
**COVERAGE OF REHABILITATION SERVICES FOR
TRAUMATIC BRAIN INJURY**

SURVEY PERIOD JANUARY 1, 2007 THROUGH JUNE 30, 2008



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Introduction

In response to concerns raised about coverage of rehabilitation services for the treatment of a traumatic brain injury ("TBI"), the Maryland Insurance Administration ("MIA") conducted a market analysis in accordance with §2-205 of the Insurance Article. Through this market analysis, the MIA sought to identify patterns and practices of insurers, health maintenance organizations and nonprofit health service plans (collectively "carriers") offering health benefit plans in the State regarding:

- Coverage for rehabilitation services; and
- Adjudication of claims for rehabilitation services provided for the treatment of TBI.

This report summarizes the market analysis undertaken by the MIA as well as the identified patterns and practices.

Market analysis

The MIA identified carriers offering health benefit plans in the State and selected the following carriers to include in the market analysis:

- Aetna Health, Inc.
- Aetna Life Insurance Company
- CareFirst BlueChoice, Inc.
- Carefirst of Maryland, Inc.
- Cigna Healthcare Mid-Atlantic, Inc.
- Coventry Health and Life Insurance Company
- Coventry Health Care of Delaware, Inc.
- Group Hospitalization and Medical Services, Inc.
- Guardian Life Insurance Company of America
- Kaiser Foundation Health Plan of the Mid-Atlantic States
- MAMSI Life and Health Insurance Company
- MD-Individual Practice Association, Inc.
- Optimum Choice, Inc.
- United Healthcare Insurance Company
- United Healthcare of the Mid-Atlantic, Inc.

The MIA directed each of these carriers to submit the following information:

- Description of all benefits, exclusions and limitations for inpatient and outpatient rehabilitative services;
- Description of the approval process, if applicable, required for outpatient rehabilitation services; and
- All paid claims and denied claims between January 1, 2007 through June 30, 2008 with a diagnosis code for a traumatic brain injury (International Classification of Diseases – 9th Edition, referred to hereinafter as "ICD-9", codes 850.0 through 854.9, V57 through V57.9 and E810 through E819).

From the total claims population, the MIA randomly selected a sample of paid claims and denied claims. For the sample claims, the MIA obtained a copy of:

- The claim form submitted by the provider;
- All applicable claim processing system screen prints and associated documentation;
- All applicable medical records used to determine if the rehabilitation service provided was medically necessary; and
- Any correspondence pertaining to notification of an adverse decision, coverage decision or grievance decision.

Benefits, exclusions and limitations

Rehabilitation services for the treatment of TBI may be provided on an inpatient basis at a hospital or rehabilitation facility or on an outpatient basis. Rehabilitation services include physical therapy, occupational therapy and speech therapy.

Typically, health benefit plans place the following limitations on inpatient rehabilitation services:

- Number of days
- Per day maximum benefit amount

For outpatient rehabilitation services, limitations generally include:

- Number of visits
- Maximum annual benefit amount

These limitations are not specific to rehabilitation services provided for the treatment of TBI.

Approval process

It is not uncommon for carriers to require pre-authorization of inpatient rehabilitation services and pre-certification of outpatient rehabilitation services. In both cases, carriers may require written treatment plans. Carriers review requests for rehabilitation services to ascertain if the proposed rehabilitation service is medical necessary, appropriate or efficient. The review is subject to the provisions of Title 15 Subtitles 10A and 10B of the Insurance Article.

The review and approval process is not specific to rehabilitation services provided for the treatment of TBI.

The market analysis found no violations of Title 15 Subtitles 10A or 10B of the Insurance Article.

Claims

The MIA examiners reviewed 71 claims paid for rehabilitation services provided for the treatment of TBI and 52 denied claims, for a total of 123 claims. Of the reviewed paid and denied claims, 25% were related to a motor vehicle accident.

As Table A shows, two thirds of the claims in the sample were for rehabilitation services provided to patients with an intra-cranial wound/injury, concussion or intra-cranial hemorrhage.

Table A: Samples by Type of TBI

TBI Type	Amount
Intra-Cranial Wound/Injury	32
Concussion	28
Intra-Cranial Hemorrhage	21
Stroke/CVA	10
Cerebral Vascular Disease	9
Head Injury (open wound)	8
Cerebral Artery Occlusion	4
Brain/Cerebral Aneurysm	4
Cerebral Laceration	3
Contusion (head)	3
Skull Fracture	1
Total	123

Of the 123 claims in the sample, about 42 percent were denied. As Table B indicates, one-third of all claim denials were made because the claim was a duplicate claim. The MIA verified that the denied claim was a duplicate and that the original claim had been properly paid or denied.¹

With the exception of one claim, the carriers properly paid or denied the claim in accordance with the patient's coverage.²

Table B: Denial Reasons

Denial Reason	Amount
Duplicate	17
Billing Error	6
No Authorization or Exceeds Authorization Limits	6
Additional Info not Received	5
Refund of Previous Payment	4
Timeliness of Filing	4
Coordination of Benefits	3
Medical Necessity	2
Non Covered Service	2
Incidental & Mutually Exclusive	1
Patient not a member on date of service	1
Not Medicare Eligible	1
Total	52

¹The high percentage of claims denied because the claim is a duplicate is consistent with general patterns found for all claim denials. See *Semi-Annual Claims Data Filing for Calendar Years 2005-2007* MIA, January 2009

² The carrier readjusted this claim and paid the provider.

The MIA did find violations of Maryland's prompt pay statute. About 11 percent of the claims sample were not paid or denied within 30 days as required under §15-1005 (c) of the Insurance Article and 4 percent of the claims were owed interest that was not paid.

Conclusion

Carriers offering health benefit plans in Maryland provide coverage for inpatient and outpatient rehabilitation services. However, there are specific limitations for inpatient and outpatient rehabilitation services.

The claim sample indicates the adjudication of claims for rehabilitation services provided for the treatment of TBI is consistent with general industry patterns and practices. The claims were properly adjudicated in accordance with the patient's coverage for rehabilitation services.

Because benefit limitations for rehabilitation services are typical features in health benefit plans, it is important for providers and carriers through their case managers to help families coping with TBI to understand the coverage limitations to maximize the patient's benefits as well as explore the availability of other insurance coverage (e.g., automobile insurance, disability insurance).

The MIA is concerned that some claims in the sample were not paid or denied within 30 days or paid interest as required under §15-1005 (c) of the Insurance Article. Although not specific to rehabilitation services, the MIA will remind carriers of the prompt pay requirements and explore the feasibility of conducting a targeted market conduct exam of compliance with Maryland's prompt pay requirements.