August 18, 2022

United Healthcare
P. O. Box 305555
Salt Lake City, UT 84130-0555

Patient Name:	**Example, Ellen**
Internal Account #:	123456789
Dates of Service:	2/28/2022 – 4/14/2022
Subscriber ID#:	123456

To whom it may concern:

ABC Hospital was informed that dates of service 4/8/2022 – 4/14/2022 of the above dates of service 2/28/2022 – 4/14/2022 on Claim ABC123 were denied. It stated patient could have been safely discharged as of 4/8/2022. ABC Hospital respectfully disagrees with this determination. We request approval and payment for the denied days of 4/8/2022 – 4/14/2022. To support our request, a medical summary of the care up to 4/8/2022 and a day-to-day synopsis of the denied days.

Medical Summary until Denied Days

Your member is a 65-year-old female with history of Anemia, GERD, Hiatal hernia, ovarian cancer s/p debulking surgery and total hysterectomy, currently on oral chemotherapy. She presented to the ED for evaluation of shortness of breath x4 days. She has had significant fatigue, generalized weakness, and shortness of breath with any exertional activity, worse over the past 2 days. She states she has to rest/sleep for 15 minutes to catch her breath. She has had diarrhea (non-bloody and without melena) x4 days. She has fever and chills and decreased appetite. She feels dehydrated and has been thirsty. Upon arrival to the ED, she had a Temperature 102.6-degree Fahrenheit, Respiration 28, can only speak 1–2-word sustenance's, tachycardic rate 130 then 119, BP 137/80 and Sp02 97%. She met the published criteria for severe sepsis due to

- Presence of two or more SIRS criteria for Adult Patient (T >100.4 F, HR >90, RR ?20 and WBC <4 and
- Suspected confirmed infection and

- Evidence of acute end-organ dysfunction (Creatinine >2.0 or >0.5 mg above baseline in CKD and Lactate >2.0. Her creatinine was 6.1, 6.6 and 5.9.

Other pertinent labs for sepsis are Bili tot 1.9, PLTCNT 1, INR 1.5, Lactic acid 4.5, 2.7, ad 2.2. Other labs were WB 0.24, Troponin-I High Sensitivity 325.8, d-dimer of greater than 1700. She was diagnosis with Hypokalemia, dehydration, Non-STEMI, Sepsis with acute renal failure without septic shock, due to unspecified organism, acute renal failure, neutropenic fever, gastroenteritis. They admitted her to the PCU which she stayed in till 3/31/2022 and returned to the PCU on 4/5/2022. During this time, the following care was received.

- Hypercapnic respiratory failure – required vent support. Was intubated on 3/09/22 and was extubated 3/23/2022.
- Hypersomnolence - Her ABGG checked it showed persistent hypercapnia – c02 52. She was taken off BiPAP and her PH improved. She had 02 rest @ 2lpm. She was on Xanax and Seroquel for anxiety was discontinued on 4/5.
- GIB – She had coffee ground residuals. Her hemoglobin was not stable and will pursue EGD if further signs of active bleeding. They will restart her TF slowly. Her CBC has been monitored daily
- GAD w panic attacks – she is prone to sever anxiety and will become anxious off of Xanax. Will trat with Atarax if this occurs
- HTN - She is on clonidine and amlodipine. She did not receive amlodipine the last 3 days for normotension, and it was discontinued
- AKI – She had a creatinine 6.1 on admission which was like prerenal azotemia from volume depletion and diarrhea. She started HD on 3/9. They plan to reduce HD to 3x/week She has a foley which will be removed. However, they are holding off on antibiotics unless patient has a fever.
- Leukocytosis – She has a fever that is now stable and will monitor for now and as noted above will consider antibiotics if new infection is noted despite elevated WBC.
- Metastatic Ovarian Cancer – She has malignant ascites. She is s/p debulking surgery; received topotecan form 1/27 – 2/21. Her platelets were low and now improved to 113. Heparin started at 5000 units subcutaneous BID but held on 4/5. They will not give chemo due to poor functional status.
- Acute ischemic stroke – An MRI on 3/5 showed acute CVA in Her ca was 125 and on R occipital and L frontal lobes, neurologically grossly intact with some mild weakness of the LLE. She was not started on ASA due to thrombocytopenia. On 4/7/2022 now that PLT have improved they will start ASA.

- Gastroparesis h/o Gerd, hiatal hernia, enterocolitis - She is on Reglan and s/p G tube placement.
- Right eye Conjunctivitis - She was given Vigamox eye drops which helped and almost resolved
- Anemia, acute on chronic – She is on Procrit and transfused for Hemoglobin <7. She did receive blood transfusion every 3 to 4 days
- Sepsis with septic shock – required pressor support
- Serratia bacteremia - On 2/28 was treated with 14 days of cefepime was completed on 3/16. She had candida in blood, on casopfungin 3/12/2022 – 3/21/2022
- Candida Lusitania bacteremia – On 3/5was nonpathogenic a per ID.

Other care of note was:

- Repeated blood cs 3/10 which was negative
- Medi port tip culture 3.12 negative
- TTE negative
- Orolabial HSV – completed acyclovir course
- Thrombocytopenia – This is now resolved. Her platelets are 112. Heparin was held 4/5 due to coffee ground emesis. Hemoglobin had dropped to 6.4
- Discharge Planning – Authorization was still pending and awaiting location of HD center to initiate HD dialysis. She could not be discharged safely until the HD dialysis could be finalized.
- Palliative Care was involved each day. The family wish her to be a full code and were ok with dialysis and intubation

Denied Days Synopsis

- 4/8/2022 – Her vital signs were 98.3-degree Fahrenheit, Pulse 102, Respiration 25, Blood Pressure 113/73 and Sp02 100% at 1.5 L/min. Her blood work revealed WB 17.20, Hemoglobin 8.4, Hematocrit 26.3, Platelet 115, Chloride 100, BUN 36, Creatinine 4.3. She has a ST 102, PPI drip and IV Lasix Q12H. Will have dialysis tomorrow and will have a speech therapy evaluation. Nutrition still through G tube. Her family would like to meet tomorrow to discuss more with Palliative Care. Patient wishes per her sister is to go to Louisiana According the Discharge planner LOA is still pending and they spoke to the sisters regarding UHC coverage and private pay for potential LTC. Transportation coverage is an issue
- 4/9/2022 – In the PCU. Her vital signs where temperature was 98.7-degree Fahrenheit, Pulse 94, Respiration 25, Blood Pressure 87/50. She will not receive chemo due to poor functional status. She received Subcutaneous

Heparin Q8h, IV Protonix Q12H, Hemodialysis 3x week. According to the Discharge Planner she is still pending SNF LOA. They are working on obtaining transportation covered. The HD chair set up is still pending. It is also noted that the SNF needs to order BIPAP machine.

- 4/10/2022 - In the PCU, her vital signs were Temperature 98.6, Pulse 101, Respiration 29-38, Blood Pressure 99/58. Her ca 125 declined to 227 on 3/22 now increased to 426. Still feel she is not candidate for chemotherapy. Plan for the day same as above and can be transferred when medically stable.
- 4/11/2022 – In the PCU – Her vital signs were Temperature 97.7degree Fahrenheit, Pulse 97, Respiration 32, Blood Pressure 117/75. Her blood work revealed Hemoglobin 8.6, Hematocrit 26.8, WBC 15.62. She received Subcutaneous Heparin Q8h, IV Protonix Q12H, Hemodialysis 3x week. Pulmonary recommends continued use of BIPAP for more alertness. She also received Vigamox ophthalmic solutions and continued Lipitor tablet 10 mg, Clonidine HCL tablet 02.mg every 8 hours, Multivitamin B complex w/c and Folic Acid 1 table daily, Reglan injection 5 mg every 8 hours, Atarax tablet 25 mg.

  According to the Discharge Planner, patient has been accepted for HD chair time 7:15 am. However, she [illegible]d in chair when she has outpatient dialysis. MD wrote order for patient to be dialyzed in chair tomorrow 4/12/2022. However, Physical Therapy stated patient was too weak to stand in order to transfer to chair. She needs A x2 person for safety sit to stand, and progression of out of bed. Will not be able to dialyze in the chair tomorrow. No LOA will be given to one SNF, but other SNF can provide transportation and is contracted with insurance. They agreed to the SNF contracted with insurance company. Speech Therapy Recommended regular, thin liquids, for swallowing/feeding precautions Upright at 90 degrees for all intake, remain up 15-30 minutes after intake, medication recommendations are whole with liquid (or cut or crushed in puree as helpful).

- 4/12/2022 – In the PCU – Her vital signs were Temperature 98.3-degree Fahrenheit, Pulse 89, Respiration 25, Blood Pressure 108/69. Her blood work revealed Hemoglobin 8.4, Hematocrit 26.7, WBC 15.65. Plan for the day same as above. Patient was able to tolerate sitting in a dialysis chair throughout the treatment without problem. Low BP restricted her fluid removal.

- 4/13/2022 - In the PCU – Her vital signs were Temperature 98.4-degree Fahrenheit, Pulse 89, Respiration 20, Blood Pressure 114/79, Sp02 97% on

room air. Her blood work revealed WBC 16.05, Hemoglobin 8.2, Hematocrit 26, Platelets 105, NA 134, Bun 31, Creatinine 4.5, and GFR 10.4. It was noted that after dialysis tomorrow she could be discharged to SNF. They want her to continue CPAP at night.

- 4/14/2022 – Discharged

In summary, your member is a 65-year-old female with a history of ovarian cancer currently was on chemo, hypertension, hypothyroidism, and chronic kidney disease. She presented to the ED with a history of non-bloody diarrhea x4. She was also complaining of feeling tired and exhausted with minimal exertion for the past 4 to 5 days as well as shortness of breath. In the Emergency Department she was found to have a temperature of 39.2 degree Celsius with sinus tachycardia. She was noted to be tachypneic in the high 20s. Oxygen saturation was normal on room air and bp was normal Her blood work of note was potassium 2.5, magnesium 1.3, lactic acid 4.5, procalcitonin 132, troponin 325, BUN 70, creatinine 6.6, D-Dimer greater than 17000. She was admitted with neutropenic sepsis and enteritis which was treated. She was intubated on 3/9/2022 and extubated 3/22/2022. She developed a GIB which resolved and AKI and subsequent renal failure now requiring HD. An MRI on 3/5 showed acute CVA in Her ca was 125 and on R occipital and L frontal lobes, neurologically grossly intact with some mild weakness of the LLE. She was not started on ASA due to thrombocytopenia. On 4/7/2022 now that PLT have improved they started her on ASA.

On the days that were denied, discharge planning was actively taking place. It was complicated in the fact that to be discharged safely she needed to be in a SNF and had transportation to HD. The requirement for HD was she was able to receive dialysis sitting up This did not happen until 4/12/2022 and after her next dialysis treatment could be discharged. Hemodialysis was requested for 3x week. She was still using Bipap for more alertness. She received Subcutaneous Heparin Q8h, IV Protonix Q12H. She also received Vigamox ophthalmic solutions and continued Lipitor tablet 10 mg, Clonidine HCL tablet 02.mg every 8 hours, Multivitamin B complex w/c and Folic Acid 1 table daily, Reglan injection 5 mg every 8 hours, Atarax tablet 25 mg. Nephrology, Hematology, Palliative Care, Internal Medicine Physician Therapy continue to all consult daily. She also had speech therapy evaluation. Everyone's goal and given all she was through in the last 45 days was to assure that she could be safely transferred to a SNF and receive her dialysis. This took time to reach the milestones necessary to have a safe transfer

to a SNF for your member. The days from 4/8/2022 – 4/14/2022 gave your member that chance.

Due to the above review, ABC Hospital respectfully request approval and payment for 4/8/2022 – 4/14/2022 on Claim ABC123.

Sincerely,

[redacted]
CEO
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