

Dear 3rd Party Payer:

I write in appeal to your letter of 1/30/20** concerning the documentation of care received by Ms. *** during her Outpatient Observation Status of 9/14/20** to 9/15/20** at **Hospital.

This patient presented to our Emergency Department early in the AM of 9/14/20** with episodes of seizure-like activity which when witnessed, and documented, by the attending emergency physician. They were clinically judged, and explicitly, documented as being consistent with "major motor seizures". Her past medical history is documented as significant for "seizure disorder". Her medical regimen consists of Lamictal, Topamax, and Zoloft. In the ED she received Ativan and Dilantin parenterally in appropriate doses.

She was then admitted to my service. She was maintained on the above listed medications, but again had 'seizures' the night of admission. Based upon her presenting possible clinical neurological instability, she was transferred to the ICU.

This complex case was then discussed with the patient's neurologist, Dr. *** of and her psychiatrist, Dr. ****. Their working diagnosis was that of "non epileptic seizures" or pseudo seizures - likely on the basis of her depression, with which I concurred. Given this patient's documented history of a seizure disorder, it was most clinically and medically appropriate to admit her for (at least) Outpatient Observation. Equally so, once the diagnosis of pseudo seizures was diagnosed, it was also quite reasonable to discharge this patient on the second hospital day. Frankly, the absence of post ictal findings with an immediate awake and responsive state upon conclusion of her major motor activity when coupled with her essentially normal serum bicarbonate measures and normal transaminases are quite suggestive of pseudo seizure (or non epileptic seizures) as the principle diagnosis. I certainly included in my medical evaluation the possibility of organic seizures, as evidenced by my decision to manage this patient by increasing her Lamictal dose to 50mg po bid. In my professional judgment, I thought this might also help this young lady with mood stabilization. My addendum to the day of discharge progress note makes my position explicitly clear in this case.

The evaluation and management provided in this case meets the clinical standard of care and my explicit documentation within the medical record supports the same.

I humbly respect that ** (3rd Party Payer) **** will find my medical judgment, evaluation, management, and clarification of documentation sufficient to justify stating that this patient was stable for discharge on 9/15/20**.

I would much appreciate your reconsideration of this case and look forward to your response.

Sincerely,

Dr. ****