



November 15, 20XX

ACC Health Plan
Attn: Grievance & Appeals Department
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 above-referenced claim has been referred to Advent at 123 Medical Center. ABC Insurance Company denied a portion of the admission citing services do not meet medical necessity criteria for inpatient level of care. We reviewed the admission and determined that services met inpatient level of care in accordance with medical necessity guidelines. We request the attached documentation be reviewed and retro-authorization be granted at an inpatient level of care for treatment rendered to this patient during the admission.

CLINICAL SUMMARY

Criteria: Medical necessity guidelines: Craniotomy for Traumatic Brain Injury or Intracerebral Hemorrhage

The patient is a 61 female who presented to 123 Medical Center after being struck by a car. CT scan of head and spine completed showed hyperacute right-sided subdural hematoma with left midline shift, uncal herniation, bilateral temporal contusions, and a left displaced closed temporal bone fracture. CT of c-spine stable. Patient was intubated, given Mannitol and Keppra. She was taken to the OR emergently for right hemispherectomy. Left bolt placed in OR and left radial A-line also placed in OR. Patient was taken to SICU for further management. Central line placed at bedside, Arctic sun started for temperature goal 36.4, MAP goal 80-110, patient on phenylephrine to maintain MAP goal. Pt. also on propofol drip for repeat CT the following morning.

09.19.XX

PROCEDURES:



09.20.XX

[Redacted]

CT Head Without Contrast

FINDINGS: [Redacted]

IMPRESSION: [Redacted]

09.21.XX

[Redacted]

Medical Necessity Guidelines:

[Redacted]

Goal Length of Stay: 6 days postoperative

[Redacted]

Regards,

XXXXX
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