

Date: 12/27/2006

Initial Report

Account:

Reference #:

Patient:

Subscriber #:

History:

This patient is a 28 year old female who began seeing Dr. Smith on 9/15/06 for infertility issues. Her initial visit consisted of an ultrasound and lab work. She returned to the clinic on 9/18/06 for a post-coital exam. On 9/25/06 she completed lab work for an infertility work up. On 10/6/06 and 10/13/06 ultrasounds were performed during an ovarian stimulation cycle with Clomid. On 10/16/06, a Profasi injection (FSH) was given (this drug helps to release the eggs that were produced with the use of Clomid.) At the time of this report, the patient has not undergone artificial insemination or In Vitro fertilization. This patient did develop an ovarian cyst due to treatment and additional ultrasounds were performed in December for this diagnosis, dates unknown at this time.

Case Management Intervention:

Claims were reviewed and discussed with the billing department at Dr. Smith's office. The infertility benefit was reviewed with the account. The patient was contacted.

Case Management Recommendations:

- Coverage of claims for dates of service 9/15/06, 9/18/06 and 9/24/06 is appropriate. These services were not for infertility treatment but diagnostic and thus a covered benefit.
- Most claims from 10/6/06 to the present are for infertility treatment and would not be a covered benefit under the plan with the exception of the ultrasounds related to the ovarian cysts (claims not yet received.) All claims should be reviewed by this writer. Payment of ultrasounds that are related to ovarian cysts would be medically necessary but dates of service are unknown at this time.
- All claims from Dr. Smith's office should be forwarded for review, even if not coded as "infertility."
- This writer is willing to contact with the patient should she have any additional questions. Please obtain her contact information and this writer will contact her.
- The account should review the prescription benefit related to infertility medications such as Clomid and Profasi for coverage.

Thank you for this referral. Please contact the undersigned with any questions.

Case Manager RN, BSN

Date: 12/27/06

Cost Savings Report

Account:
Reference #:
Patient:
Subscriber #:
Event: Infertility-female (CM)
Date Range: 12/01/06 – 12/27/06

Category	Amount	Type	Details
Direct	\$ 408.00	Audit of chart/claim	10/6/06 & 10/13/06 claims

Direct Savings: \$ 408.00

Direct Expenses(-): \$ 0.00

Total direct savings for this period: \$ 408.00

Total direct savings for this event to date: \$ 408.00

Indirect Savings: \$ 0.00

Total indirect savings for this event to date: \$ 0.00