

# Quality Review Tips!



## Logically Contact Information:

- Business Hours (Monday through Friday 8:00am-5:00pm ET) 1-(866)-946-9638 option 1, Access Pin 221
- After Hours, Holidays & Weekends 1-(919) 856-2300 option 1

Vacation Requests: Please send to [referralteam@bbabsence.com](mailto:referralteam@bbabsence.com)

Concerns/Comments/Requests: Please send to [referralteam@bbabsence.com](mailto:referralteam@bbabsence.com)

**December 2023**

## **Pre-existing Conditions**

Reviewing a disability case for a pre-existing condition involves a careful and thorough evaluation to determine the claimant's eligibility for disability benefits. The exact process may vary depending on the Carrier's plan language.

### **What is a pre-existing condition?**

- A pre-existing condition are exclusions and not covered under the policy.
- The provision helps to ensure that only impairments (disabilities) resulting from a sickness occurring after the claimant has insurance coverage are eligible for benefits.
- Most all LTD policies and some STD policies will contain a pre-existing condition provision, but the timeframes can differ by contract.

### **Here are some general tips to consider while conducting a pre-ex-review:**

- Check the referral before you begin to summarize the medical data, as all data during the pre-ex-period must be documented.
- Carefully examine the claimant's medical history, which a specific focus on the preexisting time frame under review.
- Document all diagnosis treated in the preexisting time frame.
- Determine if the claimant had been treated for any conditions in the preexisting time frame.
- Review the policy language.
- Some Carriers policy language may request to comment on "any diagnosis or misdiagnosis" and may ask if the "condition was caused or contributed to".
- When responding to the preexisting questions, be sure to include the specific plan language in your responses as well as all medical records that are within the time frame requested.
- Understand the criteria for eligibility, the definition provided, and any specifics documented in the policy language related to the preexisting condition.
- Your response is based on the available clinical evidence received for review.

**Instructions:**

**During the period of June 1, 2022, to September 1, 2022, please identify any condition, whether or not the condition was diagnosed at all or was misdiagnosed, *that the claimant received medical treatment or consultation, took or was prescribed drugs or medicine, or received care or services, including diagnostic measures*. Please only comment on the medical evidence during this specific time period.**

Here you place in the diagnoses (including those not your specialty) and any issue that occurred during the look back period. This should be already captured in your Medical History section (because you know it's a pre-ex-case, the client will want *all* medical data in that period to be cited).

**Please document the specific date(s) of treatment during the June 1, 2022, to September 1, 2022, and state which type of treatment she received i.e., medical treatment or consultation, took or was prescribed drugs or medicine, or received care or services, including diagnostic measures.**

Here you can specify the medical data, which again should be in your Medical History. Include medications and address if needed for rationale, what the medications are used for.

**Is the claimant's impairing condition caused by, contributed to by, or the result of a condition, whether or not the condition is diagnosed at all or is misdiagnosed, for which *the claimant received medical treatment or consultation, took or was prescribed drugs or medicine, or received care or services, including diagnostic measures* during the period of June 1, 2022, to September 1, 2022?**

Here is where you differentiate what is impairing from your specialty perspective, out of the above answers, and determine if this condition (s), is related to the treatment and symptoms during the look back period.

**If yes, please explain which applies: *caused by, contributed to by, or the result of*.**

This is where you explain the relationship, if any, between the impairing condition and data in the lookback period. You will utilize and explain caused by, contributed to by, or the result of. Please be sure to include in your documentation if the diagnosis was *caused by, contributed to by, or the result of*.

Please feel free to reach out to any of the Quality Review Nurses with questions on the QR Tips [Qrteam@bbabsence.com](mailto:Qrteam@bbabsence.com)

We hope this has been helpful and we welcome your feedback and questions.

Thank you,

The QR Team

