

ASHP

American Specialty Health Plans

Response Form

PO Box 508002
 San Diego, CA 92150-8002
 (800) 972-4228
 Fax (877) 427-4777

**Treatment Form Not to be
 7916032**

Batch # 160702 Provider # 54967

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

Patient's Name: TIFFANY ANDERSON

Patient's Health Plan ID Number: 00789756100

Health Plan KAISER PERMANENTE

Employer Group Number 00000000303000000000

James Gerard, DC
 515 S Fairmont, Ste B
 LODI

CA 95240

Received Date 1/11/2006

Returned Date 1/16/2006

Fax Number 1-215/333-5202

Procedure	Subm	App	Procedure	Subm	App	CPT Codes
New Pt Exam	0	0	DME	0	0	
Est. Pt Exam	0	0	Cervical X-Ray	0	0	
OV/Adjustment	8	5	Lumbar X-Ray	0	0	
Therapies	0	0	Thoracic X-Ray	0	0	
Submitted: 09/18/2006 - 10/18/2006			Other X-ray	0	0	
Approved: 09/18/2006 - 10/18/2006			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 when you must submit claims with all ICD-9 codes documented to the highest level of specificity per HIPAA coding standards.

Clinical Service Manager: Rick Prest, D.C.
 Phone Ext.: 3422

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 800-372-4228 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 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 Returned Date above 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 care 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 in type of service to modify or deny services. A general overview of clinical guidelines may be found within the Provider Operations manual on the www.ashp.com website. Did you know? You can verify member eligibility, submit and check the status of treatment submissions and claims on the internet! Incentives are available to providers who use our internet services. Many other benefits exist when using electronic transactions. Just go to www.ashp.com and click on ASHLINK to find out more and how to register.

The following is the clinical rationale on which the decision was based and was also provided to your patient:

The documentation submitted indicates that you are receiving Continued chiropractic care primarily for a Moderate neck dysfunction. We have considered several factors as described in the information submitted by your provider and have partially approved the number of office visits and treatments/services submitted based upon your Examination Findings, Pain Frequency, Response to Care. The approved office visits and treatments/services are those typically needed to either resolve your condition as described by your provider, or to reach a point at which a change in treatment/service would be important. If your condition is not resolved within the number of visits indicated, your provider may submit updated information to describe the need for additional care once these approved treatments/services are completed. If any non-approved treatments/services have already been provided, you are not responsible for the charges, including member co-payments, unless you agreed with your provider in writing and in advance of the treatment service that you would be financially responsible for payment. (Reference: Hansen DT Determining How Much Care to Give and Paying Patient Progress In Mootz RD, Vernon HT Best Practices in Clinical Chiropractic Aspen 1999, Chapter 11, pages 117)

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

REMINDER: As of July 1st, 2006, the effective date for the ASH treatment form waiver program is changing from the 12 month period

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