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monthly memo
mvma ipa

Physicians Committed to Quality

An important announcement from Richard B. Toll, M.D., MVMA President

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Denials

A denial for a particular care or service is one of the major causes of physician dissatisfaction with healthcare insurance in general, and HMOs in particular. Physicians view denials as an intrusion into medical care for purely financial reasons. The reality is, however, that most denials are rendered because, either the medical necessity for the request has not been demonstrated, or, the request is simply not a covered benefit under the contract that the member has with the insurer.

The most common cause of denials, which are ultimately reversed and approved, is the lack of supporting clinical information. It cannot be overemphasized that medical directors are trying to understand what you are looking to do, when you make your request for a service. One of the first questions asked is: "Does your approach to the situation follow the standards of medical care?" The medical director needs the appropriate clinical information to support the request, and to assist him or her in understanding what the physician is trying to accomplish. A request for a CT of the abdomen/pelvis will be viewed differently if the submitted information states "abdominal pain x 2 weeks" versus "this patient has had abdominal pain with some loose stools for 2 weeks, blood, intermittent fever, and I am concerned that there is acute diverticulitis." The former may well be denied or returned for insufficient information, whereas the latter should be approved urgently. It should also be emphasized that emergency imaging requests (suspected appendicitis) need only to be called in to the MVP nurse, and do not need pre-certification. These should be done without delay.

Unfortunately, some cases lack medical justification entirely. At times, these are patient driven. A recent example was for an MR in a 15 year old with one week of back pain, not associated with any other symptoms or findings. The parents were requesting that an MR scan be done, to cover all possibilities. The physician was under pressure to make this request. In another instance, a CT scan of the pelvis was requested on a woman in her 50s, status post total abdominal hysterectomy, with a history of breast cancer two years earlier treated with Tamoxiphen®, who now has developed a pinkish vaginal discharge. There was no mention of any physical findings or other diagnostic interventions or considerations. Clearly, the necessity for a pelvic CT, with this information, would be questionable.

There are cases where the medical necessity is present, but the contract coverage is not. Probably the most common example for this is physical therapy. MVP covers 60 days of therapy, for acute conditions. There are many cases whereby therapy needs to be continued beyond the 60 days, for perfectly sound medical reasons. At that point, however, it will be the patient and not the insurer who will be responsible for the costs associated with continuing care, as the member's contract has clearly defined limits to coverage. Other requests, such as those involving cosmetic procedures, are likewise excluded by contract from coverage.

We all want to provide the care that is necessary, and that is provided by contract for the patient. Adequate supporting documentation will go a long way in supporting appropriate coverage. Cases that are medically necessary, but are not covered by contract, should be spelled out to the patient and physician. When there is a disagreement between the patient (and or the physician) and the health plan as to what should be covered, then the appeal process needs to be initiated.

Physicians as well as the members (patients) have the right to appeal any adverse decisions. For the members, there is an appeal process that can be started through Member Services at MVP by calling 1-888-687-6277. Likewise, physicians and other practitioners can initiate an appeal, either in writing, or by telephone. The number for MVMA is (518) 388-2461. Our address is MVMA, 625 State Street, 1st Floor, Schenectady, NY 12305.

We all can work together to ensure that our patients are getting appropriate necessary care. Hopefully it is better understood that by providing the correct supporting information, being familiar with practice guidelines and protocols, and when necessary, advocating on the member's behalf, we can accomplish this goal.