

# Late Night With Chip & Paulie

## Episode #28

Thursday October 9, 2025 @ 8:00PM ET

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Shannon Fox-Levine, MD, FAAP

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## Agenda

- This Week's Focus
- Data Nerd Report
- News Round Up
- Downcoding Issues

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# Focus For The Week...

*"A leader takes people  
where they want to go.  
A great leader takes people  
where they don't necessarily  
want to go, but ought to be."*

—Rosalynn Carter

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## Data From The Data Nerd

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In the interview with Mr. Carlson, Mr. Kennedy said research had shown “that 50 percent of revenues to most pediatricians come from vaccines.” (The Department of Health and Human Services did not respond to questions about the source of that statistic, and none of the experts interviewed for this article were familiar with it.)



## Data From The Data Nerd

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- Vaccine product revenue makes up just under 25% of the revenue in our clients' practices.
- If you compare our clients' real payments to the ASP of the products, the margin is negative 4%. I'll say that again: practices have a negative gross margin on vaccine product using public prices.
- Most (nearly all) practices purchase vaccines through a GPO (noted above), which provides pricing better than ASP. If we use the pricing of one of the best-in-class GPOs, the practices' gross margins improve to 20%.
- If we compare the best-in-class GPO costs to PMI's fee schedules, the practices improve their gross margin to 24%.

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### Analysis Of Private Vaccine Drug Cost For The State Of Colorado

Vaccine A	Manufacturer B	CPT Code C	CDC PSCPD D	08/27/2025 Purchase Price					Average Negotiated Amounts With Respective Payers					
				Contracted Price E	Excise Tax F	Total Cost G	Doses H	Cost/Dose I	Aetna J	Blues/Anthem K	Cigna L	United Healthcare M	TX Median N	
Beyfortus	Sanofi Pasteur	90380	8/27/2025	\$ 556,132	\$ 2,446.98	\$ 7.50	\$ 2,446.98	5.00	\$ 489.40	\$ 590.18	\$ 536.96	\$ 583.17	\$ 575.50	\$ 579.34
MenQuadfi	Sanofi Pasteur	90619		\$ 171,972	\$ 1,247.02	\$ 7.50	\$ 1,254.52	10.00	\$ 125.45	\$ 191.18	\$ 208.52	\$ 193.10	\$ 188.55	\$ 192.14
Bexsero	GlaxoSmithKline	90620		\$ 237,126	\$ 2,981.11	\$ 7.50	\$ 2,988.61	10.00	\$ 298.86	\$ 248.56	\$ 271.45	\$ 251.05	\$ 246.62	\$ 249.81
Trumenba	Pfizer	90621		\$ 207,320	\$ 1,549.30	\$ 7.50	\$ 1,556.80	10.00	\$ 155.68	\$ 211.12	\$ 230.96	\$ 213.61	\$ 228.19	\$ 220.90
Penbraya	Pfizer	90623		\$ 230,750	\$ 1,023.50	\$ 3.75	\$ 1,027.25	5.00	\$ 205.45	\$ 237.75	\$ 278.87	\$ 258.90	\$ 255.42	\$ 257.16
Gardasil	Merck	90651		\$ 307,610	\$ 2,945.86	\$ 7.50	\$ 2,953.36	10.00	\$ 295.34	\$ 351.86	\$ 373.11	\$ 345.21	\$ 336.92	\$ 348.54
Vaxneuvance	Merck	90671		\$ 229,200	\$ 1,873.29	\$ 7.50	\$ 1,880.79	10.00	\$ 188.08	\$ 281.28	\$ 277.83	\$ 257.50	\$ 253.23	\$ 267.67
Prevnar 20	Pfizer	90677		\$ 274,600	\$ 2,396.20	\$ 7.50	\$ 2,403.70	10.00	\$ 240.37	\$ 334.88	\$ 317.68	\$ 293.87	\$ 302.79	\$ 310.23
Rotateg	Merck	90680		\$ 98,818	\$ 872.81	\$ 7.50	\$ 880.31	10.00	\$ 88.03	\$ 106.39	\$ 119.34	\$ 110.82	\$ 109.05	\$ 109.93
Vaxelis	Merck	90697		\$ 156,700	\$ 1,023.50	\$ 45.00	\$ 1,068.50	10.00	\$ 106.85	\$ 173.40	\$ 190.03	\$ 175.70	\$ 166.70	\$ 174.55
Pentacel	Sanofi Pasteur	90698		\$ 120,062	\$ 373.66	\$ 18.75	\$ 392.41	5.00	\$ 78.48	\$ 134.47	\$ 144.18	\$ 134.49	\$ 126.90	\$ 134.48
MMR-II	Merck	90707		\$ 95,201	\$ 883.03	\$ 22.50	\$ 905.53	10.00	\$ 90.55	\$ 95.26	\$ 111.92	\$ 103.15	\$ 103.08	\$ 103.12
ProQuad	Merck	90710		\$ 278,162	\$ 2,559.01	\$ 30.00	\$ 2,589.01	10.00	\$ 258.90	\$ 285.35	\$ 335.64	\$ 311.65	\$ 302.08	\$ 306.87
IPOL	Sanofi Pasteur	90713		\$ 44,732	\$ 312.11	\$ 7.50	\$ 319.61	10.00	\$ 31.96	\$ 46.21	\$ 53.96	\$ 50.02	\$ 49.15	\$ 49.58
Varivax	Merck	90716		\$ 183,002	\$ 1,731.39	\$ 7.50	\$ 1,738.89	10.00	\$ 173.89	\$ 180.26	\$ 221.89	\$ 203.85	\$ 199.99	\$ 201.92

CO Average vs. CDC PSCPD		CO Median vs. Actual		Cost/Dose		Frequency	Gross Revenue	Gross Cost	Gross Margin
Margin (\$)	Margin (%)	Margin (\$)	Margin (%)						
O	P	Q	R	S	T	U	V		
N-D	O/D	N-I	Q/I		S*N	S*U	T-U		
Beyfortus	\$ 23.20	4.17%	\$ 89,939	18.38%	7	\$ 3,897.38	\$ 3,292.33	\$ 605	
MenQuadfi	\$ 20.17	11.73%	\$ 66,686	53.16%	50	\$ 9,554.11	\$ 6,238.15	\$ 3,316	
Bexsero	\$ 12.68	5.35%	\$ (49,055)	-16.41%	26	\$ 6,404.18	\$ 7,661.78	\$ (1,258)	
Trumenba	\$ 13.58	6.55%	\$ 65,220	41.89%	7	\$ 1,544.41	\$ 1,088.42	\$ 456	
Penbraya	\$ 26.41	11.45%	\$ 51,714	25.17%	0	\$ 30.28	\$ 24.19	\$ 6	
Gardasil	\$ 40.93	13.30%	\$ 53,201	18.01%	62	\$ 21,435.75	\$ 18,163.76	\$ 3,272	
Vaxneuvance	\$ 38.47	16.78%	\$ 79,588	42.32%	43	\$ 11,485.61	\$ 8,070.50	\$ 3,415	
Prevnar 20	\$ 35.63	12.98%	\$ 69,862	29.06%	90	\$ 27,872.52	\$ 21,595.80	\$ 6,277	
Rotateg	\$ 11.11	11.25%	\$ 21,901	24.88%	90	\$ 9,915.27	\$ 7,939.89	\$ 1,975	
Vaxelis	\$ 17.85	11.39%	\$ 67,705	63.36%	24	\$ 4,127.43	\$ 2,526.52	\$ 1,601	
Pentacel	\$ 14.42	12.01%	\$ 55,997	71.35%	76	\$ 10,228.42	\$ 5,969.31	\$ 4,259	
MMR-II	\$ 7.92	8.31%	\$ 12,564	13.87%	48	\$ 4,965.62	\$ 4,360.61	\$ 605	

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#### Summary Of Findings

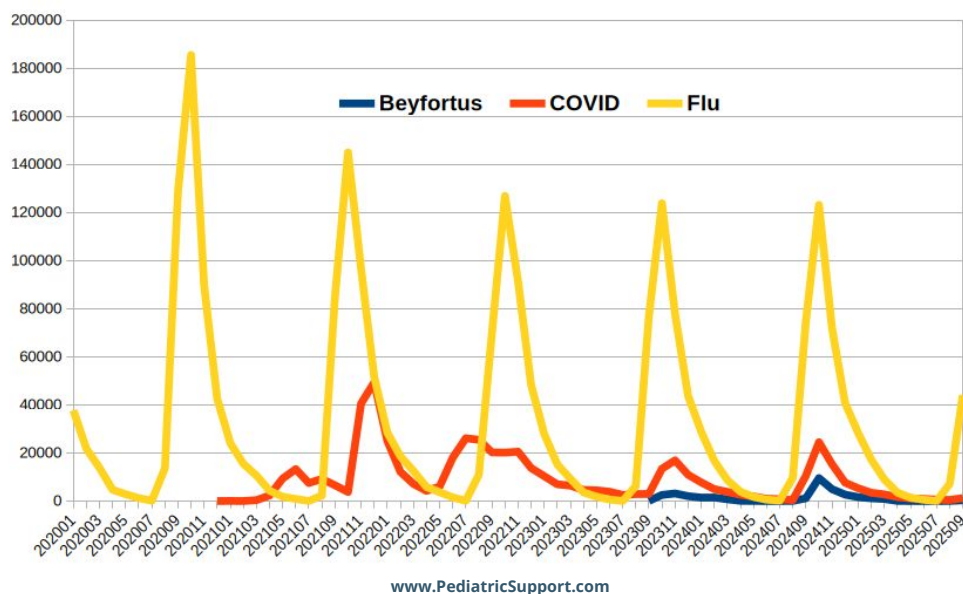
Estimated Revenue From Private Drugs:	\$	130,362
Estimated Drug Cost:	\$	102,854
Estimated Drug-Only Margin (\$):	\$	27,508
Estimated Drug-Only Margin (%):		26.74%

Analysis examines 15 common vaccines given in pediatric practices which, according to Physician's Computer Company (PCC) analysis accounts for 43.65% of all vaccines given.

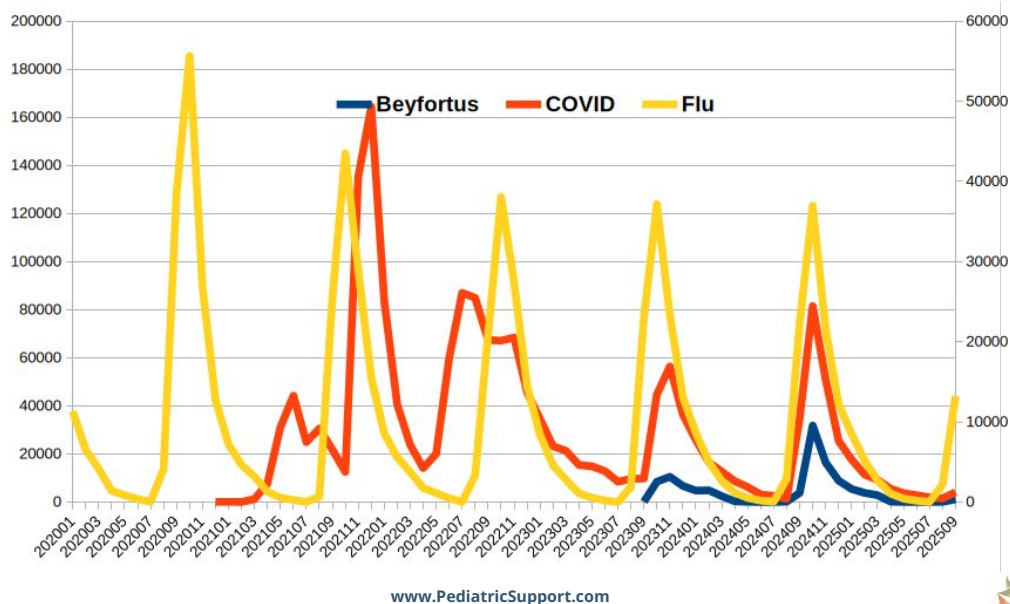
Frequency is based on PCC's percentage of vaccines given per 1,000 private vaccines given.



## Data From The Data Nerd



## Data From The Data Nerd







**PEDIATRIC PRACTICE MANAGEMENT**

# 2026 CONFERENCE

**Marriott New Orleans**  
 Pre-Conference: Thu, Feb 5  
 Main Conference: Fri & Sat, Feb 6 and 7

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## THE VENUE

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 8 miles from New Orleans Lakefront Airport




Pediatric Practice Management Conference




**PMI 2026**

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**PMI 2026**  
**February 3, 2026 - February 7, 2026**  
 New Orleans Marriott  
 555 Canal Street  
 New Orleans, LA 70130, US

Check-in:  Checkout:  Rooms:  Guests per room:  [Search](#)



## What's On The Pediatric Practice Management Calendar?

October 9, 2025

Paulie and Chip Late Show Webinar 8pm

**Check Voicemail Greetings (M)**

**Coding Training for 2026 (Y)**

**Lock Out Former Users (Q)**

**WWW Site Updates (M)**

**Google/Apple Check (Q)**

**Buy Event Tickets (Q)**

**[bit.ly/PediatricPracticeManagementCalendar](https://bit.ly/PediatricPracticeManagementCalendar)**

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## News Round Up ...Important News Pediatricians Need To Know!

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News Release

## The American Academy of Pediatrics Releases Its Own Evidence-Based Immunization Schedule

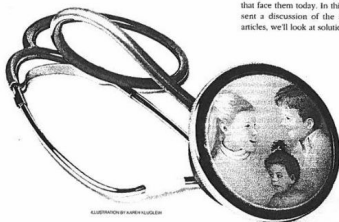
[Home](#) / [News Room](#) / The American Academy of Pediatrics Releases Its Own Evidence-Based Immunization Schedule

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THE **10** HOTTEST  
ISSUES IN  
PEDIATRIC  
PRACTICE

*As third parties slowly reshape the practice of medicine and society reshapes itself, pediatricians face many new challenges. Understanding what these challenges are is the first step toward meeting them with aplomb.*



**T**oday's pediatrician can't practice in peace. Health care has become a political and social issue, and the public debate and search for solutions touches every practice, often at its core. For example, the very basis of physician payment is being questioned and supposedly reorganized in a more equitable way, at least for Medicare. But, third-party payers' increasingly zealous cost-cutting tactics threaten the prospects of fairer reimbursement for the cognitive services that constitute most of a pediatrician's practice.

On the social side, the increasing number of women pediatricians, many of whom have to manage both work and a primary responsibility for child care, has created a need for more flexible practices. Many men pediatricians are also attempting to cut back the hours they spend working in an effort to lead more balanced lives.

That goal is made more difficult to reach by another social fact: Most families consist of two working parents. These parents pressure their pediatricians to stay open later during the week and to have office hours on Saturdays and Sundays. In order to stay competitive, many pediatric practices have done just that.

We asked pediatricians around the country to come up with a top-10 list of issues that face them today. In this article, we present a discussion of the issues. In future articles, we'll look at solutions.

- Inadequate Compensation
- Skyrocketing Expenses
- Pressure to Expand Office Hours
- How To Improve Lifestyle
- Women's Issues
- Practice Management
- Finding the Time For Hospital Care
- Malpractice
- Impending Regulation of Office Labs
- Adolescent Gynecology

<https://chipsblog.pcc.com/the-10-hottest-issues-in-pediatric-care...from-1991>

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### Limits for 401(k), 403(b) and governmental 457(b) retirement plans for 2025:

	Annual contribution limit	Catch-up contribution	Total annual contribution limit
Participants 49 years or younger	<b>\$23,500</b>	<b>N/A</b>	<b>N/A</b>
Participants 50 to 59 or 64 years or older	<b>\$23,500</b>	<b>\$7,500</b>	<b>\$31,000</b>
Participants 60 to 63 years	<b>\$23,500</b>	<b>\$11,250</b>	<b>\$34,750</b>

Healio

Currently, if you're over 50 and max out your 401(k) contributions up to the federal cap (which is \$23,500 this year), you are eligible to make additional "catch-up" contributions above that amount if you choose.

The limit on catch-up savings this year is \$7,500 (or if your employer allows it, up to \$11,250 for participants between the ages of 60 and 63). Those limits are adjusted for inflation annually.

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### A new rule means some 401(k) contributions will no longer be tax-deferred. Here's who will be affected

OCT 2, 2025

By Jeanne Sahadi

Until now, you could choose for all of your 401(k) contributions to be made tax-deferred. That means the amount gets taken out of your paycheck before tax – thereby lowering your income tax bill today – and the contributions are allowed to grow tax-deferred until you start taking distributions in retirement.

But, starting next year, if you're over 50 and made more than \$145,000 in FICA wages – which is the income subject to Social Security and Medicare taxes – in the prior year, any so-called "catch-up contributions" you make will automatically be subject to income tax. In other words, they will be treated as Roth 401(k) contributions.

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- Once invested, your after-tax money will be allowed to grow tax free and be withdrawn tax free assuming certain conditions are met.
- The vast majority of workplace retirement plans (93%) do offer employees the option of creating a Roth 401(k), according to the 2024 annual survey of the Plan Sponsor Council of America. But if your plan doesn't, as a result of the rule change you will no longer be permitted to make catch-up contributions at all even though you're 50 or older
- Check your plan design/documents

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# Protecting Your Vaccine Margins

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## PMI's Outsourced Billing / RCM Calculator

Number of Full Time Equivalents working in your billing department

3 FTE's

1 FTE's 15 FTE's

Average billing staff hourly wage

\$20 per Hour

\$10 per Hour

\$45 per Hour

Average amount spent per month on each employee's benefits

\$500 per month

\$0 per month

\$1,200 per month

Estimated annual wage & benefit cost for internal billing department

**\$142,800 Per Year**

Annual recurring computer software and hardware cost per employee

\$3,600 Per Month



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## GARDASIL® 9

Human Papillomavirus 9-valent Vaccine, Recombinant

### HPV9

10 Single-dose Prefilled Luer-Lok® Syringes with Tip Caps (0.5 mL)

00006-4121-02

898502 |MERCK

Your price

**\$2945.86**

\$7.50/package Federal Excise Tax will be added

Units  
1  
10 Doses

Gardasil	\$2,945.86
Excise Tax	\$ 7.50
Total Cost	\$2,953.36
Cost Per Dose	\$ 295.34

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## Impact Of Gardasil

Payment Amount	\$ 315.63	\$ 315.63	\$ 315.63	\$ 315.63	\$ 315.63	\$ 315.63
Fee (%)	0.00%	3.00%	5.50%	7.50%	11.00%	13.50%
Fee (\$)	\$ -	\$ 9.47	\$ 17.36	\$ 23.67	\$ 34.72	\$ 42.61
Cost	\$ 295.34	\$ 295.34	\$ 295.34	\$ 295.34	\$ 295.34	\$ 295.34
Total Cost	\$ 295.34	\$ 304.81	\$ 312.70	\$ 319.01	\$ 330.06	\$ 337.95
Practice Clear (\$)	\$ 20.29	\$ 10.82	\$ 2.93	\$ (3.38)	\$ (14.43)	\$ (22.32)
Practice Clear (%)	6.87%	3.55%	0.94%	-1.06%	-4.37%	-6.60%

**Regardless of such percentage, never offer a productivity incentive program that includes revenue from vaccine drugs!**

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# Buy In/Out Transaction

Value of  
Private  
Inventory  
Count



Outstanding  
Invoices



Total Value Of  
Vaccines To Be  
Included In  
Transaction

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## Understanding the RBRVS System

Resource-Based Relative Value Scale

### Payment Formula

$$[(RVU_w \times GPCI_w) + (RVU_{pe} \times GPCI_{pe}) + (RVU_m \times GPCI_m)] \times CF$$

#### Work RVU (RVU<sub>w</sub>)

- Time required
  - Technical skill
  - Mental effort
  - Physician stress
- ~52% of total

#### Practice Expense (RVU<sub>pe</sub>)

- Staff costs
  - Rent & utilities
  - Equipment
  - Supplies
- ~44% of total

#### Malpractice (RVU<sub>m</sub>)

- Insurance costs
  - Risk level
  - Specialty-based
  - Geographic variation
- ~4% of total

#### GPCI Adjustment

Geographic Practice Cost Index  
Adjusts for cost differences by location  
Each RVU component has its own GPCI

#### Conversion Factor (CF)

Converts RVUs to dollar amounts

**2024 CF = \$33.06**

Updated annually by CMS

### Key Points

- **Created in 1992**  
Replaced charge-based payment system
- **Standardized payment**  
Same service = same relative value regardless of specialty
- **Medicare foundation**  
Used by Medicare and many private insurers
- **Annual updates**  
RVUs reviewed and adjusted by CMS with AMA RUC recommendations
- **CPT codes linked**  
Each CPT code has assigned RVUs
- **Transparency goal**  
Objective, resource-based system to determine fair compensation

#### Example: Office Visit (CPT 99213)

Total RVU: 1.30 (Work) + 1.15 (PE) + 0.07 (MP) = 2.52  
Payment (before GPCI): 2.52 × \$33.06 = \$83.31  
(Actual payment varies by location with GPCI adjustment)



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## The RBRVS Payment Contradiction

Why Differential Specialty Rates Undermine Resource-Based Payment Logic

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### How RBRVS is Supposed to Work



### The Reality: Identical Work, Different Pay

Pediatrician	Cardiologist
<b>99213</b>	<b>99213</b>
Office visit, established patient Same documentation, same time, same cognitive effort	Office visit, established patient Same documentation, same time, same cognitive effort
Insurance Payment <b>95%</b> of Medicare Rate	Insurance Payment <b>175%</b> of Medicare Rate
<b>What RBRVS Says</b> Both providers perform identical work for CPT 99213 Same RVUs assigned regardless of specialty	

### The Logical Breakdown

- X Selective acceptance:**  
Insurers use RBRVS to measure relative work between services, but ignore it for the same service across specialties
- X Not resource-based:**  
Payment becomes credential-based or prestige-based, contradicting the "Resource-Based" foundation
- X Double-counting:**  
RBRVS already assigns higher RVUs to complex procedures. Percentage multipliers count specialty differences twice

### The Core Contradiction

If RBRVS correctly values medical work, then paying different rates for identical CPT codes is logically indefensible. You cannot claim the system accurately measures resources while selectively overriding those measurements.

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# Tail Coverage For Departing Physician



# Real estate holding value

Increase in rent (practice expense) has disproportionate increase in real estate value based on capitalization rate.

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<i>A</i> Monthly Rent Increase	\$	2,500	
<i>B</i> Annual Increase	\$	30,000	$A * 12$
<i>C</i> Reduction in Net Income	\$	(30,000)	$B * -1$
<i>D</i> Valuation Multiple		4.75	
<i>E</i> Valuation Impact	\$	(142,500)	$C * D$
<i>F</i> Increased "Free Cash Flow"	\$	30,000	$B$
<i>G</i> Capitalization Rate		8.00%	
<i>H</i> Increased Real Estate Value	\$	375,000	$F / G$
<b><i>I</i> Net Gain In Value</b>	<b>\$</b>	<b>232,500</b>	<b><math>E + H</math></b>

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## Child Health Finance & Payment Strategy



### Coding & Payment Hotline

Visit AAP's official landing page for the Coding and Payment Hotline. This service is available to members and non-members with questions regarding the fundamentals of coding and payment or to flag current payer policy issues.



### Coding and Valuation

Helpful resources on various CPT, ICD-10 and HCPCS coding concepts for services delivered by primary care pediatricians and pediatric subspecialists. Educational materials on how members can support the AAP in offering proper RVU recommendations for CPT codes to the AMA.

For more information and payment and billing resources, please visit the AAP's Child Health Finance and Payment Strategy page



### Payment and Financial Resources

Explore the wide range of resources available on topics such as analyzing and negotiating payer contracts, understanding coverage policies, navigating value-based payment models and utilizing cost analysis tools.



### Payment and Finance Advocacy

Learn more about how the Academy is supporting efforts around public and private payer advocacy.

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## Supporting Pediatric Care: A Data-Driven Partnership between PMI and AAP

Pediatric Management Institute (PMI) and the American Academy of Pediatrics (AAP) have partnered to provide a powerful resource for pediatricians. This analysis displays negotiated payment rates for the most common CPT codes in pediatric practices and offers insights into the valuation of pediatric services across the country by major payers.

PMI and AAP are committed to fostering a thriving healthcare environment for children and the professionals who care for them.



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# Good communication is essential to good health care

We help providers get better at both.

Learn how



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## Our trusted messengers

A veteran, field-tested team unlike any other in health care



**Todd Wolynn, MD, MMM**  
Executive Director

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**Todd Wolynn** is a pediatrician with 30+ years of experience in primary care, vaccine research, and public health advocacy. He co-founded Kids Plus Pediatrics in 2010, served as its CEO for 12 years, and led the practice to nationally recognized expertise in innovation, patient engagement, and clinical quality. Todd most recently served as VP of Medical Affairs in Communication & Integration for Pediatric Associates Family of Companies.

In 2019, he co-founded Shots Heard Round the World, a nonprofit dedicated to protecting the online safety of health care providers and practices. For his pioneering work in health care innovation and science communication, Todd has been named an EY Health Care Entrepreneur of the Year, a *People* magazine national Vaccine Hero, and an AAP Holroyd-Sherry Award winner.



**Maximizing Trust & Reducing Resistance**, the first module of the **Trusted Messenger Program Training Series**, is now LIVE.

The free 1-hour module, worth 1.0 CME credits, includes four discrete video lessons, plus review and reflection documents, that explore:

It's fully asynchronous, so it can be taken at your own pace and on your own schedule. Just **sign up on our website** to get started.



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### Taking AIMS: How to Handle, and Overcome, Patient Resistance

This lesson offers an overview of AIMS, a four-step, evidence-based communication approach that helps you meet patient resistance and navigate difficult conversations—including talks about vaccines—in a way that builds trust and improves patient receptivity.

### The Power of Presumptive Recommendations

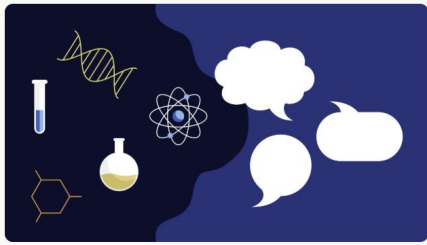
This lesson explores three common missteps HCPs make when making recommendations and explains how clear, concise presumptive recommendations can reduce resistance, build trust, and improve patient outcomes—especially for vaccines.



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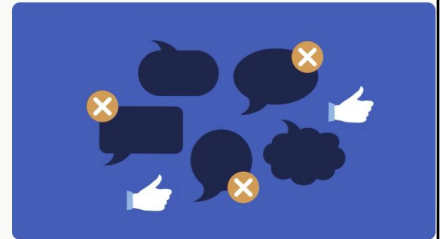


## HCPs as Trusted Messengers

This lesson explores why, in an age of increasing skepticism and declining institutional trust, local health care providers are still the most trusted messengers, why good communication is essential to good health care, and what you can do and say to maximize that trust and help turn the tide.

## How to Answer Any Question

This lesson explores a set of tools, techniques, and strategies that make you a better, more confident communicator and empower you to answer any question with power and precision.







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CONFERENCE



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Main Conference: Fri & Sat, Feb 6 and 7

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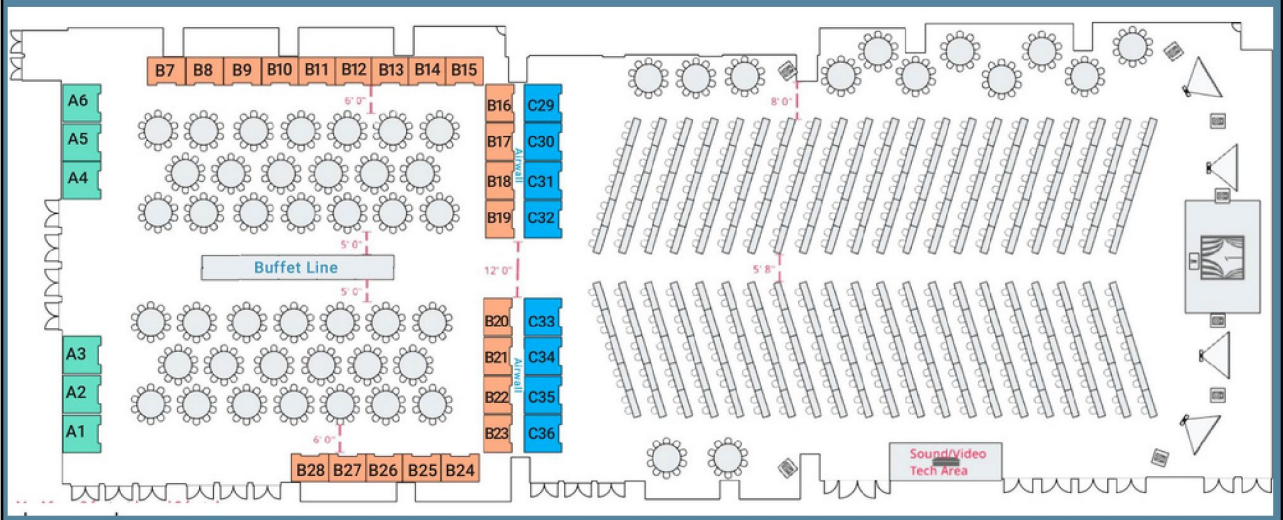
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# Charting theFuture

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NBC NEWS

'Guilty until proven innocent': Inside the fight between doctors and insurance companies over 'downcoding'

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## 'Guilty until proven innocent': Inside the fight between doctors and insurance companies over 'downcoding'

Doctors say insurers are automatically downgrading their claims and paying less. Insurers say it's their duty to prevent overbilling.

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Oct. 9, 2025, 4:00 AM CDT

By Kenzi Abou-Sabe


In the beginning of the year, Dr. Terry Wagner's office manager came to him and said "something weird is going on."

For weeks, the office manager told him, Wagner had been quietly underpaid by the insurance company Aetna on a seemingly random selection of higher level claims.

"It's blatantly disrespectful," said Wagner, a family medicine doctor who has run a small practice in Hudson, Ohio, for the last 28 years. "It's not like they came back to us saying, 'Hey, we need more information,'" he said, adding that Aetna just paid the claims as if they'd been billed for a lower level of service.

It's a practice called "downcoding." Insurance companies – in Wagner's case, Aetna – automatically downgrade the claims a doctor sends them to a lower tier of reimbursement, without actually reviewing details about the visit itself.

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## Cigna Clarifies Terms, Conditions of Its High-Level E/M Downcoding Policy


By [Alisa Pierce](#)

**Despite the Texas Medical Association asking for its repeal, Cigna's new downcoding policy will take effect Oct. 1 – but the payer says the process will not apply universally to all physicians.**

Starting Oct. 1, Cigna will begin to adjust certain higher-level evaluation and management (E/M) codes to a lower level – a practice also known as downcoding – when the payer determines the encounter criteria in the claim do not rise to the complexity required for the E/M code in the submitted claim. So far, the policy will apply to codes:

- 99204-99205;
- 99214-99215; and
- 99244-99245.

The payer also confirmed the policy will allow physicians to request to be removed from the review process after they appeal five decisions. If the appeals review demonstrates that the physician billed appropriately at least 80% of the time, the physician can bypass the downcoding policy. This will apply to the individual physician, not the group level. Physicians meeting these criteria can request to have their claims bypassed from the policy by contacting Cigna.


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## Watch for Downcoding!

1. Compare the CPT code billed vs the CPT paid (99215 billed by EOB shows payment for 99213)
2. Check the allowed amount – if the CPT is the same but the allowed amount is lower than expected, the payer may have mapped it internally to a lower-payer category
3. Look for adjustments codes/remarks
4. Check for modifiers removed or altered – if modifier 25 was removed, the service may have been bundled or altered

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## External Code Lists

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### Claim Adjustment Reason Codes

#### X12 External Code Source 139

These codes describe why a claim or service line was paid differently than it was billed.

Did you receive a code from a health plan, such as: PR32 or CO286? If so read About Claim Adjustment Group Codes below.

#### PRODUCTS

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# HIPAA Simplification Rules

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## COMPLIANCE

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### Administrative Simplification Enforcement and Testing Tool

ASETT is a web-based application which enables individuals or organizations to file a Health Insurance Portability and Accountability Act (HIPAA) and/or Affordable Care Act (ACA) complaint against a HIPAA covered entity for potential non-compliance with the non-Privacy/Security provisions of HIPAA.

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