



Catastrophic Claims Series Part 3:

Settlement Process of Catastrophic Claims



Presenters



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Learning objectives

- Determine when a Medicare Set-Aside (MSA) is needed in catastrophic claims for workers' compensation and auto-related injuries.
- Considerations for MSA with a Centers of Medicare & Medicaid (CMS) submission.
- Describe **specific** documentation needed in order to complete an MSA in the four main categories of catastrophic claims. The four we are including: spinal cord injuries, traumatic brain injuries, amputations, and multi-trauma. This is not an inclusive list.
- Describe strategies **to lower** medical treatment / prescription costs/exposure prior to settlement of catastrophic claims. **Examples include spinal cord stimulators (SCS), repeat surgeries, various injections, and high-end medications or brands versus generics.**

MSA file requirements

The first step in the MSA process is determining an injured worker's Social Security and Medicare Benefit Status. An MSA is needed if the injured worker is a Medicare Beneficiary or there is "reasonable expectation" of Medicare Entitlement within the next 30 months.

The April 22, 2003 CMS Memorandum indicates "reasonable expectation" and includes but is not limited to the following:

- The individual has applied for Social Security disability (SSDI) benefits
- The individual has been denied SSDI benefits but anticipates appealing the decision
- The individual is 62 ½ years or older (i.e. may be eligible for Medicare based on their age within 30 months)
- The individual suffers from End Stage Renal Disease (ESRD)

This information is also currently reflected in the Workers' Compensation Medicare Set-Aside (WCMSA) Reference Guide

Requirements for MSA calculations

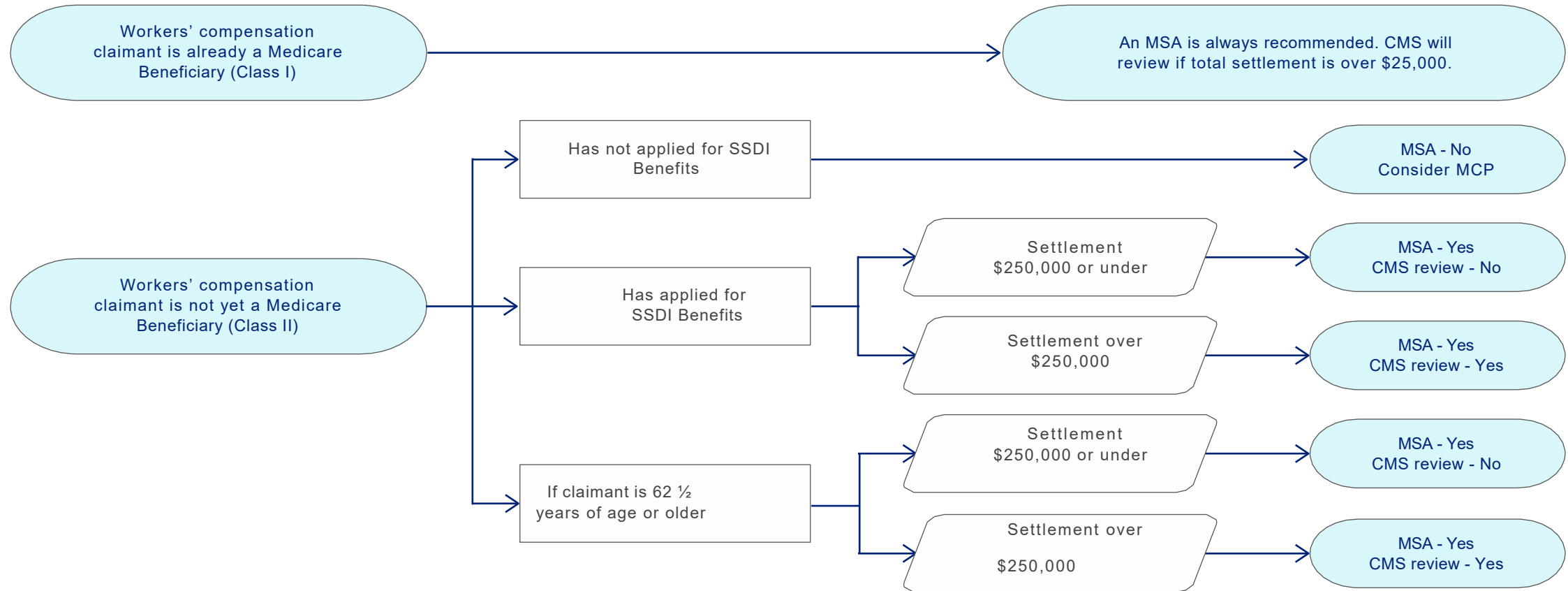
- Two years of medical reports
- Two years payment history
- Two years of detailed pharmacy invoices/payouts
 - (the years of RX should match medical reports and invoice history)

Requirements for MSA submittal to CMS

- Proposed settlement amount
- Current medical reports and payment history
- Current detailed pharmacy payouts
- Preference for lump sum OR annuity
- Preference for self-administered OR custodial account
- Signed release
- Denial documentation (as needed)

When is an MSA recommended?

When will Centers for Medicare & Medicaid Services (CMS) review the MSA?



MSA considerations for CMS submission case

Is the physician actively treating flare ups or changes in condition?

- Active changes could affect functional ability
- May need additional equipment and services
- New medication costs



MSA considerations for CMS submission

Have they completed recommended treatments and shown improvement?

- Still improving with physical therapy (PT), occupational therapy (OT), speech therapy (ST), psychiatric counseling
- Therapies versus maintenance therapy
- Full inpatient rehabs VERSUS Outpatient day program care



MSA considerations for CMS submission

Has the patient reached maximum medical improvement (MMI) or expected to be permanent and stationary (P&S)?

This takes time with catastrophic (CAT) cases, they may never reach MMI or P&S, however, you are looking for stability of treatment versus being finished treatment.

You will see several examples in our case for spinal cord injuries (SCI) where patient improves from neck down paralysis level care to walker use!

Or the patient could worsen, which can happen with CAT cases, and need ongoing care to manage complications. For example: Traumatic Brain Injury (TBI) cases may need additional therapy including psychological with cognitive therapy; OR neurosurgical rehab stays where cost rises temporarily but lower afterwards due to improvements in function and overall condition.

Sometimes it may be best to wait for submission and revise your MSA later when patient is more stable prior to CMS submission.

MSA considerations for CMS submission

Are there recent or frequent hospital or emergency room visits happening in the case?

These treatments need to have costs allocated to an MSA. We can take an average cost that may be estimated from invoices.

This may be a sign of instability

Instability > costs

MSA considerations for CMS submission

What might change in the near future? What may lower or increase costs in MSA?

Example: CAT case for multi-trauma: there can be healings and reversals for: wounds, Gastrointestinal tubes, respirator use, Urinary foley to suprapubic catheter or return of voiding spontaneously, colostomy care, etc.

Are the co-morbid or historic conditions stable? Example: IF comorbid diabetes, Immune compromised, OR psychiatric - expect longer recoveries, frequent infections, wounds, psychiatric treatments, and other complications.

- **Devices implantations/removals / MSA costs over life expectancy (LE)**
- **Example:** Spinal cord stimulator (SCS) Trials and implants versus explants of SCS
- Psych evaluations required for trial
- SCS COSTS OVER L) – for a LE of 14 years will need 2 replacements; for LE 35 years, will need 7 replacements

Optum

Spinal cord injuries



Spinal cord injury (SCI) classification

Quadriplegia/Tetraplegia, results in complete paralysis below the neck

Tetraplegia (Quadriplegia)

Injury of the spinal cord in the cervical region

vs.

Paraplegia

Injury of the spinal cord in the thoracic or lumbar regions

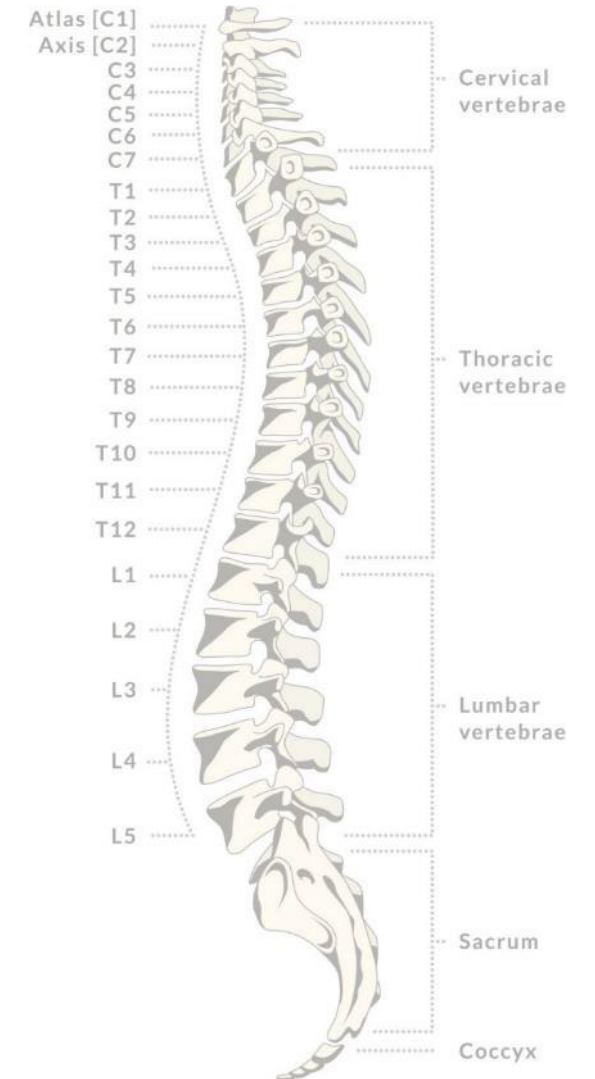
Complete

No sensory or motor function is preserved

vs.

Incomplete

Sensory or motor function is preserved below the injury level



Functional abilities based on level of injury

C1 – 4	Power wheelchair use with chin or “sip and puff” controls
C5	Feeding and grooming
C6	Transfer from bed and chair with slide board
C7	Manual wheelchair use in the community (not curbs)
C8	Typing, writing, using computers
T1	Can use manual wheelchair. Can transfer independently
T2-T6	A few individuals are capable of limited walking with extensive bracing. Requires extremely high energy and puts stress on upper body offering no functional advantage. Can lead to damage of upper joints.
T7-T12	Mobility same as above
L1-L5	Walking can be a viable function with the help of specialized leg and ankle braces. Lower levels walk with greater ease with the help of assistive devices
S1-S5	Increased ability to walk with fewer or no supportive devices

Treatment and Management of SCI

- Secondary conditions
- Pressure ulcers
- Muscle spasms
- Urinary tract infections
- Chronic pain
- Deep vein thrombosis
- Respiratory infections
- Autonomic dysreflexia



SCI Case #1

- 23-year-old gunshot injuries 6/15/21 as result of mass shooting at workplace.
- Comorbid condition of autism
- Claimant **diagnosed initially** with cervical C2-C5 fracture with quadriplegia, neurogenic bladder and bowel, left shoulder/clavicle fracture, left acromion fracture and acute respiratory failure.
- Patient underwent multiple surgeries including C1-C4 posterior fusion and decompression, irrigation/debridement and open reduction internal fixation left acromion and scapula.
- Patient suffered a complicated hospitalization with respiratory failure, neurogenic shock, dysphagia and hematuria.

SCI Case #1 cont.

- Treatment continued with multiple physicians – Pain Management, Physical Medicine & Rehabilitation, Orthopedics, Urology, Gastroenterology, and Neuropsychology.
- Diagnostic studies
- Therapies
- Physical Therapy, Occupational Therapy, Speech Therapy, Psychotherapy
- Surgery
 - underwent diverting colostomy to address neurogenic bowel
- DME
 - rolling walker, wheelchair, ostomy supplies
- Medications
 - Pregabalin, omega 3 acid ethyl esters, Nitro-BID, baclofen, famotidine, lubiprostone, nitrofurantoin, buprenorphine, oxybutynin chloride.

SCI Case #1 cont.

Initial MSA

Power wheelchair	All inclusive	Every 5 years	\$34,489.13	\$310,402.17
Power wheelchair maintenance	All inclusive	Annually	\$3,448.91	\$162,098.77
Power wheelchair cushion	E2607	Every 2 years	\$314.70	\$7,238.10
Power wheelchair battery	E2359	Annually	\$628.63	\$29,545.61
Manual wheelchair	All inclusive	Every 5 years	\$3,643.70	\$32,793.30
Manual wheelchair maintenance	All inclusive	Annually	\$364.37	\$17,125.39
Manual wheelchair cushion	E2607	Every 2 years	\$314.70	\$7,238.10
Rolling walker	E0143	Every 3 years	\$130.55	\$1,958.25

SCI Case #1 cont.

- Improved mobility Injured worker made progress with mobility
- He transitioned from using a power wheelchair to a manual wheelchair and was able to use a walker inside home
- This was a positive change
- Physician documented injured worker was currently only using a manual wheelchair

SCI Case #2

- Patient sustained gunshot injuries on 3/14/2017 at work as a police officer.
- **Initial diagnoses: quadriplegia** C1-C4 complete, respiratory failure, neurogenic bowel and bladder, cervicalgia, recurrent UTI, cramps and spasms, unspecified convulsions, arthrodesis status.
- Treatment: for his **C5 ballistic fracture** of vertebral body compromising the vertebral canal, which led to quadriplegia, intracranial hemorrhage, left carotid bulb and proximal internal carotid artery injury and left internal jugular vein injury (a lot of internal bleeding into the brain).
- Patient underwent posterior lateral fusion arthrodesis at C3-C6, developed neurogenic bladder and bowel, seizures, dysphagia, respiratory failure, spasticity and depression.
- Patient required a tracheostomy and gastrointestinal tube PEG placement.

SCI Case #2 cont

- **Transferred to inpatient rehabilitation and treatment continued with multiple physicians** follow up, dx studies, PT, OT, ST, psychotherapy, intermittent catheterization, colectomy and colostomy, bowel program.
- Patient suffered recurrent urinary tract infections and was re-admitted and had suprapubic catheter placement.
- He developed great right toe infection and seen by podiatrist.
- Patient weaned off ventilator and PEG tube.
- Unrelated/co-morbid conditions include GERD and ADHD.
- Continued care includes follow up: with physicians including physical medicine, neurosurgeon, neurologist, urologist, infectious disease, pulmonologist, cardiologist, treatment with PT, OT, ST, psychotherapist
- Multiple DME including power chair and equipment, nebulizer and supplies, suction, cough assist device, oxygen with back up, chest percussion vest, Hoyer lift and sling, hospital bed, lumbar orthosis, catheter care equipment including antibiotic irrigations, ostomy care supplies, with **HHC skilled nursing visits**.
- Medications: baclofen, gabapentin, pantoprazole sodium, midodrine HCl, and levetiracetam.

MSA SCI Case #2 submitted

- Treatment was extensive but stable
- Two years of current medical records were available
- Invoices for DME and services were available
- MSA was submitted to CMS and approved

We received approval of the MSA that was submitted

Please be advised that we have received the attached letter from **CMS**, dated 2/1/2023 in which they have **approved a \$3,301,837.00 MSA allocation in this case.**

Optum

**Traumatic brain injuries
and post-concussive
syndrome**



What is a traumatic brain injury?

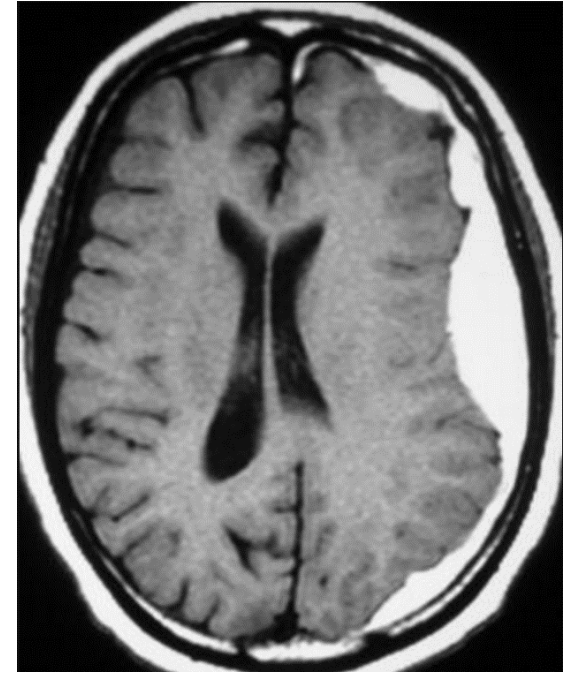
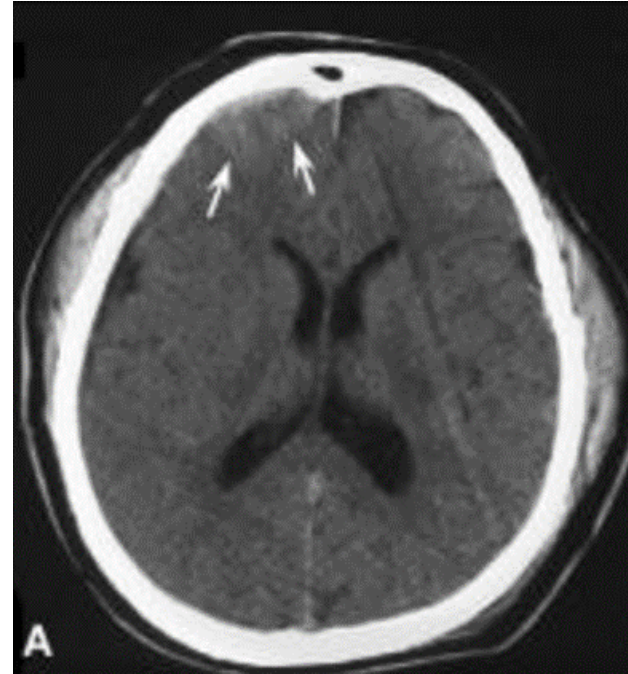
Pathophysiology

- Primary injury: Impact, Immediate intracranial bleeding
- Secondary injury: Swelling, Neuroinflammatory response

Symptoms: immediate or delayed: Behavior symptoms

Safety issues due to dizziness, fainting, fatigue, blackouts

Mood/psych: anger, anxiety, apathy, N/V, speech, balance issues, seizures



TBI case 1

- Patient fell 40 feet from a crane on 12/20/2005 and sustained traumatic brain injury, left tibia fracture, left leg crushing injury, multiple rib fractures, L1-2 Transverse process fracture, and L2-3 Burst fracture.
- Diagnoses: lumbar vertebral fractures, diffuse traumatic brain injury with loss of consciousness, post traumatic seizures, irritability and anger, major neurocognitive disorder, paralytic gait, full incontinence of feces, neurogenic bladder and gastroesophageal reflux disease (GERD).
- Comorbid or preexisting diagnoses included: congenital hydrocephalus status post shunt placement, history of hemorrhoid surgery, hyperlipidemia and onychomycosis.
- Patient underwent surgery for external fixator placement for left leg crush injury.
- Then....

Difference between concussions and moderate to severe TBIs

- Severity of injuries, i.e., skull fractures, intracranial hemorrhage, etc.
- Duration of symptoms
- No imaging abnormalities with concussions



Concussion (mild TBI)



Acute signs and symptoms

- Disorientation/confusion
- Impaired balance
- Increased reaction time
- Headache (most common symptom)
- Dizziness
- Memory problems



Symptoms that may develop

- Irritability
- Sleep disturbance
- Fatigue
- Depression and/or anxiety
- Concentration problems

TBI case 1

- Inpatient rehabilitation stay from 02/2006 through 10/2006; moved to different facility 2010 through 2017.
- It is noted that the patient currently resides at home with a family member providing care. Patient using wheelchair, rolling walker, depends and safety equipment.
- Patient sustained a fall related to dizziness and was admitted to hospital again on 11/2/19. Transferred to a skilled nursing facility for inpatient therapy and plan was for discharge back home for family member to provide care.
- The patient physically declined and currently is residing as an inpatient at skilled nursing facility (SNF). Pending permanent placement at ALF. No placement in ALF per physician as needs higher skilled care. SAFETY ISSUES. Remaining in SNF.
- Treatment includes physician follow up including neurology, urology, PCP, orthopedic, OT, PT, DME, medications, skilled assistance.
- Medications: divalproex sodium, omeprazole, escitalopram oxalate, baclofen, trazodone HCl, guaifenesin, ipratropium-albuterol solution via nebulizer, metoprolol, ondansetron, Selsun blue shampoo, valproate, Xarelto.

MSA medical allocation - Example

Original MSA

Item/Service	CPT Code	Frequency (over L/E)	Unit Cost	Lifetime Cost
Neurologist	99214	6 times year	\$148.62	\$16,942.68
Primary Care	99214	annually	\$148.62	\$2,823.78
Urologist	99214	annually	\$148.62	\$2,823.78
Podiatrist	99214	2 times year	\$148.62	\$5,647.56
Orthopedic	99214	every other year	\$148.62	\$1,337.58
Physical therapy	97110	48 sessions	\$165.30	\$7,934.40
Occupational therapy	97110	24 sessions	\$165.30	\$3,967.20
Wheelchair	ALL INCLUSIVE	every 5 years	\$3,047.79	\$9,143.37
Wheelchair maintenance	ALL INCLUSIVE	annually	\$304.78	\$5,790.82
Wheeled Walker	ALL INCLUSIVE	every 3 years	\$111.97	\$671.82
Renal Ultrasound	76770	every 3 years	\$156.64	\$939.84
Urodynamic testing	51729	every 5 years	\$503.11	\$1,509.33
X-rays: abdomen	74022	every 3 years	\$64.56	\$387.36
CT brain w/o contrast	70450	every 5 years	\$160.36	\$481.08
CT : Cervical w/o contrast	72125	every 5 years	\$255.49	\$766.47
MRI: Lumbar w & w/o contrast	72158	every 5 years	\$569.25	\$1,707.75
MRI: Left leg w & w/o contrast	73723	every 5 years	\$640.63	\$1,921.89
X-rays: cervical	72050	every 3 years	\$70.08	\$420.48
X-rays: lumbar	72110	every 3 years	\$73.41	\$440.46
X-rays: left leg	73590	every 3 years	\$41.06	\$246.36
General labs	85025/80053/36415	annually	\$131.95	\$2,507.05
Urinalysis	81001	annually	\$25.00	\$475.00
Urine Cultures	87088	annually	\$36.00	\$684.00
Total Medical Allocation				\$69,570.00

Revision MSA

Item/Service	CPT Code	Frequency (over L/E)	Unit Cost	Lifetime Cost
Neurologist	99214	Every 6 months	\$148.62	\$4,161.36
Primary Care	99213	Monthly	\$106.54	\$17,898.72
Urologist	99214	Every 6 months	\$148.62	\$4,161.36
Podiatrist	99214	Every 6 months	\$148.62	\$4,161.36
Orthopedic	99214	annually	\$148.62	\$2,080.68
Physical therapy	97110	48 sessions	\$165.30	\$7,934.40
Occupational therapy	97110	24 sessions	\$165.30	\$3,967.20
Power Wheelchair	ALL INCLUSIVE	every 5 years	\$37,950.00	\$75,900.00
Power Wheelchair maintenance	ALL INCLUSIVE	annually	\$3,795.00	\$53,130.00
Renal Ultrasound	76770	every 3 years	\$156.64	\$626.56
Urodynamic testing	51729	every 5 years	\$503.11	\$1,006.22
X-rays: abdomen	74022	every 3 years	\$64.56	\$258.24
CT brain w/o contrast	70450	every 5 years	\$160.36	\$320.72
CT: Cervical w/o contrast	72125	every 5 years	\$255.49	\$510.98
MRI: Lumbar w & w/o contrast	72158	every 5 years	\$569.25	\$1,138.50
MRI: Left leg w & w/o contrast	73723	every 5 years	\$640.63	\$1,281.26
X-rays: cervical	72050	every 3 years	\$70.08	\$280.32
X-rays: lumbar	72110	every 3 years	\$73.41	\$293.64
X-rays: left leg	73590	every 3 years	\$41.06	\$164.24
General labs	85025/80053/36415	annually	\$131.95	\$1,847.30
Urinalysis	81001	Every 6 months	\$25.00	\$700.00
Urine Cultures	87088	Every 6 months	\$36.00	\$1,008.00
Total Medical Allocation				\$182,831.00

Additional services

Long-Term Nursing Home, \$591/day	14	\$215,715.00	\$3,020,010
Selsun Blue Salon Shampoo 1%	168	\$7.48	\$1,257
Aquaphor Advance therapy ointment	168	\$15.97	\$2,683
Total Additional Services			\$3,023,950

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Amputations



Prosthesis

- An artificial device that replaces a missing body part
 - Can be cosmetic or functional
- Cosmetic prosthesis examples
 - fingers, toes, breast, eyes
- Ocular prosthetic can improve appearance, ocular implant and prosthesis prevent the tissue in the eye socket from growing
- Functional prosthesis are intended to restore normal functions of the missing body part
 - Upper limb, lower limb, cochlear implant

Amputations – Considerations for settlement of catastrophic claims

- How old is the injured worker with amputation?
 - May qualify for Medicare at much younger age
 - May not be feasible to settle
- Is the stump stable?
 - When injury occurs resulting in amputation the surgeons usually try to salvage as much limb as possible
 - Take into account soft tissue viability, bone length, and other anatomical considerations, ankle and wrist can be an issue with fitting prosthesis, the surgeon may take joint for better fit of prosthesis,
 - Complications following amputation-edema, wounds and infection, pain, muscle weakness and contractures, joint instability,
 - Changes to residual limb volume, shape, could result in ill fitting socket, skin problems,
 - Pain
 - Will additional surgery be necessary
- Is the injured individual adapting to the amputation?
 - Psyche/body image
 - Disability
 - Chronic pain
 - Is the claimant using the prosthesis?

Amputations – Documentation considerations for settlement of catastrophic claims

- DME
 - Prosthesis
 - Maintenance
 - Visits
 - Supplies
 - Wheelchair, walker, cane
- Residual Limb Shaping
 - Stump shrinker
 - Elastic bandages
 - Additional surgery
- Mobility-PT, OT, Prosthesis training
 - Range of motion
 - Strengthening other limbs
 - Gait training
 - Stair climbing

Considerations for settlement of catastrophic claims – Functional prosthesis

- Functional limb prosthesis has 3 main parts
 - Interface
 - Structural components
 - Cover
- Body powered, myoelectric, hy



Lower limb prosthesis components are determined by claimant's K-level

Medicare defines K-levels based on the ability or potential to ambulate and navigate the environment.

K-LEVEL	FUNCTIONAL POTENTIAL OF AMPUTEE	TYPE OF PROSTHESIS
K0	No ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance quality of life or mobility.	Not eligible for prosthesis
K1	Ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence .	External keel, SACH feet or single axis ankle/feet, single-axis, constant friction knee
K2	Ability or potential for ambulation with the ability to traverse low-level environmental barriers such as curbs, stairs, or uneven surfaces.	Flexible-keel feet and multi-axial ankle/feet, single-axis, constant friction knee
K3	Ability or potential for ambulation with variable cadence - a typical community ambulatory with the ability to traverse most environmental barriers may have activity that demands prosthetic use beyond simple locomotion.	Flex foot and flex-walk systems, energy storing feet, multi-axial ankle/feet, or dynamic response feet, fluid and pneumatic control knee, microprocessor knee
K4	Ability or potential for ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels.	Any ankle foot system appropriate, any ankle knee system appropriate, including microprocessor

http://www.oandp.org/olc/course_extended_content.asp?frmCourseId=ACA066EC-443A-4822-822C-89BC1CBD684E&frmTermId=k-levels

Amputations – Potential Complications/Comorbid Conditions to Consider for CAT Settlement

Comorbid conditions

- Diabetes
- Tobacco use
- Vascular disease
- Heart disease
- Depression
- Obesity
- Arthritis
- Substance abuse
- Aging claimant

Complications

- Infection
- Impaired wound healing
- Contractures
- Deconditioning
- Pain
- Worsening depression
- Sedation
- Falls

Impact on use of prosthesis

- Weakness
- Impaired cognition
- Decreased endurance
- Lack of motivation

Amputation-Case #1

- 60-year-old male who suffered right hand amputation when his hand was caught in machinery at work on 10/2/2011.
- He underwent surgery for completion of the traumatic right below elbow amputation with later revision of right BEA stump in 2013.
- He was fitted with a **myoelectric prosthetic** which improved ability to perform ADLs.
- **Diagnoses:** chronic pain syndrome, complete traumatic amputation right forearm, right arm pain, phantom limb syndrome, stump revision surgery 2013, PTSD, major depressive disorder, recurrent; generalized anxiety disorder, and attention-deficit hyperactivity disorder.
- Comorbid conditions: kidney stones, lithotripsy, oral surgery, low testosterone, pneumonia, smoker, and hypertension.
- He developed complications including psyche issues and sympathetic nerve pain.

Amputation Case #1 cont

- He developed ADHD, PTSD and nightmares with depression.
- Sympathetic nerve pain developed, and he became unable to use his current myoelectric prosthesis. Compensatory issues in his left upper extremity developed because he was unable to use the prosthesis. He had stellate ganglion blocks with pain management that helped somewhat.
- Psychiatric issues and pain worsened with some decline; however, he improved with further treatment, psychiatric care and additional ongoing medications. Continued follow up with pain management.
- New myoelectric prosthetic evaluation and fitting. He did obtain a new myoelectric prosthetic.
- Treatment includes follow up with physicians: pain management, psychiatric care, urology, orthopedics. In addition, care required from: prosthetist, PT, OT, *prosthetic and maintenance/replacement care*.
- Medications include: dextroamphetamine-amphetamine, diclofenac, doxepin, Gralise, oxycodone/APAP, lactulose, prazosin, tadalafil, trazadone and venlafaxine.

Example of Prosthetic invoice, below elbow amputation

Body powered

- L6615-disconnecting locking wrist unit-\$420.00
- L6660 Heavy duty control cable-\$170.00
- L6665-Teflon cable lining-\$100.00
- L6672 –Chest harness-\$720.00
- L6693-Locking elbow forearm control balance-\$4,915.00
- L6704-Terminal device, sport/rec/work attachment-\$1,045.00
- L6706-Terminal device, mechanical hook-\$690.00
- **L7499**-upper extremity prosthesis, NOS-\$7,650.00
- **L7499**-upper extremity prosthesis, NOS-\$350.00
- **L7499**-upper extremity prosthesis, NOS-\$295.00
- Total-**\$16,355.00**

Myoelectric

- L6621-Upper extremity prosthesis addition, flexion/extension wrist for use with external powered terminal devices-\$2,827.67
- L6629-Upper extremity prosthesis addition, quick disconnect lamination collar with coupling piece-\$178.86
- L6686-Upper extremity prosthesis addition, suction socket-\$930.42
- L6687-Upper extremity prosthesis addition, frame type socket, below elbow-\$681.80
- L6691- Upper extremity addition, removable insert-\$409.52
- L6890-Addition to upper extremity prosthesis, glove for terminal device-\$201.05
- L6935-Below elbow, external power, self suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device-\$10,783.99
- L7400-Addition to upper extremity prosthesis, below elbow, ultralight material - \$366.36
- L7403-Addition to upper extremity prosthesis, below elbow, acrylic material-\$440.21
- **L7499**-Myoelectric articulating hand, microprocessor, powered thumb, gesture control-\$99,517.00
- Total-**\$116,336.69**

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Major trauma



Types of traumatic injuries Catastrophic

- Traumatic brain injury
- Spinal cord injury
- Spine fractures
- Amputation
- Facial trauma
- Acoustic trauma
- **Crush injury**
- Concussion
- Broken bone or bones
- Jaw – broken or dislocated
- Skull fracture
- **Cuts and puncture wounds**
- **Collapsed lung**
- **Myocardial contusion**
- **Burns**
- Electrical injury
- Subarachnoid hemorrhage
- Subdural hematoma
- **Multiple fractures**
- **Internal injuries requiring transplants**

Multi trauma Case - MSA

- Patient sustained **gun shot injuries** on 6/15/20.
- Patient diagnoses: paraplegia, unspecified, quadriplegia C1-C4 complete, respiratory failure, neurogenic bowel and bladder, cervicalgia, recurrent UTI, cramps and spasms, unspecified convulsions, arthrodesis status.
- Patient underwent treatment for his **C5 ballistic fracture of vertebral body compromising the vertebral canal**, which led to quadriplegia, **intracranial hemorrhage**, **left carotid bulb and proximal internal carotid artery injury** and **left internal jugular vein injury**.
- Patient underwent **posterior lateral fusion arthrodesis at C3-C6**, developed neurogenic bladder and bowel, seizures, dysphagia, respiratory failure, spasticity and depression. Patient **required a tracheostomy** and gastrointestinal tube PEG placement.
- **Transferred to inpatient rehabilitation and treatment continued** with multiple physicians follow up, dx studies, PT, OT, ST, psychotherapy, intermittent catheterization, colectomy and colostomy, bowel program.

CAT multi trauma case cont

- DME included **power wheelchair**, hospital bed, oxygen use, catheters, PEG tube supplies, VENT, etc. and medications.
- Patient suffered recurrent urinary tract infections and was **re-admitted to the hospital** and had suprapubic catheter placement.
- He developed great right toe infection and seen by podiatrist.
- Patient weaned off ventilator and PEG tube. Recently placed on cough assistive device, Trilogy vent, chest vest, wheelchair, hospital bed, ostomy supplies and medications.
- Unrelated/co-morbid conditions include GERD and ADHD.
- **Continued care includes:** follow up with physicians including physical medicine, neurosurgeon, neurologist, urologist, infectious disease, pulmonologist, cardiologist, treatment with PT, OT, ST, psychotherapist, multiple DME including customized power chair and equipment, nebulizer and supplies, suction, cough assist device, oxygen with back up, chest percussion vest, Hoyer lift and sling, hospital bed, lumbar orthosis, catheter care equipment including antibiotic irrigations, ostomy care supplies. **Addition of Home Health Care 24/7 aide care with additional skilled nursing visits**
- Medications: baclofen, gabapentin, pantoprazole sodium, midodrine HCl, and levetiracetam.

Multi-trauma High Cost of continued care

- **MSA high DME costs** – special beds, hoist lifts, safety devices (bathroom rails, benches, 3-1 commodes, transfer boards, catheters, colostomy supplies, vent and supplies, respiratory vest, etc.
- **MSA with high HHC costs** – required 24-hour care HHA , SN visits due to infections, wounds, catheter care and other complications
- MSA for Multi-trauma cases is **not uncommon to be over 3.2 million dollars**
- Our patient here has a high LE - 34-year-old male with RA of 44 and LE of 37 years
- **High LE** = lots of replacement costs with equipment and various services
- **HHC costs alone may add \$1,000,000 to a claim or more**

Strategies to Lower MSA costs

- Describe strategies to **lower** medical treatment / prescription costs/exposure prior to settlement of catastrophic claims.
- **Examples include evaluation of medical necessity or appropriate for various procedures (SCS, Implantable pumps) surgeries, various injections, and high-end medications or brands versus generics.**

Tips could include:

- Generic medications whenever possible
- Wait for **stable medical condition** if possible, (no major changes or complications occurring ex: hospital re-admissions)
- Complete documentation -updated for correct allocations
- **Reviews of appropriateness of procedures, surgeries, implants, injections and Brand medications.**
- **RIGHT TREATMENT AT THE RIGHT TIME = QOL**

Conclusion

Catastrophic claims are complex and have a lot of variables that can impact an MSA

Considerations:

- Do I need a MSA? Do I meet CMS threshold for review?
- What documentation do I need for MSA on a CAT claim?
- Is timing right for MSA? Treatment active and evolving or at a plateau and stable?
- What is nature of CAT claim (SCI, TBI, amputation, multi-trauma)?
 - What documentation will CMS want specific to the type of CAT claim?
- Have cost mitigation opportunities been pursued prior to CMS submission?

QUESTIONS?

Personal contacts for questions

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About Optum Workers' Comp and Auto No-fault Solutions

Optum Workers' Comp and Auto No-Fault Solutions collaborates with clients to lower costs while improving health outcomes for the injured persons we serve. Our comprehensive pharmacy, ancillary, medical services, and settlement solutions, combine data, analytics, and extensive clinical expertise with innovative technology to ensure injured persons receive safe, appropriate and cost-effective care throughout the lifecycle of a claim. For more information, email us at expectmore@optum.com.

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