Revenue Cycle Management Protocol –

**Appeal Guidelines**

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| **Overview** | |
| **Level 1 Process** | Revenue Cycle Management |
| **Level 2 Sub-process** | A/R |
| **Process Owner** | A/R |
| **Revision Date** | 04/05/2024 |
| **Purpose** | Appeal Guidelines. |
| **Scope** | Appeal Guidelines |
| **Frequency/Deadline:** | Daily |
| **Estimated Time to Complete:** | Varies on Action |
| **Dependencies** | * Patient Information * Next Gen * Availity * Possibly: EHR & MedLine for DDP Appeals |
| **Supporting Technology** (systems, tools, etc.)**:** | * Next Gen * Search Engine Website (IE, google) |

**Wound care** - Wound care procedures are performed to remove devitalized and/or necrotic tissue to promote healing.

**DDP Supplies -** After the Wound care procedures have been performed, we use DDP supplies such as Tapes, Gauze, Ointments, etc..,. to cover the wound for preventing any infections, these supplies are provided by Vohra to the Patient. Most of the DDP Codes billed will be in the format of AXXXX (Example: A6458).

* When only E/M procedure code is denied on the claim, select the appropriate appeal letter: Based on the denial reason identified, choose the corresponding appeal letter from the available options in "Print Forms" or “Form Enhanced”. The examples provided are as follows:

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| --- | --- | --- |
| **Denial Reason** | **Denial Letter** | **Document Location** |
| Additional Info Requested | Additional Info Requested Letter | Print Forms, Forms |
| Bundled/Inclusive | E/M Dispute Letter Mod 25 | Print Forms, Forms Enhanced |
| Level of Care Not Supported, Med Necessity | E/M Dispute Letter | Print Forms, Forms Enhanced |
| No Authorization | Auth Letter | Print Forms, Forms |
| Non-Par Provider | Non-Par Letter | Print Forms, Forms |

* When E/M code is denied along with other procedures then depending on the denial need to use appropriate denial-based letter from NG as mentioned –

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* Regarding bundling denials, if the base code line item is either denied or paid except for add on codes due to bundling, a modifier 59 can be appended (if the primary code has one) and a corrected claim submitted instead of an appeal.

**Example**

If 11042 has a modifier 59 then you may add a 59 to 11045

If 11043 has a modifier 59 then you may add a 59 to 11046

If 97597 has a modifier 59 then you may add a 59 to 97598

* When working on A codes denial we need to use DDP appeal letter depending on the denial reason from share drive and the share path link is listed below for reference –

[Vohra Wound Physicians - DDP Commercial Appeal Letters - All Documents (sharepoint.com)](https://vohraphysicians.sharepoint.com/:f:/r/SharedDocuments-RCM/Quest%20RCM/Quest%20AR/DDP%20Commercial%20Appeal%20Letters/DDP%20Commercial%20Appeal%20Letters?csf=1&web=1&e=7gbarr)

* We should use appeal forms based on payer requirements which can be obtained from payer portal also the same is available in share drive and the share point link is listed below for reference –

[Vohra Wound Physicians - Provider Appeal Forms - All Documents (sharepoint.com)](https://vohraphysicians.sharepoint.com/SharedDocuments-RCM/Forms/AllItems.aspx?csf=1&web=1&e=SDMdb7&cid=f23ca49d%2D30a4%2D4841%2Dbe33%2D6a86e2661e8e&FolderCTID=0x0120008B87F3E2104C6F42B9ACFBADFD052F3D&id=%2FSharedDocuments%2DRCM%2FRPA%2FProvider%20Appeal%20Forms&viewid=3fcf956e%2D8354%2D491d%2D8158%2D44c66395f181)

* For certain payers it is mandatory to attach claim form for which make sure to print complete claim form from claims tab by selecting claim copy option as listed below –

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* When working on diagnosis denial for Medicare HMOs please refer to e-learning tool where the protocol is placed under the name [Medical Necessity DX Denials for Medicare Products](https://vohraphysicians-my.sharepoint.com/:o:/r/personal/ndevega_vohraphysicians_com/Documents/eLearning%20Library?d=w80ffce88794143c98e6063454be4c92e&csf=1&web=1&e=e2sXfe) to use valid appeal forms depending on the scenario.
* We should refer to the appeals addresses spreadsheet placed in share point to verify the mode of appeal also to verify whether the payer appeal form is required depending on the payer. Link for the same is listed below for reference –

[Appeals Addresses - Editable - Copy.xlsx (sharepoint.com)](https://vohraphysicians.sharepoint.com/:x:/r/_layouts/15/Doc.aspx?sourcedoc=%7B74680A31-4A73-4186-B03A-4F76ADA81D41%7D&file=Appeals%20Addresses%20-%20Editable%20-%20Copy.xlsx&action=default&mobileredirect=true&cid=2e06a9f3-d9a6-4a42-b3ba-b2edb3e2771f)

* It is mandatory to complete the fields highlighted below from general tab and encounter specifics by double clicking on encounter when submitting appeals for any scenarios

**First Level Review**\_ Complete the following fields.

* Payer Claim ID
* Appeal Date (MM/DD/YYYY)
* Medicare MBI (for Medicare LOB only)
* Collector Name: Vohra Wounds Appeal Department
* Phone number 954-399-4641
* CPT to Appeal
* Recon Submission Date (if submitting Reconsideration) Please note that this section is at bottom of the list
* Payer Type First Appeal (Financial Class) for this appeal, such as Medicare, Medicaid, Commercial, etc...

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**Second Level Review (First review was processed and denied)** \_ Complete/ Review the following fields.

* Payer Claim ID (Confirm no changes, make updates if needed)
* Second Appeal Date (MM/DD/YYYY)
* Collector Name: Vohra Wounds Appeal Department
* Phone number 954-399-4641
* CPT to Appeal
* ENCOUNTER SPECIFICS TAB:
* Please fill out the Encounter Specific tab as follow:
* Recon Appeal Date (if submitting Reconsideration)
* First Appeal Date (if submitting First level Appeal)
* Second Appeal Date (if submitting Second level Appeal)
* Collector Name: Vohra Wounds Appeal Department
* Phone number 954-399-4641
* Type of insurance (Financial Class) for this appeal which is auto populated and should be edited and corrected if necessary , such as Medicare, Medicaid or Commercial (as this will appear on your letter.) See Below.

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* Kindly make sure to update Medicare ID in WOL for all Medicare MCO plans.
* For certain MCO’s we have specific WOL forms which needs to be attached while sending appeals and the same is listed below:

**(Note: The below list does not contain the entire list of payers for which the specific WOL is being used, it is subject to change, and it is always better to confirm the information via call before acting)**

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* When submitting appeal through mail and depending on payer if claim form needs to be attached or making any edits in appeal cover letter then need to place the package in manual folder.
* Appeals when faxed need to place the confirmation page with the total packages in S:\Vohra to print from Omega\Appeals faxed in the respective date accordingly.
* Appeals when sent through portal need to place the confirmation page with the total packages in S:\Vohra to print from Omega\Appeals sent thru portal in the respective date accordingly. If the portal doesn’t have an option to print the confirmation page, you can print by clicking ctrl & P on keyboard.
* Appeals When Placed in Path (have any change in ACL or If it has Claim form in the package) then Need to place it under S:\Quest AR\Appeals in the respective date under Manual folder.
* Appeals When Placed in Path (Not have any change in ACL or If it does not have Claim form in the package) then Need to place it under S:\Quest AR\Appeals in the respective date under RPA folder.
* Kindly remember for UHC, Humana & WellMed medical records request needs to be sent through portal. **(Further if the correspondence states to submit the documentation to a specific address, fax, or portal address, that should be followed.)**
* If payer accepts reconsideration, then need to submit accordingly and only then formal appeal needs to be made and once appeal upheld then need to submit second level after verifying with payer also use appropriate NG forms
* If **BCBS FL HMO** denies the claim for No/Invalid Authorization, then we need to appeal for Medical Necessity as Florida Post-Acute Care Clinicians is Out of Network with BCBS FL Hmo plans. Authorization is not required for all Wound Care Services however per BCBS FL, Wound Care is considered a Specialty Service that requires a PCP's referral for all Wound Care Procedures rendered in both an inpatient/outpatient POS. Authorization denial received are due to cases  where we are unable to obtain PCP referrals.
* Kindly make sure when sending **Second Level Appeal** for WellCare through mail do not place the dispute or reconsideration form along with the package.

Below listed are the documents which needs to be placed depending on the denial scenario’s, we have collected generic information and if there are any additional documents that needs to be attached depending on the scenario then please add it accordingly –

**Wound Care**

|  |  |  |  |
| --- | --- | --- | --- |
| **Documents** | **Bundling Denial** | | |
| **Portal** | **Fax** | **Mail** |
| Appeal Cover Letter from NG forms | û | û | ü |
| Bundling denial letter from NG | ü | ü | ü |
| Explanation of Benefits / Correspondence | û | ü | ü |
| Medical Records | ü | ü | ü |
| Payer Specific Appeal Form | û | ü | ü |
| WOL (Applicable only for Medicare MCO Plans) | ü | ü | ü |

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| --- | --- | --- | --- |
| **Documents** | **Non covered Charges / Medical Necessity Denial** | | |
| **Portal** | **Fax** | **Mail** |
| Appeal Cover Letter from NG forms | û | û | ü |
| Explanation of Benefits / Correspondence | û | ü | ü |
| Medical Necessity denial letter from NG | ü | ü | ü |
| Medical Records | ü | ü | ü |
| Payer Specific Appeal Form | û | ü | ü |
| WOL (Applicable only for Medicare MCO Plans) | ü | ü | ü |

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| --- | --- | --- | --- |
| **Documents** | **Authorization Denial** | | |
| **Portal** | **Fax** | **Mail** |
| Appeal Cover Letter from NG forms | û | û | ü |
| Authorization denial letter from NG | ü | ü | ü |
| Explanation of Benefits / Correspondence | û | ü | ü |
| Medical Records | ü | ü | ü |
| Payer Specific Appeal Form | û | ü | ü |
| WOL (Applicable only for Medicare MCO Plans) | ü | ü | ü |

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| --- | --- | --- | --- |
| **Documents** | **Non - Par Denial** | | |
| **Portal** | **Fax** | **Mail** |
| Appeal Cover Letter from NG forms | û | û | ü |
| Explanation of Benefits / Correspondence | û | ü | ü |
| Medical Records | ü | ü | ü |
| Non - Par denial letter from NG | ü | ü | ü |
| Payer Specific Appeal Form | û | ü | ü |
| WOL (Applicable only for Medicare MCO Plans) | ü | ü | ü |

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| **Documents** | **Timely Filing Denial** | | |
| **Portal** | **Fax** | **Mail** |
| Appeal Cover Letter from NG forms | û | û | ü |
| Explanation of Benefits / Correspondence | û | ü | ü |
| Good cause letter (Based on call confirmation) | ü | ü | ü |
| Medical Records | ü | ü | ü |
| Payer Specific Appeal Form | û | ü | ü |
| Proof of timely filing from Waystar | ü | ü | ü |
| WOL (Applicable only for Medicare MCO Plans) | ü | ü | ü |

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| **Documents** | **Duplicate Denial** | | |
| **Portal** | **Fax** | **Mail** |
| Appeal Cover Letter from NG forms | û | û | ü |
| Duplicate denial letter from NG | ü | ü | ü |
| Explanation of Benefits / Correspondence | û | ü | ü |
| Medical Records | ü | ü | ü |
| Payer Specific Appeal Form | û | ü | ü |
| WOL (Applicable only for Medicare MCO Plans) | ü | ü | ü |

|  |  |  |  |
| --- | --- | --- | --- |
| **Documents** | **Missing Primary EOB** | | |
| **Portal** | **Fax** | **Mail** |
| Payer Specific Appeal Form | û | ü | ü |
| Appeal Cover Letter from NG forms | û | û | ü |
| Explanation of Benefits / Correspondence from primary | ü | ü | ü |
| Secondary Claim form (If requested by payer) | ü | ü | ü |
| WOL (Applicable only for Medicare MCO Plans) | ü | ü | ü |

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| --- | --- | --- | --- |
| **Documents** | **Missing Medical Records** | | |
| **Portal** | **Fax** | **Mail** |
| Payer Specific Appeal Form (If requested by payer) | û | ü | ü |
| Appeal Cover Letter from NG forms | û | û | ü |
| Explanation of Benefits / Correspondence | ü | ü | ü |
| Medical Records | ü | ü | ü |
| WOL (Applicable only for Medicare MCO Plans) | û | ü | ü |

**DDP Documents**

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| --- | --- | --- | --- |
| **Documents** | **Bundling Denial** | | |
| **Portal** | **Fax** | **Mail** |
| Appeal Cover Letter from NG forms | û | û | ü |
| DDP denial letter from Share point | ü | ü | ü |
| Explanation of Benefits / Correspondence | û | ü | ü |
| Medical Records | ü | ü | ü |
| Payer Specific Appeal Form | û | ü | ü |
| WOL (Applicable only for Medicare MCO Plans) | ü | ü | ü |
| Doctor's order | ü | ü | ü |
| Delivery Invoice | ü | ü | ü |
| Delivery Tracking | ü | ü | ü |

**If any updates need to be made regarding any of the trackers such as WOL tracker or Appeals address spreadsheet, please send out an email to leads copying GCs for review and to get updated.**

**Appeal Process for Denied Woundcare/ E&M Codes with DDP Procedures:**

1. **Identification of Denied Claims:**
   * Whenever a claim is identified as being denied for Woundcare or Evaluation and management codes along with DDP (Debridement, Dressing, and/or Packing) procedures, it should be flagged for appeal.
2. **Check for ICN Numbers:**
   * Determine whether there is one ICN# for both the Woundcare/E&M codes and DDP procedures, or if there are separate ICN#s for each.
3. **Creating Appeal Packages:**
   * Single ICN#: If there is only one ICN# for both the Woundcare/E&M codes and DDP procedures, create a single appeal package.
   * Separate ICN#s: If there are two different ICN#s for Woundcare/E&M codes and DDP procedures, create two separate appeal packages.
4. **Appeal Package Composition:**
   * Single Appeal Package:
     + Use a common denial letter available in SharePoint, depending on the scenario, for both the Woundcare/E&M codes and DDP procedures.
     + Do not place two separate appeal letters for the single appeal package.
5. **Continual Process Adherence:**
   * Until any further updates on this process, adhere strictly to the guidelines outlined above for all appeals related to denied Woundcare or E/M codes with DDP procedures.
6. **Documentation:**
   * Ensure thorough documentation of all appeal actions taken, including the rationale behind decisions and any relevant correspondence.

**SharePoint Link to obtain Dispute letters:**

[Vohra Wound Physicians - DDP Commercial Appeal Letters - All Documents (sharepoint.com)](https://vohraphysicians.sharepoint.com/:f:/g/Ely4M_ZM_B5OoS9GBqLPDWIBR3fcm3DqAKPPaq61FVBODA)

1. **Version Control and Approvals**

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| --- | --- | --- |
| Author | Date | Revision Number |
| Doyle Wasa | 1/13/2023 |  |
| Rose Kaiser | 7/28/2023 | Added Add-on Bundling Scenario |
| Rose Kaiser | 1/09/2024 | Added new details for E/M denials |
| Rose Kaiser | 1/11/2024 | Updated Payer WOL Guide |
| Rose Kaiser | 1/15/2024 | Added a New Payer to WOL Guide |
| Rose Kaiser | 2/13/2024 | Added requirement to complete 2nd appeal date (for 2nd level reviews). |
| Rose Kaiser | 2/20/2024 | Additional details have been included in the fields that require completion in the General Tab and Encounter Specifics for different Levels of Appeal. |
| Vinoth Antony | 03/06/2024 | Appeal Process for Denied Woundcare/ E&M Codes with DDP Procedures. |
| Javad & Rose | 03/20/2024 | Added update to include line for reconsideration vs. appeal and also added additional payer to WOL Guide image-Keystone |
| Javad | 04/05/2024 | Updated pg.2 bundling denials for add on codes regardless if paid or denied we can rebill corrected claim then appeal |

Documentation was reviewed with the current Vohra process owner on.

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| --- | --- | --- | --- |
| Approved By | Date | Revision Number | Comments |
| Doyle Wasa | 07/30/23 | V2 | Added Add-on Bundling Scenario on page 2. |
| Doyle Wasa | 01/09/2024 | V3 | See above |
| Doyle Wasa | 01/12/2024 | V4 | See above |
| Doyle Wasa | 01/15/2024 | V5 | See above |
| Doyle Wasa | 02/22/2024 | V6 | See above |
| Doyle Wasa | 03/06/2024 | V7 | See above |
| Doyle Wasa | 03/21/2024 | V8 | See above |
| Doyle Wasa | 04/05/2024 | V9 | See above |