



Date Received _____
 Date Completed _____

Executive Office

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Coding Question Submission Form

ASPS Member Name: _____ Date: _____

Member ID: _____ Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Name of Insurance Carrier: _____

*ASPS provides answers according to AMA CPT® Coding Guidelines. Please be aware that third party payers are not regulated by government and may have their own coding and reimbursement policies.

Detailed Question:

Your proposed coding for the entire case that you would like reviewed:

Please provide a blinded copy of the procedural note and/or additional supporting documentation. This information will allow the Coding and Payment Policy Subcommittee to make an accurate suggestion with regard to your coding inquiry. Please note that questions submitted without supporting documentation will not be answered. If appropriate documentation is provided, please allow four to six weeks turn-around time. You may obtain additional information by contacting Erika Adler, Coding and Reimbursement Specialist at (847) 228-9900 or eadler@plasticsurgery.org

I have included my operative report, insurance denial and any other supporting documentation.

**Fax or email completed form with supporting documentation to
 (847) 709-7537 or eadler@plasticsurgery.org**

ASPS provides answers to inquiries regarding CPT® coding as an educational service to its members. The answers expressed by the ASPS Coding and Payment Policy Subcommittee are in response to a specific fact situation presented and based on their interpretation of the AMA CPT® code book. The American Medical Association is the only entity that can provide an official and binding interpretation of the AMA CPT® code book, and should be contacted directly if an official comment is needed or desired. For more information, contact the AMA's CPT® Network at www.cptnetwork.com