

## Reconsideration and Reassessment Process

A hospital or physician who disagrees with a non-certification (denial) determination from eQHealth's Physician Peer Reviewer (PR) has the right to request a reconsideration and to present additional evidence in support of the medical necessity of the stay. In each case where eQHealth Solutions reaches a decision which affects the certification of the hospitalization, they send a notice to the hospital's eQHealth Liaison and the attending physician. This notice will also advise them of the procedures to follow to request a reconsideration or a reassessment. Note: *eQHealth's reconsideration and DRG change reassessment request forms may be downloaded from the eQHealth Web site.*

***A copy of the medical record or pertinent information for the date(s) denied must be provided with the request for a reconsideration. For a reassessment of a DRG change, supporting documentation of the billed-DRG must be supplied.*** The request must substantiate the provider's opinion that:

- The services were medically necessary, reasonable and appropriate based on the patient's signs, symptoms, clinical status and treatment plan, and furnished in the most appropriate setting (for reconsiderations),
- At a minimum, the request must identify the patient, hospital, dates of stay, recipient identification number (RIN), the attending physician's name and telephone number, and should include a copy of the non-certification (denial) notice or include additional evidence to support the accuracy of the billed DRG (for reassessments).

### a. Standard Reconsideration

A standard reconsideration may be requested in writing, accompanied by the medical record for an additional review of non-certification (denial) by eQHealth Solutions within 60 calendar days of the denial notification. A *Reconsideration Request Form* may be printed from eQHealth's Web site. An acknowledgement of the receipt of request for consideration will be sent to the requestor (either the hospital's eQHealth Liaison or the attending physician). This notification explains the procedure for mailing in additional information within 10 calendar days from the date on the notification. eQHealth Solutions is allotted 30 calendar days to render a determination after the receipt of all valid, necessary information for the reconsideration.

### b. Expedited Reconsideration

An expedited reconsideration is only available for hospitalizations reviewed through the concurrent review method, and the request must be received by eQHealth Solutions while the patient is still hospitalized. The hospital or physician may send the request for expedited reconsideration along with any additional, pertinent medical information or supporting documentation via mail, facsimile or other acceptable means to eQHealth Solutions. Expedited reconsideration is **not** available when:

- An expedited reconsideration request was received and the patient was discharged from the hospital, or
- There has been a retrospective review denial determination.

For expedited reconsiderations, a determination by a Physician Peer Reviewer (PR) is made within three business days of the receipt of all valid, necessary information.

### c. DRG Reassessment

A DRG reassessment may be requested after a PR determines that the billed principal diagnosis, secondary diagnoses, and/or procedural coding is inconsistent with the documentation in the medical record and has resulted in revision of the DRG assignment.

- A *Notice of DRG Change* is sent to the hospital eQHealth Liaison and attending physician and a DRG reassessment may be requested in writing to eQHealth Solutions within 60 calendar days of the notification. When a request for reassessment is received, an *Acknowledgement of the Receipt of Request for Reassessment* will be sent to the requestor (either the hospital's eQHealth Liaison or the attending physician). This notification explains the procedure for mailing in additional information within 10 calendar days from the date on the notification. eQHealth Solutions is allotted 30 calendar days to render a determination after the receipt of all valid, necessary information for the reassessment.

### Reconsideration Notifications

**Notice of Invalid Request for Reconsideration** – This notice is issued to the requestor (either hospital's eQHealth Liaison or physician) when a request for reconsideration exceeds the allowed 60 day timeframe for submitting the request.

**Acknowledgement of Receipt of Request for Reconsideration** – This notice is issued to the requestor (either the hospital's eQHealth Liaison or attending physician) to acknowledge receipt of a request for reconsideration. The hospital and the attending physician are afforded 10 calendar days to submit additional information to be considered.

#### **Notice of Reconsideration Determination – Reversed or**

**Notice of Reconsideration Determination (Modified or Upheld)** – This notice is issued to inform the hospital's eQHealth Liaison and attending physician of the reconsideration of a prior denial determination. The original denial may be:

- Upheld - Original denial is upheld, and payment will be denied for that care.
- Modified - Original denial has been modified but not totally reversed. The reconsideration has resulted in medical necessity certification of one or more of the days of care that were originally denied. In order to receive payment for the days that are now certified, this care must be re-billed with the notice attached.
- Reversed - Original denial is completely reversed and the admission or all days of care are certified as medically necessary. In order to receive payment, the care must be re-billed with the notice attached.



## **DRG Reassessment Notifications**

**Notice of Invalid Request for Reassessment of a DRG Change** – This notice is issued to the requestor (either the hospital's eQHealth Liaison or attending physician) when a request for Reassessment of a prior DRG Change exceeds the allowed 60 day timeframe for submitting the request or does not include required documentation.

**Acknowledgement of Receipt of Request for Reassessment** – This notice is issued to the requestor (either the hospital's eQHealth Liaison or attending physician) to acknowledge receipt of a request for reassessment of a prior DRG change. The hospital and the attending physician are afforded 10 days to submit additional information to be considered.

**Notice of Reassessment (Re-review) of DRG Change** – This notice is issued to the to inform the hospital's eQHealth Liaison and attending physician of the outcome of the reassessment review of a prior DRG change determination. The original DRG change may be:

- Upheld - Original DRG change is upheld.
- Modified - Original DRG change determination has been modified to reflect a revision of the DRG but not a total reversal of the original determination. To receive the correct reimbursement, the care must be re-billed to HFS with the notice attached.
- Reversed - Original DRG change determination is completely reversed. To receive the correct reimbursement, the care must be re-billed to HFS with the notice attached.