

APPEAL OUTLINE for use in denials from the RAC

Date

Name & Address of hospital

Hospital NPI

Medicare information of patient:

Medicare HIC

ICN number from RAC

Patient Name

Patient MR#

Patient Account #

Admission Date

Discharge date

Reimbursement determination –

What did the denial letter state – enter that info here as a paragraph.

Brief facts of the case

State the facts in brief paragraph

Significant clinical history

Only state what is pertinent to this case that contributes to the need for an overturn

Indication for continued treatment and evaluation

State the information that supports this, Interqual or Milliman criteria that you have that is supportive, any coding documentation or coding assistant publications that corroborate your findings

Conclusion

Wrap up the appeal letter

Sincerely,

Name

Title

Contact information

Source: Stacey Levitt, RN, MSN, CPC, director of patient care management at Lenox Hill Hospital in New York City. Reprinted with permission.