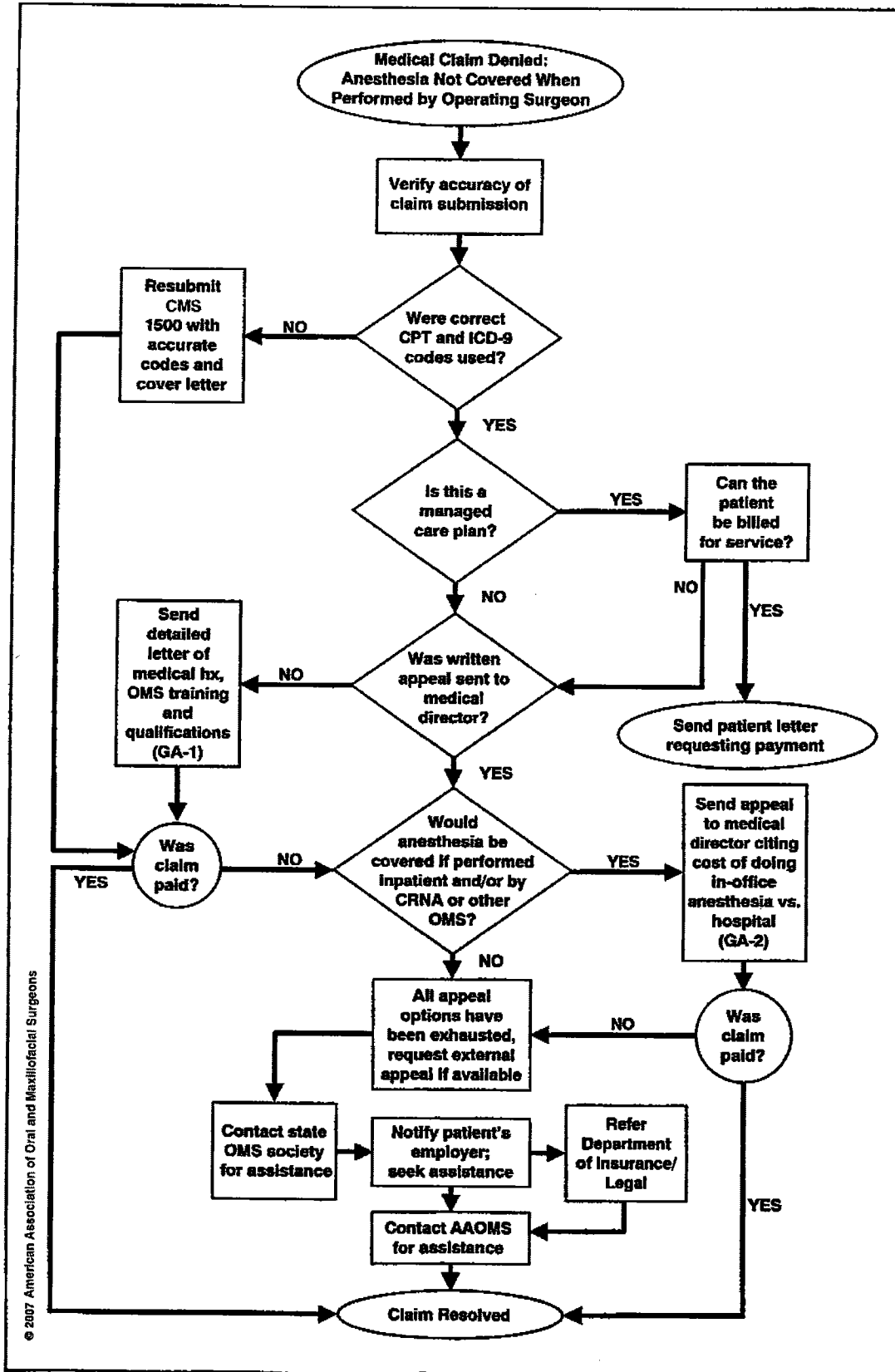


**FLOW CHART  
ANESTHESIA BY SURGEON**



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**SAMPLE APPEAL LETTER  
ANESTHESIA BY SURGEON  
(GA-1)**

*Date*

*Medical Director Name and Title  
Insurance Carrier  
Carrier Address*

*RE: Patient Name  
Patient I.D.  
Date of Service*

Dear Dr. *insert Medical Director Last Name*:

Please allow this letter to serve as written notification that I am appealing a recent benefit determination denying anesthesia benefits for my patient, *insert patient name*. The explanation of benefits states "*insert language from EOB.*" *Insert patient's name*, is a *insert patient's age and sex* with *enter any significant health information, (if applicable)*, who presented for *insert procedure* for *insert diagnosis* on *insert date* at *insert location* under *insert type of anesthesia performed*. While I am certain that you understand the specialty training that is involved and the licensing requirements needed to administer anesthesia, perhaps you are not aware of the significant cost savings associated with the operating surgeon's provision of this service.

Because of our unique training and education, oral and maxillofacial surgeons are licensed to administer general anesthesia in our offices. This enables us to perform complicated surgical procedures in the office which would otherwise have to be provided in a hospital or ambulatory surgical center with the use of an anesthesiologist or CRNA and at a much greater cost to the insurance carrier. Other carriers have reconsidered their policy of denying payment for anesthesia performed by the OMS operating surgeon, as it is much more cost effective for the oral and maxillofacial surgeon to provide the needed service.

Patient pain management is an integral part of the quality care given by healthcare providers. I am sure that your organization prides itself on contracting with providers who have their patients' comfort and quality of care as their foremost concern. Your current policy forces us to revert to more costly alternative sources for anesthesia delivery, not to mention the added inconvenience to the patient.

I ask that you reconsider your policy regarding payment for the anesthesia provided to *insert patient's name*. I would be happy to discuss this issue further with you.

Sincerely,

*OMS Name and Degree*

*cc: Patient/Guarantor*

**SAMPLE APPEAL LETTER  
ANESTHESIA BY SURGEON  
(GA-2)**

*Date*

*Medical Director Name and Title  
Insurance Carrier  
Carrier Address*

*RE: Patient Name  
Patient I.D.  
Date of Service*

Dear Dr. *insert Medical Director Last Name:*

I recently received a denial for the administration of general anesthesia for my patient, your insured *insert patient name*. When we attempted to appeal this denial, we were notified of significant changes within your organization relating to anesthesia reimbursement. It is our understanding that the *insert insurance carrier name* plan(s) will no longer provide payment to licensed oral and maxillofacial surgeons for the administration of anesthesia when delivered by the operating surgeon. If, in fact, this is the case, I would like to request additional information, specifically as this policy relates to the various plans offered by *insert insurance carrier name*. Additionally, I would like to know if this applies to administration of anesthesia for all outpatient procedures (endoscopy, hysteroscopy, etc.) by all providers or is this policy specific to oral and maxillofacial surgeons?

The significant cost increase and the lack of discernable increase in quality of patient care associated with disallowing my provision of outpatient anesthesia is of great concern to me. High quality care combined with cost-containment has been, and will continue to be, an important part of how my oral and maxillofacial surgery office is managed. Disallowing coverage of anesthesia when administered by surgeons in the outpatient environment will escalate the cost of procedures by thousands of dollars. The cost of providing anesthesia in the office is substantially lower than that of the alternatives, including hospital operating room, on-site anesthesiology services and day surgery centers. More specifically, the requirements for delivering anesthesia in the aforementioned ways may include expensive pre-surgical testing, additional anesthesia fees, billable postoperative monitoring and operating room costs and supplies. Consideration must also be given to the delivery of anesthesia by a second oral and maxillofacial surgeon. Will the reimbursement to the second surgeon (if available) be equal to that of an anesthesiologist?

More importantly, consideration must be given to patient care. The stress and anxiety often associated with surgery itself will only be magnified by having to admit the patient into the hospital environment or day surgery center.

While changes within the healthcare field are constant and often understandable, this one is not. As mentioned, I would like to learn more details regarding this policy, including what specialties are impacted, how the providers were notified, and which participating providers have had their contracts updated (*if applicable*). Finally, I would ask that since the guidelines for administering anesthesia by an operating surgeon were recently changed, why were they changed, and what constituted the change?

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**RE: Patient Name**  
**Patient I.D.**  
**Date of Service**

I would like to believe that an amicable resolution can be achieved. If this is indeed a national policy, covering all **(insert name of insurance carrier)** healthcare plans, I will continue my quest at that level as well by involving both our state and national specialty society organizations. I look forward to a written response from you and thank you in advance for your attention to this very important issue.

Sincerely,

**OMS Name and Degree**

**cc: Patient/Guarantor**  
**Patient/Guarantor Employer**  
**Human Resources Administrator**  
**State OMS Society**  
**AAOMS District Trustee**  
**AAOMS Reimbursement Manager**