

Appealing an MCO's denial of coverage for recommended treatment

Following surgery to correct an abdominal aortic aneurysm, 47-year-old Mrs. Weeks experienced circulatory problems in her right leg. Her physician recommended she be kept in the hospital for eight more days to be observed for signs of infection and clotting, but did not appeal her MCO's utilization review recommending only a four-day extension. Following her release from the hospital (after four days), Mrs. Weeks developed an infection that resulted in amputation of her right leg.

Physicians are held to a standard of care that is reasonable and prudent under the clinical circumstance. Failure to appeal third-party payor decisions when you believe it is medically prudent or medically necessary will leave you vulnerable to an allegation of medical malpractice in the event of a poor medical outcome.

When appealing a coverage denial to the MCO, state similar previous cases, the treatment, and outcomes, if possible. Use clinical facts and professional literature to support your appeal. If treatment is still not approved, dispassionately make your case to the MCO's medical director in a letter (*see sample letter, Page 44*). Do not "cc" state agencies, medical societies, or others as a technique of intimidation. Based on the outcomes of those advocacy efforts, you then need to obtain your patient's informed consent to, or refusal of, treatment.

Also make sure the following questions are answered. Have you:

- ◆ Been thorough in communication with MCO personnel? Many MCOs have their own case managers who review the patient's charts every day to ensure the patient's status is still appropriate for an acute care setting. If documentation is inadequate, or contains such phrases as "patient doing well..." with no plan of care, the MCO will advocate for discharge.
- ◆ Complied with the MCO's appeals process and deadlines?
- ◆ Kept the patient informed of MCO-related communications and decisions?
- ◆ Sent a certified letter to the MCO medical director, reiterating your recommended treatment, the reasons, the risks to the patient of not undergoing treatment, etc.?
- ◆ Based your recommendation on cited supportive outcome data from current professional literature?
- ◆ Consulted your colleagues participating in the same MCO regarding their experiences in appealing coverage decisions and any recommendations they have?

