



Service Denial Standardization (SDS) – Main

Crafting Effective Denial Responses for Commercial and Medicare Scenarios

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Objectives

- After this breakout sessions, participants will be able to:
 - Compose a commercial denial reason in layperson language using the denial reason template
 - Compose a Medicare denial reason in layperson language using the current denial reason matrix, if applicable
 - Correctly cite the name, source and relevant UR criteria necessary for the requested service
 - Troubleshoot problems with denial language and/or citation of UR criteria

Process

- Each participant will:
 - Review a referral request, clinical information or benefit coverage, and criteria as indicated
 - Assist their workgroup with crafting denial language that is layperson friendly and specific to the member/enrollee
 - Include name, source and specific UR criteria pertinent to the member/enrollee
 - Perform critical assessment of other workgroup product to identify best practices and common mistakes



Commercial Workgroups

- 6 scenarios
 - Orthotics
 - MRI
 - Out-of-network
 - No prior authorization
 - Scope of PCP
 - Chiropractic Care



Commercial Denial Reason Templates for MN & BD

- Medical Necessity

[**Insert:** *name and source of criteria, guideline or policy for service requested*] requires [**insert:** *conditions for medical necessity*]. Based on the medical information provided, your condition [**insert:** *member's specific condition*] does not meet [**insert:** *criteria not met*], therefore the service has been denied.

- Benefit Denial

Per your [**insert:** *name of health plan*] Evidence of Coverage (EOC) [**insert:** *name of section including page number if known*], this service, [**insert:** *specific service requested*] is excluded from coverage. Therefore, this service has been denied.

Key Points

- Layperson language
 - Avoid technical jargon
 - Explain acronyms the first time they are used
- Specific to service and member
 - Avoid over-reaching lists of criteria
 - Include clinical information that pertains to denial
- Consistency of Denial
 - Medical necessity: refers to clinical language, not benefit
 - Benefit Denial: refers to EOC only, not clinical findings



Medicare Workgroups

- Durable Medical Equipment
- Eligibility
- Foot Care
- Home Health
- Insufficient Medical Information
- Non Medicare & Non Plan Covered
- Additional examples time permitting



CMS MA Pre-Service Denial Reason Matrix

- Last update April 2007
- Multiple scenarios addressed
- Links to
 - National & Local Coverage Determinations
 - Medicare Manuals

Key Points

- Layperson Language
 - Avoid technical jargon
 - Explain acronyms the first time they are used
- Use Model Notices or Regional Templates as applicable
 - Do not increase page length
 - Do not alter
- UR Criteria
 - Include the name and source, particularly if not using a MA coverage decision (e.g., Milliman, Apollo or InterQual, HP, MG, etc.)