



February 7, 20XX

ACC Health Plan
Attn: Medical Review Office
PO Box 12345
Anytown, USA 11111

Patient Name:
Insurance ID:
Date of Birth:
Facility: 123 Medical Center
Date of Service:
Total Charges:

Dear Sir or Madam:

The claim referenced above has been referred to us by 123 Medical Center. We are in receipt of your attached letter requesting complete medical records to support ICD diagnosis and procedure coding. Our review of said claim finds the services provided are documented and in accordance with care provided to the patient and support medical necessity guidelines.

This appeal is regarding the DRG change from DRG 202 (Septicemia or severe sepsis w/MC >96 hours) to DRG 207 (Respiratory system diagnosis/ventilator support >96 hours). ABC Insurance Company paid on DRG 207, which is incorrect. The patient had Sepsis and this is evident by the attached medical records. Please review the information below and the attached records and make the proper payment using the ICD 10 code A41.9 (Sepsis, unspecified organism) and DRG 370.

CLINICAL SUMMARY

This patient meets medical necessity guidelines for Sepsis and other febrile illness, without focal infection. Patient is a 66-year-old female with a past medical history of DM II; COPD; OSA; CAD; Bioprosthetic aortic valve replacement. Patient presented to the ER with complaints of chest pain and epigastric pain. BP 78/44-178/112; P 88-140; R 16-44 on 4L O2; WBC 18.5; Lactic Acid 5.15. Diaphoretic; no jaundice; positive Murphy's sign; abdominal pain concerning for cholecystitis, pancreatitis. CT showed fat stranding and fluid in lesser sac around pancreas, stomach new since 7/8, thick gallbladder wall. ERCP 7/14/14 cholangiolithiasis, sphincterotomy; main bile duct dilated. MRCP 7/12: cholelithiasis, dilated CBD, no filling defects. Started on Levofloxacin. **The patient went into septic shock, and the patient was intubated.** The patient was not a candidate for surgery, so Interventional Radiology placed a cholecystostomy tube. The patient was started on broad-spectrum antibiotics, and culture results indicated E. coli, Clostridium perfringens. Anterior chamber Optical Coherence Tomography (OCT) was used throughout the procedure to visualize eye structures.

08.10.XX

[Redacted]

08.11.XX

[Redacted]

[Redacted]

09.21.XX

[Redacted]

08.22.XX

[Redacted]

Medical necessity guidelines for Sepsis and other febrile illness, without focal infection: Clinical Indications for Admission to Intensive Care

[Redacted]

Regards,

XXXXX
Clinical/Coding Manager
Phone: XXX.XXX.XXXX
Email: XXXXX@AdventHP.com