As communicated in previous emails from the OSCA, some insurance companies have started denying E/M codes, specifically re-exam codes. Some insurance companies have been more forthcoming than others regarding their policy on re-examination (E/M services). Discussions between OSCA and Anthem early this summer created better insight into Anthem’s policy. Their criteria for denial of re-examination was explained as the following:

-Within 60 days of another exam

-With the same or similar diagnosis

-When performed with a treatment on the same visit

The OSCA used this as an educational opportunity with Anthem to explain why, as a patient moves through the phases of condition-based or active care, a re-exam would be a reasonable and appropriate service to render, even though it would trigger a denial for being within 60 days of another exam, with the same or similar diagnosis, and/or performed on the same day as another treatment.

It was a productive conversation and the Anthem representatives acknowledged a better understanding of how a re-exam may be used in the course of chiropractic treatment.

As such, if you have performed a re-examination on a patient and experienced a denial of payment and feel that your E/M service meets the criteria for separate re-imbursement, the attached appeal letter can be customized to your office and used to request an appeal of the denied service. (Remember, this is a sample template. You must customize it to the specific and relevant details of your office/patient case)

You must send documentation to support your appeal. Additionally, always ensure that all services, and in this case re-examinations (E/M) that you perform meet the criteria necessary for the cpt code you have selected.

Once your appeal has been considered, please follow up with Dr. Spaulding at the OSCA regarding the outcome of your appeal.

HEALTH & FUNCTION CHIROPRACTIC

Date

Insurance Company Appeals

Address

Address

Reference: Claim number /denial

To whom it may concern,

This letter is to request an appeal of the denied \_\_\_\_\_\_\_\_\_\_code/service, as well as to provide documentation to support the denied service rendered.

Patient x presented to our office on \_\_\_\_\_\_with a primary complaint of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. After initial evaluation of the patient and diagnosis of the patient’s condition, a treatment plan was recommended and the patient started care in this office.

At the completion of this prescribed phase of treatment, and consistent with the required standards of care, it was necessary to re-evaluate the patient. The re-evaluation includes the current status of the patient’s condition, response to the care provided, their progress toward established goals, a determination of their need for ongoing care, as well as, the creation of updated treatment recommendations and goals.

\*\*It was determined that the patient is progressing favorably with treatment and the newly prescribed phase of care is \_\_\_\_\_\_\_\_\_\_\_\_\_. As ongoing care is recommended, the patient also received treatment on this visit.

I have provided for your review, the medical notes that support that all of the criteria associated with the E/M code billed was properly provided and documented, as well as the note for the treatment rendered.

I am requesting that you reprocess the denied E/M service for payment. Thank you for your attention to this matter.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, DC

\*\*If the patient is not responding to your care as expected then I would expect the 4th paragraph to look different, some examples:

It was determined that the patient was not progressing as expected with treatment rendered. The following complicating factors were identified (exacerbation, re-injury, whatever is appropriate here); What are the patient’s recommendations going forward taking this information into consideration?

OR

It was determined that the patient was not progressing as expected with treatment rendered. Therefore, the treatment rendered will be changed to \_\_\_\_\_\_\_\_\_\_\_\_\_\_and we will assess the patient’s response to this change in 2 weeks.

OR

It was determined that the patient was not progressing as expected with treatment rendered, therefore the need for further testing, referral to another health care professional, is appropriate at this time.