Hassle Factors

One of the charges of the AACE Socioeconomics and Member Advocacy Committee is to seek reports of and effectively respond to members hassle factor reports or grievance issues. The Committee wants to assist members in addressing and resolving issues with policy challenges and abuses by managed care, insurance payers, or other third party health care delivery system parties. Members are encouraged to complete the hassle factor report below and email or mail all supporting documentation.

The American Association of Clinical Endocrinologists cannot guarantee reimbursement for services as an outcome of the information and/or data used and disclaims any responsibility for denial of reimbursement. The responses are intended for informational purposes only. Current Procedural Terminology (CPT©) is copyright and trademark of the 2013 American Medical Association (AMA). All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT©. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.

If you would like assistance with correct coding, please complete the coding inquiry form and provide all pertinent information regarding the issue. Please make sure there is no PHI (personal health information) on any forms or other documents submitted to AACE. According the HIPAA there are 18 identifiers that constitute as PHI which include:

1. Names
2. All geographical identifiers smaller than a state, except for the initial three digits of a zip code if, according to the current publicly available data from the Bureau of the Census: the geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and [t]he initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000
3. Dates (other than year) directly related to an individual
4. Phone numbers
5. Fax numbers
6. Email addresses
7. Social Security numbers
8. Medical record numbers
9. Health insurance beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers, including license plate numbers;
13. Device identifiers and serial numbers;
14. Web Uniform Resource Locators (URLs)
15. Internet Protocol (IP) address numbers
16. Biometric identifiers, including finger, retinal and voice prints
17. Full face photographic images and any comparable images
18. Any other unique identifying number, characteristic, or code except the unique code assigned by the investigator to code the data

Due to the abundance of these requests, responses can take up to 7 to 10 business days, following the initial receipt of the request. For any further questions, please feel free to contact Anita Sumpter, Director of Socioeconomics & Member Advocacy at asumpter@aace.com, Vanessa Lankford at vlankford@aace.com, or Carley Weyland at cweyland@aace.com or 904-353-7878.

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American Association of Clinical Endocrinologists

HASSLE FACTOR REPORT

Due to the abundance of requests received in the AACE office, responses can take up to 7-10 business days following the initial receipt of this request. Due to HIPAA compliance regulations, AACE cannot contact insurance companies on behalf of specific patients. AACE is pleased to offer guidance on the resolution of requests and also suggestions for resolution of specific reimbursement issues for implementation in your practice.

Please mail or email this form to: AACE • 245 Riverside Avenue, Suite 200 • Jacksonville, FL 32202
Fax (904) 404-4194 • Endocoding@aace.com

Please TYPE OR PRINT.

1) Date ____________________  Physician Name ____________________  Member # __________
   Office Contact _________________________________________________________________
   Street ____________________________
   City ____________________ State _______ Zip _______ Phone (_____ ) ___________
   Fax (_____ ) ___________ E-mail ____________________________________

2) Name of Hassler (Insurance carrier, review firm, government agency or managed care plan)
   ____________________________________________________________
   Phone (_____ ) ___________ Person to Contact ____________________

RELATED INFORMATION – Circle ALL THAT APPLY

3) **Subject of Hassle**
   - Claims: Filing
   - Documentation
   - Appeals
   - Payment: Denial
   - Reduction
   - Delay
   - Review: Pre-certification
   - Prepayment
   - Post-payment
   - Medical
   - Procedures and Coding (CPT®, HCPCS)

4) **Action Taken by You or Your Staff**
   - Made telephone call(s) – How many?
   - Write letter and/or narrative report
   - Resubmit claims
   - Copy and send medical records
   - Seek outside assistance
   - Consult colleagues
   - Retrieve, review and send hospital medical records
   - Other (describe) _____________________________

**Remarks**: Add supporting information that would be helpful in responding to this hassle factor request and/or its impact on your medical practice or patients. Include copies of any relevant documents. Please make sure documentation does
not include any PHI (protected health information). For a complete list of PHI elements, see page 1.