



CASE STUDY

Denials Management

Over \$53 million recovered in overturned clinical denials

AT A GLANCE

Challenges

- Complex clinical denials for new medical technology labeled as "experimental"
- Multiple appeal levels required, including Administrative Law Judge hearings
- Critical patient care and reimbursement at risk due to excessive denials

Results

- Over \$53 million recovered in disputed claims through specialized appeals expertise
- 100% successful recovery of a \$74K+ claim for innovative cardiac device
- Established precedent for coverage of emerging medical technologies

About the Healthcare System

As a prominent Mid-Atlantic organization with two acute care hospitals and over 130 sites of care, the healthcare system provides clinical, educational, preventive, and social programs.

With about 12,000 team members, it is also home to fitness and occupational health centers, plus hospice care.

\$53M+

RECOVERED IN
OVERTURNED CLINICAL
DENIALS

100%

SUCCESSFUL RECOVERY
OF \$74K CLAIM

Challenge

The health system faced significant challenges when Medicare and other payers denied coverage for innovative medical devices and procedures. In one notable case, Medicare denied a \$74,000+ claim for an Optimizer device (a cardiac contractility modulation system) used to treat congestive heart failure. The denial classified the treatment as "investigational and experimental" because it was billed under a Category III CPT code (0408T), which is designated for new or emerging technologies. This threatened both patient access to vital treatments and the provider's financial stability.

Solution

The solution required a sophisticated combination of clinical, legal, and administrative expertise to navigate the complex appeals process. Aspirion took the following steps to address the denials:



In-Depth Clinical and Regulatory Analysis

Aspirion's clinical team collaborated with the healthcare system's physicians and legal counsel to build a comprehensive case demonstrating the medical necessity of the denied treatments.



Exhaustive Appeals Process Management

Aspirion methodically pursued all appeal levels, from initial redetermination through all levels of appeal and ultimately to Administrative Law Judge hearings.



Evidence-Based Arguments

After working with the device manufacturer, Aspirion developed compelling appeals that included detailed clinical information, relevant medical literature citations, FDA evaluations, and precise references to Medicare's own "reasonable and necessary" criteria.

Results

Aspirion's persistent and methodical approach to appeals management yielded exceptional results. For the challenged Optimizer device claim alone, the Administrative Law Judge overturned Medicare's denial, resulting in a payment of over \$74,000.

The broader impact was even more significant: **a total recovery of over \$53 million in overturned denials** across the healthcare system's portfolio. This success not only secured immediate financial recovery but also established important precedents for coverage of innovative medical technologies and treatments.

Engage with Us



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