



The American Society of Colon and Rectal Surgeons

85 W. Algonquin Rd., Suite 550
Arlington Heights, IL 60005
Phone: (847) 290-9184
Fax (847) 427-9656
Website: www.fascrs.org

REIMBURSEMENT AND CPT CODING

Please type or print clearly.

MEMBER INFORMATION

NAME _____ EMAIL ADDRESS _____

COMPANY/UNIVERSITY _____ PHONE NUMBER _____

CPT CODE(S) _____

DENIAL OF PAYMENT

PROCEDURE PERFORMED AND CPT CODING UTILIZED _____

WHAT WAS THE THIRD PARTY PAYER RESPONSE? _____

DID YOU APPEAL THEIR DECISION? _____

RESPONSE FROM ASCRS REPRESENTATIVE

This is an example of correct coding for the scenario described, however, different scenarios may require revised coding recommendations. The medical environment is a changing environment, and not all recommendations will be appropriate for all patients and/or procedures.