

## Denials – What To Do If Reimbursement is Denied?

Check the reason for the denial before you panic. Insurance and Medicare claims for all treatments are denied at times. Common reasons for denial and appropriate actions to take are listed below:

<b>Reason</b>	<b>What to Do</b>
<ul style="list-style-type: none"> <li>• Anodyne is not a covered service</li> </ul>	<p>Anodyne Therapy is not a covered service for certain diagnoses under Medicare. Check the NCD for infrared therapy devices and local coverage policies for rules on coverage of Anodyne Therapy.</p>
<ul style="list-style-type: none"> <li>• Patient has not met their annual deductible</li> <li>• Patient does not have Physical Therapy coverage</li> <li>• Patient has exceeded their maximum therapy coverage for the year</li> </ul>	<p>Bill the patient</p>
<ul style="list-style-type: none"> <li>• Not Medically Necessary</li> </ul>	<p>Check ICD-9 Code(s) to be sure they are appropriate for therapy provided. If providing gait and balance training, there must be a gait or balance abnormality such as a Tinetti or Berg Assessment. Pain interfering with function may also be used. Follow insurance documentation rules to document progress toward goals.</p>
<ul style="list-style-type: none"> <li>• Experimental/Investigational</li> </ul>	<p>Anodyne has been an FDA-cleared device since 1994 and is used in thousands of medical facilities and millions of patient treatments per year. It is not an experimental treatment. Send appropriate chart notes documenting progress.</p>