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Association for Healthcare Denial and Appeal Management

Pre-Appeal Clinical Validation Matrix

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Most facilities do not have unending resources, so it's smart to pick and choose which denials to appeal prior to assigning out to be written, especially if in a situation with many denials and limited staff or time.

Using a simple matrix as a "triage" tool can be invaluable. An experienced clinical validation (CV) appeal writer can quickly look through most medical records in 5-10 minutes, at the most, and decide if it should be appealed. Yes – some things might be missed or put in the "appeal list" incorrectly, but not many high dollar cases will be missed. It is to be expected that after a thorough review by the appeal writer, they will find the facts of some cases are not enough to appeal.

The below is a simple example of a matrix that you are welcome to use but would need modified to fit your particular needs.

Clinical Validation Denials

First priority: APPEAL First Dollar amount at risk \geq \$20,000 Diagnosis documented several times including in the discharge summary or day of discharge progress note or in response to a post-discharge but prebill query Labs or test findings clearly support the diagnosis	Third Priority: APPEAL after second priority appeals written Dollar amount at risk $<$ \$10,000 and \geq \$1000 Diagnosis documented several times or in discharge summary or in response to a post-discharge but prebill query Labs or test findings clearly support or borderline support the diagnosis
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<p>Second priority: APPEAL after first priority appeals written</p> <p>Dollar amount at risk \geq \$10,000</p> <p>Diagnosis documented several times including in the discharge summary or day of discharge progress note or in response to a post-discharge but prebill query</p> <p>Labs or test findings clearly support or borderline support the diagnosis</p>	<p>No appeal</p> <p>Dollar amount at risk < \$1000 or Diagnosis not documented</p>
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