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ASHP

Response Form

American Specialty Health Plans

PO Box 509002
San Diego, CA 92150-9002
(800) 972-4228
Fax (877) 427-4777

Treatment Authorization
E 3035

Batch # 165265 Provider # 54967

Confidential Health Information Notice: The information in this fax may contain personal health information. It is being faxed to you pursuant to the patient's authorization from the patient has been obtained or under circumstances that do not require patient authorization. You, the recipient, are responsible to maintain this information in a safe, secure, and confidential manner. Re-disclosure without additional patient consent, as permitted by law, is prohibited.

Patient's Name: TIFFANY ANDERSON		Patient's Health Plan ID Number: 007897944	
Health Plan: KAISER PERMANENTE		Employer Group Number: 0000030305001	
James Gerard, DC 515 S Fairmont, Ste B LODI CA 95240		Received Date: 4/25/07	Returned Date: 4/26/07
		Fax Number: 1-209-333-5202	

Procedure	Subm	App	Procedure	Subm	App	CPT Code
New Pt Exam	0	0	DME	0	0	
Est Pt Exam	1	1	Cervical X-Ray	0	0	
OVI Adjustment	4	4	Lumbar X-Ray	0	0	
Therapies	4	4	Thoracic X-Ray	0	0	
Submitted: 03/21/2007 - 05/21/2007			Other X-ray	0	0	
Approved: 03/21/2007 - 05/21/2007			Lab	0	0	

ICD-9 Code: 729.2 Services approved on this response form are for the condition described by this ICD-9 code. Please note that if you are submitting a claim, you must submit claims with all ICD-9 codes documented to the highest level of specificity per ICD-9 coding manual.

Clinical Service Manager: M Murphy, DC Phone Ext: 3436 This response is not a guarantee of payment, final payment is subject to group benefit limits and member eligibility.

This facsimile notification will serve as written notice and a mailed copy will not follow.

If you would like to discuss the submitted services decision above, there are 3 options:
• For questions concerning any clinical modifications or denials, you may contact the Clinical Service Manager noted on this form at 8X-97-2474 or submit additional information and/or clarification on a Reconsideration form.
• Questions concerning administrative modifications or denials should be directed to a Provider Services representative at 1-800-972-4228.
• You may contact the Clinical Service Manager and request an appeal or submit your appeal in writing, within 365 days of the Return of Decision to the address above, attention Appeals Coordinator.

Your patient has been notified of this decision and has been advised of the member appeal process available under the terms of his/her health plan.

Note: All clinical decisions are made by appropriately licensed Clinical Service Managers. Decisions to approve only clinically necessary services are made considering all pertinent historical, examination and outcomes data submitted for review. Clinical Service Managers are not provided with information to modify or deny services. A general overview of clinical guidelines may be found within the Provider Operations manual on our website: www.asht.com. Did you know? You can verify member eligibility, submit and check the status of treatment submissions and claims on the internet! Contact us or visit providers who use our internet services. Many other benefits exist when using electronic transactions. Just go to www.asht.com and click on ASHLINK to find out more and how to register.

The following is for your information and was not included in the patient response:

Based upon the historical information and examination findings submitted, current guidelines indicate that the focus of treatment should shift from passive to active care and an active restorative program that has been customized to the patient's needs. Goals should be implemented. Reaching the rehabilitation phase of care as rapidly as possible and minimizing dependence upon passive care of treatment usually lead to optimal results. Prolonged inactivity is related to risk of failure in returning to work-injury status. (Chapman-Smith D, Petersen DM, eds. Guidelines for Chiropractic Assurance and Practice Parameters. Aspen 1993, 11-13)

Additional references:

- Canadian Chiropractic Association. Clinical Guidelines for Chiropractic Practice in Canada. Retrieved September 19, 2005. <http://www.cca-chiro.org/client/CCA/CCAWeb.nsf/web/8Chapter?OpenDocument>
- Souza TA, ed. Differential Diagnosis for the Chiropractor. Protocols and Algorithms, 3rd ed. Jones and Bartlett, 2005, 11-13
- Liebenson C. Rehabilitation of the Spine. A Practitioner's Manual. William & Wilkins 1996, Chapter 2 (10)

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