

AHDAM

Association for Healthcare Denial and Appeal Management

Pre-Appeal Matrix: Patient Status

By Karla Hiravi, BSN, RN

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 patient status 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.

Patient Status Denials

First priority: APPEAL First Dollar amount at risk \geq \$20,000 and Inpatient order present Length of stay \geq 2 midnights	Third Priority: APPEAL after second priority appeals written Dollar amount at risk $<$ \$10,000 and \geq \$1000 and Inpatient order present Inpatient stay \leq 2 midnights or \geq 2 midnights
Second priority: APPEAL after first priority appeals written Dollar amount at risk \geq \$10,000 and Inpatient order present Length of stay \leq 2 midnights or \geq 2 midnights	No appeal Dollar amount at risk $<$ \$1000 or Inpatient order not present