COMMONWEALTH OF PENNSYVLANIA
DEPARTMENT OF PUBLIC WELFARE

PROVIDER NAME/ADDRESS:	PROVIDER'S REPRESENTATIVE	PROVIDER'S WITNESS (ES)
PITTSBURGH MERCY HEALTH SYSTEM 1400 LOCUST STREET PITTSBURGH, PA 15219-5166	DR. ANN MARKIEWICZ	XXXXXXXXX XXXXXXXXX XXXXXXXXX XXXXXXXXX XXXXXXXXX
RECIPIENTS INVLOVED: XXXXXXXXX XXXXXXXXX XXXXXXXXX XXXXXXXXX XXXXXXXXX	DEPARTMENT REPRESENTATIVE MARK BATES, MD	DEPARTMENT WITNESS(ES) XXXXXXXXX XXXXXXXXX XXXXXXXXX XXXXXXXXX XXXXXXXXX

CASE #	BHA DOCKET NUMBERS/ISSUE CODES		
XXXXXXXXX	**W05-0216/922**		
DATE ADVERSE ACTION MAILED **12/21/2004**	DATE APPPEAL RECEIVED POSTMARKED AT DPW	DATE APPEAL RECEIVED AT BHA 1/24/2005	IR DUE DATE
DATE SCHEDULING NOTICE MAILED 2/18/2005	RESCHEDULED TO	DATE OF HEARING 3/9/2005	START TIME 10:08 AM END TIME 10:28 AM
HEARING LOCATION PLYMOUTH, PA	TELEPHONE ☒	FACE TO FACE ☐	OTHER ☐

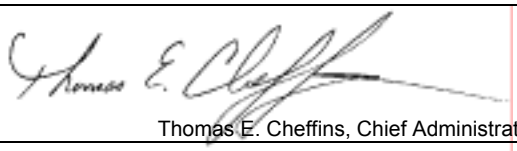
ORDER

AND NOW, after careful review and consideration of the Recommendation of the Administrative Law Judge, it is hereby **ORDERED** that the Recommendation be adopted in its entirety.

Either party to this proceeding has fifteen (15) calendar days from the date of this decision to request reconsideration by the Secretary of the Department. To seek reconsideration, you must fully complete the enclosed application/petition for reconsideration. The application/petition shall be addressed to the Secretary, but delivered to the Director, Bureau of Hearings and Appeals, P.O. Box 2675, Harrisburg, Pennsylvania, 17105-2675, and must be received in the Bureau of Hearings and Appeals within fifteen (15) calendar days from the date of this Order. This action does not stop the time within which an appeal must be filed to Commonwealth Court.

The appropriate party(ies), where permitted, may take issue with this Adjudication, and Order, and may appeal to the Commonwealth Court of Pennsylvania, within thirty (30) days from the date of this order. This appeal must be filed with the Clerk of Commonwealth Court of Pennsylvania, Room 624, Irvis Office Building, Harrisburg, Pennsylvania 17120.

If you file an appeal with the Commonwealth Court, a copy of the appeal must be served on the government unit which made the determination in accordance with Pa. R.A.P. 1514. In this case, service must be made to: Department of Public Welfare, Bureau of Hearings and Appeals, 2330 Vartan Way, 2nd Floor, Harrisburg, Pennsylvania 17110-9721, **AND** Department of Public Welfare, Office of Legal Counsel, Room 309 Health & Welfare Building, Harrisburg, PA 17120.

Bureau of Hearings and Appeals Final Administration Action and Mailing Date 3/16/2005	 Thomas E. Cheffins, Chief Administrative Law Judge

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

APPEAL OF: PITTSBURGH MERCY HEALTH SYSTEM
1400 LOCUST STREET
PITTSBURGH, PA 15219-5166

RECOMMENDATION

It is hereby Recommended that the appeal of Appellant should be **DENIED**.

March 16, 2005
Date

Gene M. Molino, Esquire
Administrative Law Judge

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

APPEAL OF: PITTSBURGH MERCY HEALTH SYSTEM
1400 LOCUST STREET
PITTSBURGH, PA 15219-5166

ADJUDICATION

OPENING STATEMENT

This is an adjudication on the appeal of Pittsburgh Mercy Health System, Appellant, from a determination by the Department of Public Welfare - Bureau of Program Integrity (Department) which denied reimbursement retrospectively at the level requested for the admission of the patient due to an incorrect diagnosis. A telephone hearing was convened on March 9, 2005 at 10:10 a.m. from the Bureau of Hearings and Appeals, 117 West Main Street, Plymouth, Pennsylvania. All witnesses were sworn by Gene M. Molino, Esquire, and testified under oath.

EXHIBITS

For the Department:

C-1 August 24, 2004 Preliminary Review Denial Letter

C-2 October 27, 2004 correspondence from the Appellant

C-3 December 21, 2004 Final Review Denial Letter

C-4 January 18, 2005 appeal letter

C-5 Portions of the medical record and billing information as received from the hospital

For the Appellant:

None

ISSUE

Whether the Department correctly denied reimbursement retrospectively at a level requested for the September 30, 1997 admission of the patient due to an incorrect primary diagnosis of painful respirations.

FINDINGS OF FACT

1. The Appellant admitted the patient on September 30, 1997 and discharged the patient on October 3, 1997. (Exhibit C-5 and Testimony of DW)

2. The patient was a 50 year old male who presented to Appellant's emergency department complaining of anxiety, dysphoria, and episodes of chest pain. (Exhibit C-5 and Testimony of DW)

3. The diagnosis of painful respirations is appropriate when the lung rubs against the rib causing pain upon breathing. (Exhibit C-5 and Testimony of DW)

4. The patient's pain in his chest was of a crushing nature. (Exhibit C-5 and Testimony of DW)

5. The patient's chest pain was not related to or increased by exercise, rest or respirations. (Exhibit C-5 and Testimony of DW)

6. The patient's chest pain was not due to respirations. (Exhibit C-5 and Testimony of DW)

7. The Appellant admitted the patient for his chest pain and to rule out a heart attack as the cause of that chest pain. (Exhibit C-5 and Testimony of DW)

8. The Appellant evaluated the patient in a telemetry unit for his chest pain. (Exhibit C-5 and Testimony of DW)

9. The patient did not have painful respirations. (Exhibit C-5 and Testimony of DW)

10. On August 24, 2004, the Department issued a preliminary review letter regarding a potential diagnosis related group (DRG) overpayment regarding the admission of the patient. (Exhibit C-1)

11. On December 21, 2004, the Department issued a final retrospective denial, which denied reimbursement at the level requested for the September 30, 1997 admission of the patient due to an incorrect secondary diagnosis of painful respirations. (Exhibit C-3)

12. The Department substituted a secondary diagnosis of chest pain. (Exhibit C-3)

13. The Appellant filed an appeal dated January 18, 2005. (Exhibit C-4)

DISCUSSION

The Appellant appealed from a determination by the Department denying reimbursement at the level requested due to an incorrect secondary diagnosis. The Department denied reimbursement on December 21, 2004, and the Appellant filed a timely appeal dated January 18, 2005.

The Department's representative argued that the patient did not have a diagnosis of painful respirations. The Department's representative argued that the patient did not have any pain on respirations, and his diagnosis would have been more accurately coded as chest pain. He stated that there was no proof that the patient's pain was caused by respiration.

The Appellant's representative asserted that the doctor diagnosed the patient with chest pain syndrome. The Appellant's representative argued that the coding was correct based upon the physician's statement in the record. The Appellant's representative argued that the attending physician's impression is very important in determining a diagnosis.

According to the regulations, "[t]he hospital shall submit invoices to the Department in accordance with the instructions in the Provider Handbook." 55 Pa. Code §1163.63(a).

The hospital utilization review committee or its representative shall:

Provide that each recipient's record include:

(i) An identification of the recipient.
(ii) Copies of the certification of admission document.
(iii) The name of the recipient's physician.
(iv) The date of admission and date of application for and authorization of MA benefits if application is made after admission.
(v) The initial and subsequent review dates specified under this chapter.
(vi) Documentation by the attending physician justifying the recipient's continued need for admission.
(vii) Documentation by the attending physician justifying the recipient's continued need for inpatient hospital services if requesting consideration as a day or cost outlier.
(viii) Other supporting material the utilization review committee believes appropriate.

Validate that the patient's diagnosis and other information specified in the patient's medical record conforms with the information on the invoice submitted for payment.

Follow procedures specified in the Department's Manual for Diagnosis Related Group Review of Inpatient Hospital Services in conducting utilization review activities.

55 Pa. Code §1163.75(5)(i-viii), (7) and (12).

If the Department determines that a provider billed for services inconsistent with this part, provided incorrect information on the billing invoice regarding a patient's diagnosis or procedures performed during the period of hospitalization or otherwise violated the standards set forth in the provider agreement, the provider is subject to the sanctions described in Chapter 1101 (relating to general provisions).

55 Pa. Code §1163.91.

In this case, the Appellant submitted an incorrect secondary diagnosis of painful respirations for the admission of the patient. The diagnosis of painful respirations is one in which a lung rubs against a rib causing pain upon respiration. The record is clear that the patient's pain was of a crushing nature and not exacerbated by exercise, respiration or relieved by rest. Therefore, there is no proof that the patient's pain was caused by respirations. The Appellant evaluated the patient for another cause of chest pain, namely a heart attack. As such, the secondary diagnosis of painful respirations was incorrect, as it is not validated by the medical record. The general secondary diagnosis of chest pain was correct, because the specific cause of the patient's chest pain was never established.

The Appellant's representative argued that the attending physician's impression is very important when determining a diagnosis. The Appellant's representative argued the attending physician believed the patient had pain upon respiration. However, regardless of the attending physician's statement in the medical record, it must be supported by the record to validate a diagnosis. There is no support in the medical record to demonstrate that the patient had pain upon respiration, and that secondary diagnosis was incorrect.

Accordingly, Appellant's appeal should be denied. A recommendation to the Chief Administrative Law Judge will be made consistent with these findings and conclusions.