Unfair Payer Claim Denials

HOD P07-26-07-04 [Position]

The American Physical Therapy Association opposes nonpayment of claims or recoupment of monies already paid, including but not limited to the following:

- Arbitrary and capricious denials that force providers and/or patients to file appeals to get paid.
- Payer determination, without specificity, that documentation did not support the claim.
- Payer policies that require excessive and unnecessary documentation requirements beyond Medicare documentation requirements.
- Payer policies that require the provider to justify the medical necessity of individual interventions for every occurrence when medical necessity justification has been previously provided in the plan of care or treatment records.
- Use of algorithms, software programs, and/or online platform systems to arbitrarily deny visits (including prior authorization of visits) based solely on the number of visits provided without an analysis of each patient's individual presentation and circumstances that affect medical necessity.

Explanation of Reference Numbers:
HOD P00-00-00-00 stands for House of Delegates/month/year/page/vote in the House of Delegates minutes; the "P" indicates that it is a position (see below). For example, HOD P06-17-05-04 means that this position can be found in the June 2017 House of Delegates minutes on Page 5 and that it was Vote 4.

P: Position | S: Standard | G: Guideline | Y: Policy

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