

BenefitPort Proven Results

Protecting Employees Through Outstanding Customer Service

Client

Covered employee of a company-client of BenefitPort.



Situation

The Client received a denial from his health insurance carrier, saying that a medical expense that he had incurred while on vacation in the Caribbean was found to be "not medically necessary". Having come to a dead end trying to negotiate with the insurance carrier, the Client called a BenefitPort Benefits Specialist for assistance and explained the situation to her.

The Client and his wife were enjoying their trip to the Caribbean on a large cruise liner. While snorkeling off the coast of Martinique, they were swept by a large wave and forced against a jagged rock jetty. They both suffered cuts and bruises from the blow against the rocks and, after being rescued from the water by on-lookers, were taken to the nearest hospital in Martinique. Their cuts needed to be treated and the ambulance driver decided they both should be examined. The Client was experiencing significant pain and breathing problems, and his vital signs were failing. The ship's doctor was called and made the decision to have him airlifted to the nearest hospital that could handle the serious medical situation, which was in Miami Beach, Florida. After arriving at the Miami hospital, the Client's condition was quickly diagnosed. He had suffered a punctured lung. Upon receiving the denial of benefits, he tried to explain the details to the insurance carrier but was continually told that the diagnosis didn't warrant a \$17,000 airlift bill.

Solution

After hearing his story, the Benefit Specialist went to work. First by calling the carrier, she learned that the carrier would need additional information that indicated the medical necessity for the airlift bill. She called the cruise line and managed to track down the ship's doctor. He was helpful and referred her to the hospital in Martinique. After a week of research and several communications with the hospital in Martinique, the airlift company and the hospital in Miami, it was determined that the airlift company had inadvertently billed with the diagnosis as "bruised ribs", as that was the diagnosis given at the Martinique hospital. This is why the carrier had believed that the Client's condition did not warrant an emergency airlift to Miami. After obtaining and submitting the records from the Miami hospital, the carrier reprocessed the \$17,000 bill and benefits were paid to the airlift company and the claim closed, with no co-pay or other costs to the employee.