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Notice of Independent Review Decision

Date of Amended Decision: 11/05/09
DATE OF REVIEW: 11/02/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Aspen Home Health and Respiratory Therapy Visits from 09/23 through 11/23 for 62 visits

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Texas Board Certified Pain Management and Rehabilitation

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY (SUMMARY):

This employee is a gentleman with a previous history of a traumatic brain injury suffered in xxxx secondary to motor vehicle accident.

The employee initially received inpatient rehabilitation at Institute Rehabilitation. He has been to several post acute rehabilitation facilities. Deficits from his brain injury include left sided weakness, neurogenic bowel and bladder, speech disturbance, and silent aspiration, as well as chronic pain syndrome. With regard to his chronic pain, the employee has been on very high doses of multiple narcotic medications. The employee was placed on a broad spectrum of antibiotics; however, there was no evidence of growth on a sputum culture.

The employee was consulted in November of 2008 by RT for respiratory therapy, because of difficulty in breathing. He was seen at that time and treated by a therapist with good results. He was maintained on an as-needed basis for therapy until 12/15/08.

The employee was admitted to Medical Center for a trial morphine pump for chronic pain.

The employee developed respiratory distress after surgery caused by aspiration pneumonia and was transferred to Intensive Care unit on 09/16/09. The employee was treated with IPPB and BiPap. The employee was discharged home and the pulmonologist recommended respiratory therapy treatments at home. His respiratory status was described as very fragile.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION.

This reviewer agrees with the recommendation for home health and respiratory therapy visits from 09/23 to 11/23. The recommendations as reviewed in the nursing assessment call for a home health aide with a frequency of three to six hours per week and skilled nursing frequency and duration for observation of aspiration, UTI, dyspnea, and dehydration. The handwriting on the copy received is difficult to determine the written frequency and duration.

According to the ***Official Disability Guidelines***, Pulmonary Chapter, home-based respiratory muscle endurance training is recommended for increasing lung capacity and reduction in dyspnea.

Under the centers for Medicare and Medicaid services, in their overview indicates a unit of payment for sixty day episodes of home health care. It is also recommended that a physician prescribe a home health care plan, the home health agency assess the patient's condition and likely skilled nursing care, therapy, medical social services, and home health aide services needs at the beginning of the episode of care. The assessment must be done for each subsequent episode of care a patient receives. A nurse or therapist from the home health agency uses the outcome and assessment information set instrument to assess the patient's condition after outcome and assessment information set (OASIS).

Currently under Medicare home health services benefits, Medicare status does not recognize respiratory therapy services under the home health services benefits. However, Medicare regulations recognize home respiratory therapist services as part of a plan of care by a skilled nurse or physical therapist and that constitutes skilled care under section 409.46 of the code of federal regulations.

From the discharge summary from pulmonologist, in review of the records with the condition of the patient at discharge, this reviewer opines that it is reasonable and necessary that this employee receive sixty days of home health and skilled nursing with respiratory support under the skilled nursing services by Medicare guidelines.

The reference to "62 weeks" under the items in dispute is not understood by this reviewer. If additional documentation is provided, review and reconsideration would be undertaken.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

1. Medicare/Medicaid Guidelines, US Department of Health and Human Services,

Centers for Medicare/Medicaid Services, Online Version
2. Code of Federal Regulations, Section 409.46