Anatomy of Successful Medical Necessity Appeals

Presented by:

Denise Wilson, MS, RN, RRT

To join the audio conference:
Call-in toll number: 1-213-929-4212
Access code: 495-723-377
Or use your computer audio

AHDAM
The Association for Healthcare Denial & Appeal Management

GoToWebinar Attendee Participation

Your Participation

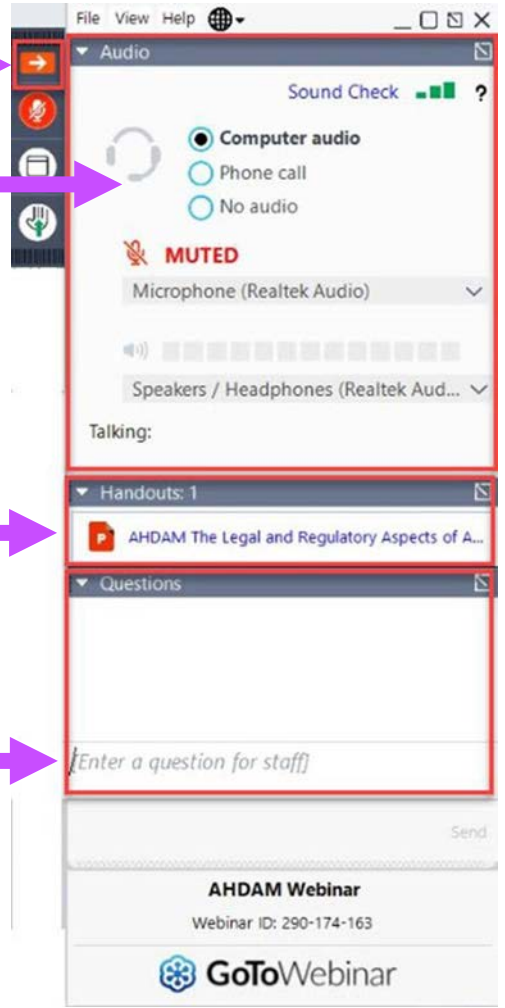
Open and close your control panel.

Join audio:

- Choose **Mic & Speakers** to use VoIP
- Choose **Telephone** and dial using the information provided

Download handouts.

Submit questions and comments via the Questions panel.



CEUs/Contact Hours

- Free CEUs are offered to AHDAM members only.
- To obtain CEUs, you must attend the live webinar for at least 50 minutes and complete the survey that will pop up automatically for you at the end of the webinar.
- CEU certificates will be emailed to you.
- CEUs are not available for watching the recording of this live webinar.
- Disclosure: No individuals in a position to control content for this
- activity have any relevant financial relationships to declare.

CEUs/Contact Hours

From the survey you will be prompted to select desired CEUs:

- Association of Clinical Documentation Improvement Specialists (ACDIS): Certified Clinical Documentation Specialist (CCDS)
- National Association of Healthcare Revenue Integrity (NAHRI): Certification in Healthcare Revenue Integrity (CHRI)
- Commission for Case Manager Certification (CCMC): CCM board certified case managers
- American Health Information Management Association (AHIMA): Certified health information management professionals
- American Nurse Credentialing Center (ANCC): Continuing nursing education

  This nursing continuing professional development activity was approved by the Northeast Multistate Division Education Unit, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Join us for our next complimentary webinar!

Upcoming Complimentary Webinar

Different Payers Means Different Appeal Strategies

Wednesday, March 1, 2023, at 2 PM Eastern Time

CEU’s for AHDAM Members Only

Register on the homepage at www.ahdam.org

Complimentary PayerWatch AHDAM Webinar!

Upcoming Complimentary Webinar

Medicare Advantage Denials and Abuses – A Provider Call to Arms (Part Two)

Tuesday, January 31, 2023, at 1 PM Eastern Time

Register on the homepage at www.ahdam.org

(No CEUs offered)

AHDAM

The Association for Healthcare Denial and Appeal Management

- The nation’s only association dedicated to Healthcare Denial and Appeal Management.
- Our mission is to support and promote professionals working in the field of healthcare insurance denial and appeal management through education and collaboration.
- Our vision is to create an even playing field where patients and healthcare providers are successful in persuading medical insurers to make proper payment decisions.

www.ahdam.org

Created through the generous support of PayerWatch

PayerWatch

PayerWatch is the nation’s leading provider of payer denial, audit, and appeal solutions. Our Veracity platform powers your clinical revenue cycle with the most comprehensive denial and audit solutions. We combine services, education, consulting, and Veracity to reduce denial and audit risks, streamline appeals, and decrease denial write-offs.

www.payerwatch.com

Disclaimer

The Association for Healthcare Denial and Appeal Management (AHDAM) publishes and distributes materials on its website that are created by our members or invited industry subject matter experts for the benefit of all AHDAM members. AHDAM does not certify the accuracy or authority of these materials.

These materials are distributed and presented as research information to be used by AHDAM members, in conjunction with other research deemed necessary, in the exercise of AHDAM members' independent professional judgment. AHDAM claims no liability in relation to reliance on the content of these materials. The views expressed in the materials are the views of the material's authors and do not necessarily represent the views of AHDAM. Any references are provided for informational purposes only and do not constitute endorsement of any sources.

There are no conflicts of interest to declare for any individual in a position to control the content of this presentation.

Host and Presenter

Denise Wilson MS, RN, RRT, Senior Vice President, PayerWatch/AppealMasters, President, AHDAM

Denise has over thirty years of experience in healthcare, including clinical management, education, compliance, and appeal writing.

Denise has extensive experience as a Medical Appeals Expert and has personally managed hundreds of Medicare, Managed Medicare, and Commercial appeal cases and presented hundreds of cases at the Administrative Law Judge level. Denise is a nationally known speaker and dynamic educator on Medicare and Commercial appeals processes, payer behaviors, standards of care, appeal template development, and building a road map to drive the payer to a decision in the provider's favor. She has educated thousands of healthcare professionals around the country in successfully overturning healthcare denials.

Dr. Kendall Smith

Dr. Kendall Smith is a Senior Fellow in Hospital Medicine (SFHM) and currently acts as Chief Physician Advisor for PayerWatch - AppealMasters, a leading appeal educator and appeal services firm for hospitals and health systems. He's been deeply involved in denial and appeals management throughout his hospitalist career. He has served as a physician leader on hospital revenue cycle management teams while also serving as the Physician Advisor for Clinical Resource Management. Dr. Smith is also an AHIMA ICD-CM/PCS approved trainer/ambassador.

Medical Necessity

Encompasses:

- Level of Care: Inpatient, Outpatient
  - ICU, Intermediate care, Step-down unit
- Procedures, services, surgeries

Basic Anatomy of Level of Care Appeal

- Intro
- Demographics – including past medical history
- What the payer did wrong in issuing the denial
- Clinical presentation
- Argument for level of care (pulling it all together)
- Standards of care
- Regulatory arguments
- Conclusion

Medical Necessity

The core of the MN argument:

Did services provided meet the standard of care accepted by the local medical community?

What does “standard of care” mean?

What does “local” mean?

Medical Necessity

What does “standard of care” mean?

- CMS Definition:
  - Department of Health and Human Services, Health Care Financing Administration (1995, December). HCFA Ruling 95-1. Retrieved from http://www.cms.gov/Regulations-and-Guidance/Guidance/Rulings/Downloads/HCFAR951.pdf.
  - V. ACCEPTABLE STANDARDS OF PRACTICE—APPLICATION

Medical Necessity

What does “standard of care” mean?

- “Medicare contractors, in determining what "acceptable standards of practice" exist within the local medical community, rely on published medical literature, a consensus of expert medical opinion, and consultations with their medical staff, medical associations, including local medical societies, and other health experts.
- "Published medical literature" refers generally to scientific data or research studies that have been published in peer-reviewed medical journals or other specialty journals that are well recognized by the medical profession, such as the "New England Journal of Medicine" and the "Journal of the American Medical Association."

Medical Necessity

What does “local” mean?

- “Medicare contractors, in determining what "acceptable standards of practice" exist within the local medical community, rely on published medical literature, a consensus of expert medical opinion, and consultations with their medical staff, medical associations, **including local medical societies**, and other health experts.
- Does the standard of care vary between rural hospitals and urban medical centers?
- Do rural communities have access to adequate outpatient health services?

Clinical Presentation

Paragraph 1: Presenting signs and symptoms

- Duration
- EMS presentation
- Outpatient/home treatment

Paragraph 2: ED assessments, interventions, outcomes

- Focus on the **abnormal** vital signs, test and study results
- Interventions outside the routine
- Decision to admit – working diagnoses and which signs and symptoms did not adequately improve

Clinical Presentation

Paragraph 3: Plan of care

- Diagnoses
- Plan of care
  - IV drugs/drips, additional testing, planned invasive procedures, consults

Paragraph 4: Pulling it all together

- Signs, symptoms, assessment, risks, treatments (including hospital admission) supported by standards of care
- Risks avoided

Medical Necessity Procedure/Service

The standard of care accepted by the local medical community is most often described in:

- National Coverage Determinations – NCDs (Traditional and Managed Medicare) – issued by CMS
- Local Coverage Determinations – LCDs (Traditional and Managed Medicare) – issued by the Medicare Administrative Contractors
- Clinical Policy Bulletins – (Commercial Payers and Managed Medicare in the absence of an NCD/LCD)
- Peer-reviewed medical journals or other specialty journals

Basic Anatomy of Medical Necessity Procedure/Service Appeal

- Intro
- Demographics – including past medical history
- What the payer did wrong in issuing the denial
- Clinical presentation
- Argument for procedure/service (Justification of Treatment)
- Standard of care (NCD, LCD, CPB)
- Conclusion

Sample Service/Procedure Denial/Appeal

Novitas LCD: Lower Extremity Major Joint Replacement (Hip and Knee) L36007

- Indications: Medicare will consider Total Hip Arthroplasty (THA) medically reasonable and necessary when…
- Limitations: The following are considered not reasonable and necessary and therefore will be denied…
- Documentation Requirements
- Refer to the Local Coverage Article: Billing and Coding: Lower Extremity Major Joint Replacement (Hip and Knee), A56796, for all coding information.
- https://www.cms.gov/medicare-coverage-database/search.asp

Answer to Survey Question

3. Identify an appropriate resource for regulatory arguments.

(Check one)

☐ a. The state's Department of Transportation

☐ b. The provider's code of ethics

☐ c. Taber's Medical Dictionary

X d. The Code of Federal Regulations for Traditional Medicare

Summary

- The core of the MN argument: Did services provided meet the standard of care accepted by the local medical community?
- The clinical picture and plan of care/plan for intervention must support the standard of care.
- Standards of care:
  - "Published medical literature" refers generally to scientific data or research studies that have been published in peer-reviewed medical journals or other specialty journals that are well recognized by the medical profession, such as the "New England Journal of Medicine" and the "Journal of the American Medical Association."

Questions?

AHDAM
The Association for Healthcare Denial & Appeal Management

Thanks for attending!

Denise Wilson, AHDAM President
denise@ahdam.org

PayerWatch