AMERICAN ACADEMY OF
OTOLARYNGOLOGY–
HEAD AND NECK SURGERY

Solving Carrier Issues

AMERICAN ACADEMY OF OTOLARYNGOLOGY –
HEAD AND NECK SURGERY and FOUNDATION (AAO-HNS/F)

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SOLVING CARRIER ISSUES: FIRST STEPS

Solving Carrier Issues: First steps

- Basic first steps
- Are you following CPT Guidelines and using modifiers correctly?
  - CPT® coding book
  - Specialty coding resources
  - CPT® Assistant
  - NCCI (national correct coding initiative edit pairs)
- Have you and/or your staff cultivated a good relationship with your carrier representative?

Solving Carrier Issues: First steps

- Have you reviewed your contract and payment policies (usually online)?
  - Are YOU following them?
  - Are THEY following them?
- Have you filed an appeal and escalated up the chain as necessary, including asking for rationale for denial?
- Have you contacted the medical director in writing with documentation/support for your position and asked for a phone/face-to-face conversation?

Solving Carrier Issues: First steps

- Did you contact your county and state medical society?
  - Existing relationships with carrier leadership
  - Coding/appeal advocates
  - Determine the scope of the issue. Other specialties affected?
- Does your ENT society/specialty society have coding/payment resources/experts (e.g. NYSSO)?
- ENTConnect outreach to peers
- Academy resources

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SOLVING CARRIER ISSUES: STEP-BY-STEP APPROACH

So… How is it Done???

Local / State Advocacy Tips

- Verify initial denial and collect information needed subsequently.
  - Check your own internal procedures.
- Develop a relationship with the Medical Director.
  - State society can help with this.
  - Ask for more information about the rationale used for the denial.
- Explain your practice patterns.
- Try to reach reasonable and appropriate consensus.
- Keep your BOG Regional Representative apprised of the issue/outcome.
  - Try to solve local issues locally.
  - http://www.entnet.org/content/bog-region-map

Insurance Coverage Challenges

- **Avoid a denial in the first place**
  - Proper coding
    - **AAO-HNS Resources**
    - AMA Resources (CPT® Assistant, RUC Database®)
    - Others (CodeManager®, EncoderPro®)
    - NCCI Edits (www.cms.gov)
  - Proper use of modifiers (NCCI edits)
  - Proper documentation
  - Check your own office procedures/training
    - Many denials come from the incorrect ICD code being used or incomplete information being sent ***(doc-to-doc appeal calls can help!)***
- **Be familiar with carrier idiosyncrasies**
  - Pre-certification
  - Pre-determination
  - Do they use NCCI edits?

How is it actually done?

1. Get the right contact information.
    a. State Medical Society and State Oto/BOG Society

2. Initial phone call with Medical Director.
    a. Just listen (get to know their side - policies are not pulled out of a hat)
    b. Follow up with email/letter

3. Gather your data.
    a. Specific patient denials
    b. Local opinion/practice patterns
    c. Literature

4. Follow-up phone call with Medical Director.
    a. Discuss specifics
    b. Group call/webinar with a committee from your state society
    c. Written letter (summarize “3” above) - possibly before and after call

5. Written letter/correspondence of final request/agreements.

6. Keep State Society/BOG Regional Rep in the loop.

Real Life Example (all PHI changed)

35y/o patient with 6 months of recurrent bilateral facial pressure, pain, nasal congestion, and thick rhinorrhea.

•Three “exacerbations” in the past 6 months.

•Each treated with either Amoxicillin for 10 days or a Z-pak, and Medrol Dosepak from PCP.

•Given 21 days of amox/claf and 7 day prednisone course by otolaryngologist and started on sinus rinse and Flonase.

•Allergy testing positive only for HDM and dander.

•CT scan (performed after first 4 weeks of therapy) showed: mild mucosal thickening left maxilary sinus, minimal mucosal thickening left frontal sinus, left anterior ethmoid with low grade changes of chronic sinusitis, bilateral concha bullosa, and bilateral inferior turbinate hypertrophy.

•Options discussed with patient and criteria reviewed.

Real Life Example

Reviewed carrier's criteria for sinus ostial dilation (**prior auth not required at time of service** and no criteria for other procedures):

Patient Selection Criteria for Chronic Rhinosinusitis

Coverage eligibility will be met when the following criteria are present:

- Chronic rhinosinusitis in an adult which has persisted for a minimum of 12 weeks despite failure of aggressive medical therapy. This should include documentation of treatment with all of the following:
    - o Saline nasal irrigations or saline nasal spray
    - o Intranasal corticosteroids for at least 8 weeks
    - o Two courses of antibiotics or one prolonged course of oral antibiotic for at least 21 days
- Chronic rhinosinusitis of the sinus to be dilated is confirmed on computed tomography as evidenced by significant mucosal thickening of greater than 3 mm, opacification, or air-fluid levels documented by a formal CT scan report from an independent radiologist.

Real Life Example

Reviewed carrier's criteria for sinus ostial dilation (**prior auth not required at time of service** and no criteria for other procedures):

Patient Selection Criteria for Recurrent Acute Rhinosinusitis

Coverage eligibility will be met when the following criteria are present:

- Four or more documented and treated episodes in a 12 month period; and
- CT imaging performed during the fourth episode should demonstrate pathology in the sinus to be dilated that meets the same CT imaging criteria (significant mucosal thickening of greater than 3 mm, opacification, or air-fluid levels documented by a formal CT scan report from an independent radiologist)

Radiologist Addendum obtained for CT scan:

- Left maxillary sinus thickening of 6mm
- Left frontal sinus thickening of 3mm

Real Life Example

Performed:

- Left maxillary sinus ostial dilation
- Left frontal sinus ostial dilation
- Left anterior ethmoidectomy
- Bilateral submucous inferior turbinate resection
- Bilateral concha bullosa resection

Result:

- ***Entire*** service denied
- Denial upheld on appeal
- Letter written to Medical Director
- All but frontal sinus dilation paid upon receipt of letter

Real Life Example

Suboptimal appeal letter (what we want to write):

•"I asked for an addendum to the radiologist reading to address the thickness in mm of the mucosal inflammation in the sinuses. *I had to do this because of the carrier recommendations on findings of chronic sinusitis that qualify for in office balloon dilation."*

•"I offered in office balloon dilation of the maxillary sinus as well as the resection of the concha bullossa / anterior ethmoidectomy and submucosal resection of her inferior turbinates. I felt the patient would benefit from a frontal balloon sinus dilation on the left as well due to the high agger nassi cell and (3mm) of mucosal thickening, *even though the carrier guidelines do not think a patient with this scenario would benefit. I planned to do it for free because the patient would benefit,* and at least I was going to get coverage of the maxillary balloon to cover my expenses of the equipment. I was wrong on all counts."

Real Life Example

Suboptimal appeal letter (what we want to write):

•"So now at this point if you look at my post op encounters with this patient, he/she is very happy and pleased with the outcome. *The carrier is very pleased with their outcomes because they have a happy client who got treated for free.* I am not so happy because I am out the cost of the balloon system, my personal time, office time, employee time, malpractice risk and more. I am not happy because I did my part and followed these carrier imposed guidelines and still got denied initially and on appeal. Can someone please explain to me how this happens? *Why do I have to expend this much energy, time, and money just to get paid?"*

Don't Press Send!!!

Real Life Example

Successful appeal letter (no emotion):

•"Therefore, in order to determine if this patient met the criteria specified by carrier for sinus ostial dilation, I asked the radiologist for an addendum to his reading to address the thickness in mm of the mucosal inflammation in the sinuses, and this document is attached. Please see the addendum at the end of the report specifying 6mm of mucosal thickening in the left maxillary sinus." ***(No complaint)***

•"Given that the left maxillary sinus had mucosal thickening of greater than 4mm, and that the patient had over 12 weeks of symptoms after aggressive medical therapy, and 4 episodes of acute sinusitis treated with antibiotics in the preceding 12 months*, I was certain that the patient satisfied the criteria of his/her carrier for an in-office sinus ostial dilation.* Given that her/his preference was for the in-office procedure, we scheduled the procedure."

Real Life Example

Successful appeal letter (no emotion):

•“I also want to note that I am not appealing the denial of the frontal dilation. Although the thickening did not meet the carrier threshold of >3mm, I felt that the patient was having recurrent and chronic symptoms from this sinus and elected to treat it. My appeal is specifically for the denial of the left maxillary sinus dilation, as the patient clearly meets criteria for this sinus.

•Secondarily, I would like to know why the other services—the turbinate reduction, concha bullosa resection—are also being denied. This does not make any sense.

(Direct and firm)

Real Life Example

Successful appeal letter (no emotion):

•“Finally, at this point if you look at my post op encounters with this patient (attached), she/he is very happy and pleased with the outcome. I have been able to spare the patient the morbidity of a procedure under general anesthesia, and thought that I was saving the carrier money by sparing them a costly facility fee. I also thought that I had met the carrier’s criteria for sinus ostial dilation. However, I find myself frustrated and angry because I did my part to verify that the patient met your criteria but am still out the cost of the balloon system, my personal time, office time, employee time, and malpractice risk. This is simply not just. Therefore, I am asking for the following:”

Make a Specific Demand

Real Life Example

Successful appeal letter (no emotion):

1. I need someone to please explain to me exactly which criteria I did not meet, because I reviewed your criteria (attached), and I feel like I did meet them.

2. Please remit payment for the turbinate reduction (30140-50), partial ethmoidectomy (31254), and concha bullosa resection (31240-50) as soon as possible. These are not subject to prior authorization, and their payment should not be delayed while we further appeal the dilation denial.

3. *If, upon further review, you find that I did meet criteria for ostial dilation, please remit payment as soon as possible.*

4. If, upon further review, you find that I did meet criteria for ostial dilation, *please provide a detailed explanation of how the initial and appeal denials happened. Was inadequate documentation provided? Did the reviewer not see something that was in the documentation? Was the radiologist addendum seen?* ***(Try to find out what happened)***

Real Life Example

Successful appeal letter (no emotion):

•"Thank you for your time and consideration in this matter. *As you can imagine, I am finding myself confused, frustrated, and angry that so much extra time and energy has to be expended simply to be paid for medically justified and necessary work.* I look forward to your reply and resolution of this problem."

Appeal Letter – Key Points

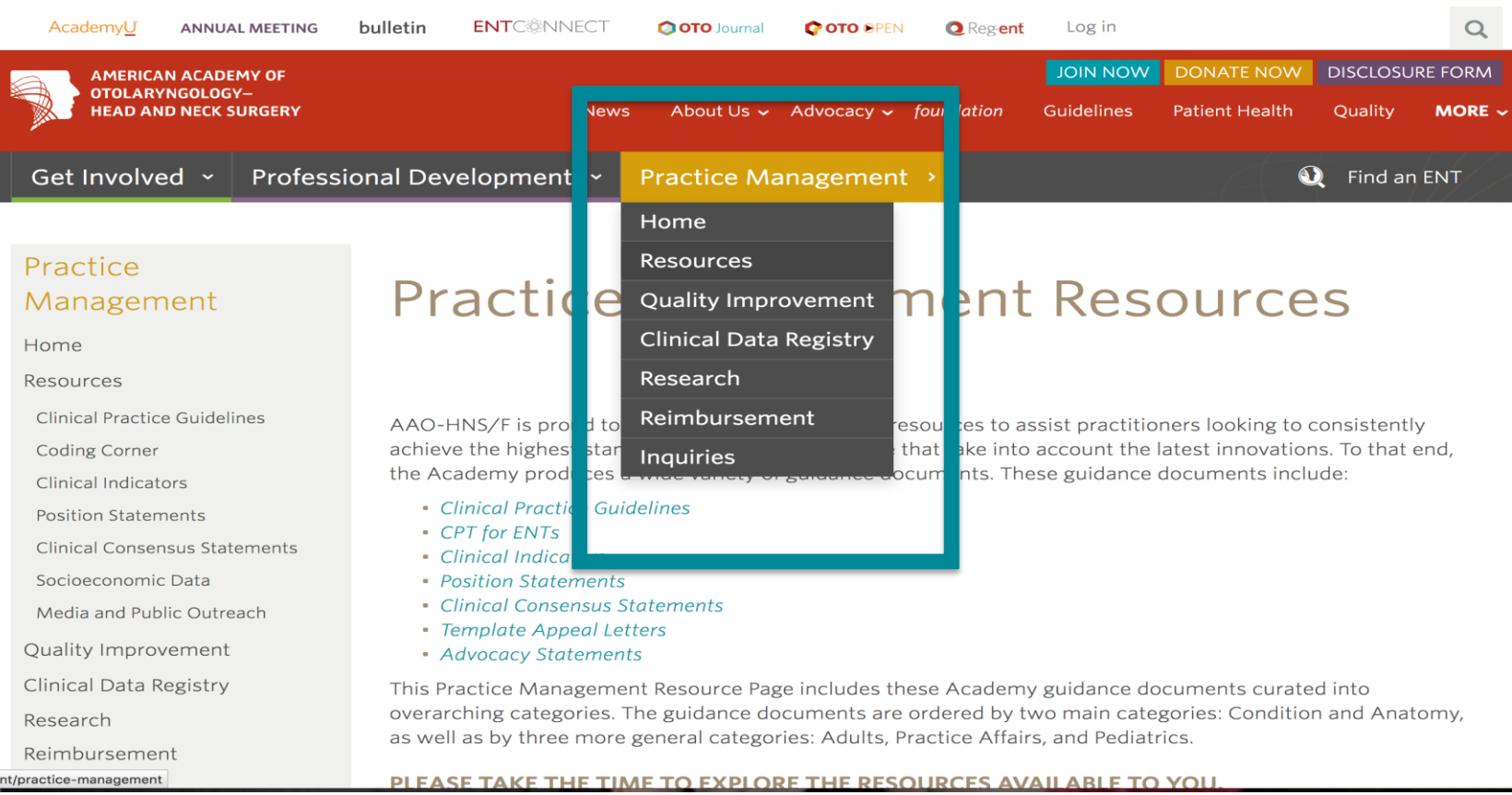
1. Leave emotion at the door.
2. Be respectful.
3. Do not complain.
4. Stick directly to the facts.
5. Reference specifically the carrier's criteria and how your patient satisfied it.
6. Be direct and explicit in what you are asking them to do.

Academy Resources

AAO-HNS
PHYSICIAN PAYMENT POLICY WORKGROUP

AMERICAN ACADEMY OF OTOLARYNGOLOGY–HEAD AND NECK SURGERY

Academy Resources



http://www.entnet.org/content/practice-management

COMING SOON – ALL HEALTH POLICY RESOURCES WILL BE ACCESSIBLE IN ONE CENTRAL LOCATION – WWW.ENTNET.ORG/ADVOCACY!

Academy Resources

- Clinical Practice Guidelines and Clinical Consensus Statements
- Clinical Indicators and Position Statements
- Coding corner/CPT for ENT and CPT Assistant as needed
- Template Appeal Letters and Advocacy Statements
- Private Payer Advocacy Updates

Academy Resources

- CMS and Federal Advocacy
  a. MIPS
  b. Medicare Fee Schedule
  c. NCCI Edits (CPT Team)

- Research and Quality Improvement
  a. Patient Safety Event Reporting Tool: www.entnet.org/content/patient-safety-tool

- Inquiries
  a. Practice Management Member Inquiry Form: www.entnet.org/content/practice-management-tool
  b. Monitor local issues to identify national trends