoke with Dr. X at 000-000-0000.

**MD Decision: Uphold Denial**

**Second Appeal offered.**



## Case 2

### **MD Decision: Initial denial**

68 year old F PMH not given with CC to hospital dizziness/light-headedness, black stools on several occasions for 3 d prior to admission.

VSS. W/u: H/H = 5.9/18.9, high BUN/Cr.

Tx: NS IVF, with no further information given.

Given above information, does not meet criteria.

Spoke with Dr. Y at 111-111-1111. Appeal offered.

Criteria: M-801.

Rationale: Insufficient clinical submitted to support hemodynamic instability or a severe clinical condition which persisted without improvement or worsening despite initial intervention or treatment within the scope of observation care.



# Dialogue

## **Additional Information provided :**

Given new information

Spoke with provider, stating member remained inpt, given 2 U pRBCs, with Hb trending into 8-9 range post transfusion and stable, and team wishes to perform colonoscopy as an inpt, as no clear bleed source identified on EGD.

- MD decision: Overturn Denial
- **Episode will be converted to inpt admission.**