

Letter to Insurance Carrier Regarding EOB with Poor Necessity Language

Dear Carrier:

I recently received a copy of the *[insert name of insurance carrier and type of correspondence, i.e. EOB]*. I am concerned with the text referenced by *[insert remark code number]* printed on the *[insert type of correspondence]*.

The text referenced by this remark code reads: "*[insert remark code text]*."

This text clearly implies to the patient that the services rendered were unnecessary or unprofessional. No information was provided to the patient or to me as to why or how this determination was made. Judgments of this kind constitute an assessment/diagnosis of the patient's condition, which cannot be done without examination of the patient by a licensed physical therapist. Consequently, this message may cause the patient to doubt the appropriateness of this particular procedure. In doing so, it interferes with the provider-patient relationship.

The American Physical Therapy Association strongly recommends that *[insert name of carrier]* use the following statement in its EOB to the patient in lieu of stating that the services were not necessary.

"This service is not a covered benefit as outlined in the Covered Physical Therapy Expense section of your plan. The fee charged by the provider for this service is your responsibility."

Additionally, the EOB did not indicate whether or not a licensed physical therapist reviewed the claim. If a physical therapist did review the claim, then the name of the therapist should be provided. This information is necessary so that I may contact the therapist to discuss treatment decisions on a professional level.

I urge you to address this matter as it adversely affects not only my practice, but also all physical therapists who provide care to patients who are covered by a plan administered by *[insert name of carrier]*. Thank you for your attention and interest in resolving this concern. Please notify my office when this has been corrected.

Sincerely,

Provider's Name

CC: Insurance Commissioner, State of _____

Patient Name