

**Patient Financial Services Department
1 Medical Center Boulevard
Cookeville, TN 38501
Telephone (931) 783-2360
Facsimile (931) 528-0367**

FAX COVER SHEET

To: Amerigroup Appeals

Title/Organization: _____

Fax Number: 6154016834

Date: 1/8/18

From: Jeanette

Subject: Appeal

Total Pages Including Cover Sheet: _____

*****IMPORTANT NOTICE*****

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- With written authorization from the patient or his or her legal representative
- As required by law; or
- If urgently needed for the patient's continued care.

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The Proven Choice

1 Medical Center Boulevard • Cookeville, TN 38501
931.528.2541

For proven care, visit www.crmchealth.org

October 13, 2017

Amerigroup

PO Box 61010

Virginia Beach, VA 23466-1010

[REDACTED]

ID [REDACTED]

Claim#1363842639

APPEAL! APPEAL! APPEAL!

Dear Amerigroup

Please review the enclosed medical records and Medicare EOB for [REDACTED] visit to ER on 8/5/16. [REDACTED] has Medicare primary and we billed the claim to Medicare who denied this service for medical necessity DUE TO BEING DENTAL RELATED. Medicare does not reimburse dental services. Please review that it is Amerigroup's responsibility to pay FOR DENTAL CLAIMS and Amerigroup has recouped the EMTALA Payment in ERROR.

I respectfully request for you to review enclosed information and repay the amount due. If you need any additional information please feel free to contact me at 931-783-5641. Thank you in advance for your assistance in processing and paying claim correctly.

Sincerely,

Jeanette Colson

Insurance Account Representative

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CI



www.amerigroupcorp.com/providers

September 15, 2017

Cookeville Regional Medical Center
1 Medical Center Blvd
Cookeville, TN 38501-4294

Member Name: [REDACTED]
Member ID: [REDACTED]
DOB: [REDACTED]
Date(s) of Service: 08/05/2016 - 08/05/2016
Claim #: [REDACTED]

1500444780

Dispute Acknowledgment

Dear Cookeville Regional Medical Center,

Thank you for taking the time to contact Amerigroup Community Care. We received your payment dispute on September 15, 2017 asking for reconsideration of our decision to reimburse for reduced services. We've reviewed all the information provided and determined that the overpayment is valid. If you feel this is in error, please submit any supporting documentation that would support your dispute.

See Medical Records

The primary carrier has denied the claim per HIPAA code 50. These are non-covered services because this is not deemed a 'medical necessity' by the payer., Amerigroup will also deny for the same reason.

Incorrect denial!

Sincerely,

Cost Containment Department
844-227-8346 ext 36300
Fax: 866-920-1874
Reference: DT20170814000002852

RECEIVED
SEP 26 2017
PATIENT FINANCIAL SERVICES

Medicare does not pay for Dental!

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**Physician
Documentation****Cookeville Regional Medical Center**

Name: [REDACTED]
 Age: [REDACTED]
 Arrival Date: 08/05/2016 Time: 09:48
 Bed [REDACTED]
 ED Physician Eiland, Eugene

MRN: [REDACTED]
 Account#: [REDACTED]
 Private MD:

HPI:

08/05 This [REDACTED] presents to ED via EMS Ground with complaints of Toothache, Facial Swelling. bkm/pss
 10:08

10:08 The patient presents with pain, redness, swelling. The problem is located in the left jaw. Onset: The symptoms/episode began/occurred gradually, last week, and became worse today. Duration: The symptoms are continuous, and are steadily getting worse. Modifying factors: The symptoms are alleviated by nothing, the symptoms are aggravated by air, chewing, cold fluids, food, hot fluids. Associated signs and symptoms: Pertinent positives: pain, redness in area, swelling. Severity of symptoms: At their worst the symptoms were moderate, just prior to arrival, in the emergency department the symptoms are unchanged. The patient has not experienced similar symptoms in the past. The patient has been recently seen by a physician: the patient's primary care provider, with similar presenting complaints, was given a prescription for antibiotics, but reports he never had it filled, nor does he know what it was. Pt reports that sxs have worsened. bkm/pss

Historical:

- **Allergies:** No known drug Allergies;
- **Home Meds:**
 1. Lamictal 150 mg oral tab 4 times per day for Bipolar Disorder in Remission
 2. Keppra 500 mg Oral tab 1 tab 2 times per day for Seizure Disorder
 3. atubust 250 mg Every day for Psychiatric Therapy
- **PMHx:** Seizures; Bipolar disorder
- **PSHx:** None
- **Medications Reconciliation Complete:** : Yes.
- **Immunization history:** Flu vaccine is not up to date..
- **Social history:** Smoking status: Patient uses tobacco products, smokes one pack cigarettes per day. No barriers to communication noted, The patient speaks fluent English, Speaks appropriately for age..

ROS:

10:11 All other systems are negative except as noted in HPI or below, bkm/pss
Constitutional: Denies except as noted in HPI.
ENT: Positive for dental pain, of the left jaw, swelling.
Respiratory: Denies except as noted in HPI.
Abdomen/GI: Denies except as noted in HPI.
MS/extremity: Denies except as noted in HPI.
Skin: Positive for swelling, of the left jaw.
Neuro: Denies except as noted in HPI.

Exam:

10:42 bkm
Constitutional: The patient appears alert, awake, non-toxic.
Head/face: Noted is swelling, that is moderate, of the left jaw, tenderness, that is moderate, of the left jaw.
Eyes: Periorbital structures: appear normal.
ENT: TM's: are normal, Mouth: Gums: noted to have an abscess, reddened, swollen, on the lower left second bicuspid and lower left first bicuspid, Dental exam: abscess, that is moderate, specifically in the lower left second bicuspid (#20) and lower left first bicuspid (#21).
Neck: External neck: is normal, no swelling, no tenderness.
Cardiovascular: Rate: normal, Rhythm: regular, Heart sounds: normal, no murmur, no rub, no gallop.
Respiratory: the patient does not display signs of respiratory distress, Respirations: normal, no shallow respirations, no splinting, no tachypnea, Breath sounds: are normal, rhonchi, no stridor, no wheezing.
Abdomen/GI: Palpation: abdomen is soft and non-tender, in all quadrants.
Musculoskeletal/extremity: Extremities: all appear grossly normal, with no appreciated pain with palpation.

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Physician Documentation Con't.

Skin: injury, is not appreciated.

Neuro: Orientation: appropriate for stated age, Mentation: appropriate for stated age.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
09:52	123 / 88	94	18	99.1(O)	96% on R/A	71.21 kg (R)	5 ft. 9 in. (175.26 cm) (R)		clc
11:30	112 / 81 (auto/)	73 MON			100%				sjj
11:58		65 MON	16	98(O)	97% on R/A			0/10	sjj
11:59	121 / 85 (auto/)								sjj

09:52 Body Mass Index 23.18 (71.21 kg, 175.26 cm)

clc

Procedures:

12:22 Dental block: Location: left inferior alveolar nerve, Medication: Marcaine 0.5%, Amount: 4 mls were injected, bkm
Effect: the patient has resolution of the pain, the patient tolerated the procedure well.

MDM:

09:52 Patient medically screened.

bkm

11:45

bkm

Differential diagnosis: dental caries, gingivitis, dental abscess.**Data reviewed:** vital signs, nurses notes, lab test result(s), radiologic studies.**Counseling:** I had a detailed discussion with the patient regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, lab results, the need for outpatient follow up, for definitive care, a dentist.

11:57

bkm

ED course: no emergent intervention required today. dental block given with complete relief of pain. discussed follow up with dentist for definitive care. pt. agrees with plan. .

20:54 Authentication: I, Maxwell, Bradley, PA, personally performed the services recorded by the Scribe in my

bkm

presence. I confirm the Scribe's documentation as reviewed by me to accurately and completely record my treatment, procedures and medical decisions.

Time	Order name	Complete Time	Staff
08/05 09:58	INT	10:35	bkm
08/05 09:58	CT FACIAL SINUS W CONTRAST	11:39	bkm
08/05 09:58	ER CBC W/AUTO DIFF	11:39	bkm
08/05 09:58	CRP	11:39	bkm
08/05 09:58	Blood Culture x2		bkm
08/05 09:58	SEDIMENT RATE - WESTERGREN	11:39	bkm

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Physician Documentation Con't.

08/05 09:58	Lactic Acid	11:39	bkm
08/05 09:58	ER CHEMSTAT		EDMS
08/05 09:59	CHEMSTAT ER	11:39	EDMS
08/05 09:59	CHEMSTAT ML	11:39	EDMS
08/05 09:59	CULTURE-BLOOD FIRST		EDMS
08/05 09:59	CULTURE-BLOOD SECOND		EDMS

Dispensed Medications:

Time	Drug & Dose <i>Dispensable & Quantity</i>	Volume	Route	Rate	Infused Over	Site	Delivery	Staff
10:39	Clindamycin 900 mg		IVPB		30 mins	LAC	Primary tubing	sjs
12:38	Follow up: Response: no reaction noted							sjs
12:41	Follow up: Response: No change in condition; IV Status: Completed infusion; IV Intake: 50ml							sjs

Disposition:

12:24 Gingivitis and periodontal diseases; Gingival recession; Dental caries; *Other - dentalgia Entered by bkm
Provider.

Disposition Summary:

08/05/16 12:24

Discharged to Home. Impression: Gingivitis and periodontal diseases, Gingival recession, Dental caries, *Other - dentalgia. bkm

- Condition is Stable.
- Discharge Instructions: GINGIVITIS (Child), DENTAL CAVITY.
- Prescriptions for
 - Ultram 50 mg Oral Tablet
 - take 1 tablet by ORAL route every 6 hours As needed; 10 tablet.
 - penicillin V potassium 500 mg Oral Tablet
 - take 1 tablet by ORAL route 3 times per day for 10 days; 30 tablet.
- Encounter Summary, Medication Reconciliation form.
- Follow up: Private Physician; When: 2 - 3 days; Reason: Worsening of condition, Further diagnostic work-up, Recheck today's complaints, Continuance of care.
- Problem is new.
- Symptoms have improved.
- Notes:
 - PLEASE FOLLOW UP WITH A DENTIST. RETURN HERE WITH NEW OR WORSENING SYMPTOMS.

Signatures:

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Physician Documentation Con't

Dispatcher MedHost		EDMS	Cross, Cara, RN	RN	clc
Slovak, Scott, RN	RN	sjs	Maxwell, Bradley, PA	PA	bkm
Stone, Patrick		pss			

Corrections:

12:23 11:57 ED course: no emergent intervention required today.				bkm	bkm
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835 Remittance Advice

Payer Name: [REDACTED]
Payer Website: [REDACTED]
NPI: [REDACTED]
ERA Date: [REDACTED]
Check Number: [REDACTED]

Patient Name: [REDACTED]

HIC Number: [REDACTED]
Pat Control Num: [REDACTED]
Account: [REDACTED]

Facility: COOKEVILLE REG MED CENTER
Filing Indicator: MA - Medicare Part A
Bill Type: 130
Claim Status: 4 - Denied
Date of Service: 8/5/2016 - 8/5/2016 (1 day)

MRN: 000411061
ICN Number: 21622300162604TNA
DRG: -
DRG Amount: -

Service Level Information

Table with columns: Code, Submitted Qty, Submitted Charge, Service Line, Service Adjustments, Date of Service, Covered Units, Covered Amount. Contains 14 rows of service data.

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835 Remittance Advice

Patient Name:



DRG: -

DRG Amount: -

HC 87040	1	76.00	PR 50	76.00	8/5/16	1	0.00
Remark Code: M38							
Revenue Code: 0306							
HC 87040	1	76.00	PR 50	76.00	8/5/16	1	0.00
Remark Code: M38							
Modifier: 91							
Revenue Code: 0306							
HC 70487	1	1,082.00	PR 50	1,082.00	8/5/16	1	0.00
Remark Code: M38							
Modifier: CT							
Revenue Code: 0350							
HC 64400	1	292.00	PR 50	292.00	8/5/16	1	0.00
Remark Code: M38							
Revenue Code: 0450							
HC 96365	1	283.00	PR 50	283.00	8/5/16	1	0.00
Remark Code: M38							
Modifier: 59							
Revenue Code: 0450							
HC 96366	1	82.00	PR 50	82.00	8/5/16	1	0.00
Remark Code: M38							
Modifier: 59							
Revenue Code: 0450							
HC 99284	1	314.00	PR 50	314.00	8/5/16	1	0.00
Remark Code: M38							
Modifier: 25							
Revenue Code: 0450							
		2,803.50		2,803.50			0.00

Adjustments Summary

Claim Level Adjustments

<none>

Service Level Adjustments

PR 50 2,803.50 These are non-covered services because this is not deemed a medical necessity' by the payer.

Monetary Amounts Information

Total Deductibles: 0.00
 Co-Insurance Charges: 0.00
 Co-Payment Charges: 0.00
 Covered Charges: N/A
 Non-Covered Charges: N/A
 Denied Amount: 2,803.50

Contractual Adjustments: 0.00

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835 Remittance Advice

Patient Name: [REDACTED]
Account: [REDACTED]
ICN Number: [REDACTED]
DRG: -
DRG Amount: -

Other Adjustments:

Total Claim Charge: 2,803.50
Claim Payment: 0.00

Cost Days: N/A
Covered Days: N/A

Claim Level Remarks

MA01 (Initial Part B determination, Medicare carrier or intermediary)--If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the review. However, in order to be eligible for a review, you must write to us within 120 days of the date of this notice, unless you have a good reason for being late.

Service Level Remarks

Code Description
M38 The patient is liable for the charges for this service as you informed the patient in writing before the service was furnished that we would not pay for it, and the patient agreed to pay.

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ACCT: [REDACTED]
MRN: [REDACTED]
CHK#: [REDACTED]
SVC: EXPRESS CARE
ROOM: UNKNOWN_ROOM-UNKNOWN
_BED



REASON: Altered mental status
STUDY: 08/05/16 09:58 CT FACIAL SINUS W CONTRAST
REQUESTING DR: MAXWELL (EMERGENCY
RM PA), BRADLEY K

[REDACTED]

EXAM: CT FACIAL SINUS W CONTRAST dated 08/05/2016

INDICATION: Altered mental status. Tooth abscess. Aching pain and face.
Pain level 8/10. Migraines. Symptoms started 2 months ago. Subsequent
episode care.

COMPARISON: None.

TECHNIQUE: Axial 3 mm thick images were obtained through the facial bones and
sinuses following intravenous administration of 75 ml Omnipaque 350. Coronal
MPR images were obtained. Individualized radiation dose optimization
technique including automated exposure control was used.

FINDINGS: The paranasal sinuses are well-aerated except for the right frontal
sinus which is slightly hypoplastic. No air-fluid levels are seen. No bone
destruction is noted. There is no lucency around teeth to suggest a
periapical abscess. There is some lucency in the left mandibular second
molar with possible destruction of enamel laterally which most likely
represent a dental cavity. There is soft tissue swelling in the left
mandibular region. No drainable abscess is seen. There is edema in the
adjacent subcutaneous fat.

IMPRESSION:

- 1. Extensive soft tissue swelling in the left mandibular region.
- 2. Probable dental cavity involving the second left mandibular molar. No
definite periapical abscess or osteomyelitis is seen.

*** THIS IS AN ELECTRONICALLY VERIFIED REPORT ***

8/5/2016 11:28 AM: Ginny C Charnock, MD

GCC/gcc

PATIENT NAME: [REDACTED]
DATE OF BIRTH: [REDACTED]
DATE OF EXAM: [REDACTED]
READING PHYSICIAN: CHARNOCK, GINNY C

This report has been reviewed and released by:
SIGNING PHYSICIAN: CHARNOCK, GINNY C
PHYSICIAN COPY: MAXWELL (EMERGENCY RM PA),
BRADLEY K

[REDACTED]

OneContent: Generated By crmhealth.hospital/jcc2

ACCT: [REDACTED]
SVC: EXPRESS CARE
ROOM: UNKNOWN_ROOM-UNKNOWN
_BED



REASON: Altered mental status
STUDY: 08/05/16 09:58 CT FACIAL SINUS W CONTRAST
REQUESTING DR: MAXWELL (EMERGENCY
RM PA), BRADLEY K

[REDACTED]

Read By: CHARNOCK, GINNY C.

PATIENT NAME: [REDACTED]

[REDACTED]

[REDACTED]

READING PHYSICIAN: CHARNOCK, GINNY C

[REDACTED]

[REDACTED]

PHYSICIAN COPY: MAXWELL (EMERGENCY RM PA),
BRADLEY K

October 13, 2017

Amerigroup

PO Box 61010

Virginia Beach, VA 23466-1010

████████████████████

████████████████

████████████████████

APPEAL! APPEAL! APPEAL!

Dear Amerigroup

Please review the enclosed medical records and Medicare EOB for ██████████ visit to ER on 8/5/16. ██████████ has Medicare primary and we billed the claim to Medicare who denied this service for medical necessity DUE TO BEING DENTAL RELATED. Medicare does not reimburse dental services. Please review that it is Amerigroup's responsibility to pay FOR DENTAL CLAIMS and Amerigroup has recouped the EMTALA Payment in ERROR.

I respectfully request for you to review enclosed information and repay the amount due. If you need any additional information please feel free to contact me at 931-783-5641. Thank you in advance for your assistance in processing and paying claim correctly.

Sincerely,

Jeanette Colson

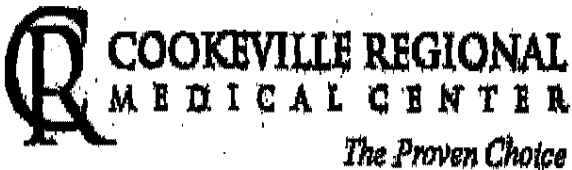
Insurance Account Representative

TRANSMISSION VERIFICATION REPORT

TIME : 10/13/2017 07:56
NAME : PFS
FAX : 9317832309
TEL : 7832309
SER.# : BRCH0J197568

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

10/13 07:53
918669201874
00:03:36
13
OK
STANDARD
ECM



Patient Financial Services Department
1 Medical Center Boulevard
Cookeville, TN 38501
Telephone (931) 783-2360
Facsimile (931) 828-0367

FAX COVER SHEET

To: Amerigroup Cost Containment

Title/Organization: _____

Fax Number: 1-844-227-8346 1-866-920-1874

Date: _____

From: Janette

Subject: Appeal

Total Pages Including Cover Sheet: _____