

Policy Title: Placeholder Appeals

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Policy Number:

Effective Date: 3/10/2020

Purpose: To ensure the provider does not forfeit the opportunity to continue the appeals process when circumstances prevent the development of a full appeal argument within the timeframe required to file an appeal.

Policy: Placeholder appeals will be created and filed only in rare circumstances when a full appeal argument cannot be developed in time to meet the appeal filing deadline and there is another level of appeal available for the denied case.

Background:

In the course of completing appeal work, circumstances may occur that prevent an appeal writer from completing a comprehensive appeal argument in time to file the appeal within the filing deadline. For example, if the provider did not receive the notice of denial until one or two days before the appeal deadline, an appeal writer may not have time to request or review the medical record and denial correspondence and draft a persuasive argument before the appeal is due. Filing a placeholder appeal allows the provider to continue the appeals process while allowing time to complete a comprehensive appeal for the next available appeal level.

Policy:

In rare circumstances, when an appeal writer cannot complete a comprehensive appeal before the appeal deadline, a placeholder appeal can be filed. A placeholder appeal is an appeal letter that does not include individualized clinical or coding justification. The placeholder appeal states general disagreement with the denial and requests the payer complete a redetermination on the case. File a placeholder appeal only when there is another level of appeal available. If there is no additional level of appeal, the appeal writer should request an extension of the appeal filing deadline whenever possible.

Placeholder appeals are allowed when the appeal writing deadline is within two business days of the receipt of the denial notice. Denials received within three or more business days of the appeal deadline will be moved to the top of the appeal writing queue. The appeal writing team will employ every effort to complete and file comprehensive appeals on denials received within three or more business days of the appeal deadline.

There may be other circumstances that result in the inability to complete a comprehensive appeal within the filing deadline. The Denial and Appeal Management Team supervisor or manager must approve filing a placeholder appeal in the circumstances other than late notification of the denial.

Procedure:

- In the circumstance of late notification of the denial, ensure that the appeal filing deadline is within two business days.
- If the appeal filing deadline is greater than two business days, move the denial to the top of the appeal queue for immediate assignment.

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- If the appeal filing deadline is within two business days, ensure that there is another level of appeal available after the current appeal level.
- If the appeal filing deadline is within two business days and there is another level of appeal available after the current appeal level, filing a placeholder appeal is allowed.
- If there is no other level of appeal available, request an extension on the appeal deadline from the payer, when possible.
- If an extension is not available or is not granted, filing a placeholder appeal is allowed.
- In the circumstances other than late notification of the denial, contact the Denial and Appeal Management Team supervisor or manager for approval before filing a placeholder appeal.