Valley Healing Hands
THERAPY AND PAIN SPECIALISTS

Kindly have this information ready:

1. Name of Plan member if other than yourself
2. Name of Health Plan
3. Decision to deny [name of service, procedure, or treatment sought]
4. Date of denial
5. Medical Dr ordering the service and contact information

Ask if you can have a few minutes to describe pt's status and Remember to Keep it short and to the point.

Describe patient's :

1. Health condition
2. Current functional abilities including daily chores
3. Need for assistance for her daily chores and who is helping her. If she has a provider the number of hours she gets help and add who helps her after the provider hours.
4. Social status- Include information about her family and young kids whom she is unable to care for, information about her having to stay with her parents still due to her health issues and need for assistance.
5. Her social dependency due to the health condition on her parents and how parents social life has changed to be around her daughter's needs, thus parents losing out:
    - on job,
    - income,
    - personal life, and
    - social life.

Describe how the medical service which was denied was helping the patient and how it hurts the patient when denied:

1. The differences/progress the 'services' had made for the patient since the start of the condition- such as
    - from being coma to being bed bound,
    - to be able to stand with less assist,
    - able to transfer with less assist which helped in transferring for daily chores including bathing and dressing etc.
    - Able to feed herself
2. Last day the services were approved by her insurance carrier
3. How much patient has regressed since the services stopped:

- Contractures
- Pain,
- Stiffness,
- Not walking since last session approved

4. How it matters to you and the patient- include
    - how she would like to be less dependent and
    - be able to do as much as she can and be back with her family.
    - How much the parents would like to regain their normal life
5. What are you currently doing since insurance carrier denied services- include
    - how you were about to convince a therapy clinic to provide services to the patient at a steep discount for 4 weeks so that the patient does not regress,
    - how far you and the patient have to travel to get that services,
    - how it is straining the patient and parents financially and timewise

Describe why you think the services should continue:

1. Medically necessary-The Dr has reported/ordered that patient needs to continue therapy services
2. Functional needs- Patient had been progressing with therapy even though it was slow, patient would need to be as independent as possible even with Assistive devices so she can be in charge of her life and not dependent on others for routine tasks
3. Legally entitled to- As per CMS website-'Skilled therapy services are covered when an individualized assessment of the patient's clinical condition demonstrates that the specialized judgment, knowledge, and skills of a qualified therapist ("skilled care") are necessary for the performance of a safe and effective maintenance program. Such a maintenance program to maintain the patient's current condition or prevent or slow further deterioration is covered so long as the beneficiary requires skilled care for the safe and effective performance of the program.'

Finally, if you feel they won't cover the service because of the precedent, ask them to consider covering it as an extra-contractual benefit, and to pay for the service, procedure, or treatment out of the Health Plan's catastrophic payment pool.

Please have them furnish the name and credentials of the insurance representative who reviewed the treatment records. Also, please provide an outline of the specific records reviewed and a description of any records that would be necessary in order to approve the treatment.