Working through an Appeal

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It all started when we noticed that one of our major insurance payers was automatically denying all CPT code 99214 that included a -25 modifier. This was a sudden departure from the norm. We quickly began appealing this change. The insurance company determined that "medically necessary evaluation and management (E/M) services and procedures were not appropriately and sufficiently documented by the physician or qualified nonphysician practitioner in the patient's medical record to support the claim for these services in the majority of cases".

As we know, when used correctly, modifier 25 will prevent inappropriate bundling of separately identifiable E/M services provided along with a procedure on the same day of service. And, as is typical in the dermatological world, we often see patients coming in to see our physicians for one reason and ending up asking for more services within the exam room. It is common to provide those additional services so the patient can avoid another inconvenient trip back to the office at a later date.

Not only did we begin appealing these denied claims but we also engaged in a direct discussion with the insurance company and its medical director. This led to a face to face discussion with our billing office director and one of our physicians, who is well versed in coding rules. Armed with the appropriate documentation, we were able to show that our medical records in fact did document a separately identifiable E/M and we also explained the inconvenience that forcing our patients to come back for another visit would create. This discussion resulted in the insurance company reversing its position (for the time being!) and reinstating payment for all claims previously denied.

The lesson learned here is to be aware when the insurance companies change the rules on us, understand your rights within your contract and don't be scared to fight your case when you have your facts straight!

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