

ALJ Hearing

Case Study: [Medical Necessity](#)

Patient Profile

On 10/26/13, the patient was referred to the provider's emergency facility by her primary doctor, for evaluation and treatment of coughing, wheezing, and shortness of breath with respiratory distress with suspicion of pneumonia.



Results

- On 10/26/13, the provider called the patient's health plan and spoke with a case manager nurse who stated it was okay to admit the patient and requested for a facesheet to be faxed.
- On 10/26/13, the patient was admitted pursuant to their health plan's verbal authorization.
- On 10/27/13, the patient was discharged with no disapproval of care from the MAO, which ended their financial responsibility.
- On 11/4/13, the provider called the MAO who stated clinicals were received and assigned a tracking number.
- On 01/07/14, the provider received the MAO's denial dated 12/31/2013 and improper request for medical records. However, all services and care were authorized by the patient's health plan and neither the patient's health plan nor the MAO disapproved the level of care and assume care of the beneficiary.
- On 09/09/14, the provider's Medical Director appealed to the MAO plan stating the patient was admitted due to continued rales, despite medication intervention and repeated breathing treatments. The patient's condition improved and showed stable vital signs after the provider's intervention and was discharged home. This discharge decision is binding on the MAO per 42 CFR §422.113(b)(3).
- On 12/30/14, the plan improperly upheld the MAO's denial and failed to consider services were pre-authorized by the patient's health plan, and the MAO's failure to pre-approve care within one (1) hour or assume care of the beneficiary, ending the MAO's financial responsibility when the beneficiary was discharged per 42 CFR §422.113(c)(2-3). To further aggravate the seriousness of this issue, Maximus did not recognize the MAO's failure to reimburse emergency services and care as required 42 CFR §422.113(b).
- On 01/27/15, ERN requested for an ALJ hearing on behalf of the provider.
- On 06/29/20, ERN received a Notice of Hearing stating that the hearing date would be held on 7/16/20.

ERN TRAF Success

On September 02, 2020, the U.S. Administrative Law Judge, issued a FULLY FAVORABLE decision for this appeal and concluded:

"The Appellant has established, by a preponderance of the evidence, that the inpatient hospital services provided to the Beneficiary on the dates of service met Medicare regulations per 42 CFR 422.113 (c) and 42 CFR 412.3(e)(1) Accordingly, the MAO is financially responsible for those services and must reimburse the Appellant for the denied dates of service."