

SAMPLE PAYER APPEAL LETTER

Date:

Health Plan:

Address:

Attention: Claims Department (add identifier for the claim denial)

Member Name:

Member ID#:

Primary Diagnosis:

Secondary Diagnoses:

Physician Name:

Facility:

Date of Service:

Dear Medical Director,

I am writing on behalf of Mr/Mrs [insert name] to request a medical necessity review of a claim that was recently denied. Specifically, on [insert date], Mr/Mrs [insert name] received an implantable, patient-activated cardiac event recorder, which is designed to be a long-term monitoring tool for patients determined to be at increased risk of arrhythmia.

Per the denial, this procedure was rejected because of questions over [insert language in claims denial documentation]. Based on the following documentation, the [insert implant or follow-up] procedure was necessary to obtain critical information to assist with the ongoing clinical management of this patient's condition.

Medical History and Clinical Benefit

The patient's medical history and clinical benefits associated with this procedure are outlined in greater detail below:

(Suggested content areas)

- *Describe the patient's clinical history, including primary diagnosis and justification for 1) implant of the device and 2) follow-up.*
- *Describe the clinical benefits to performing the implant and/or follow-up procedure.*
- *If necessary, provide justification for the frequency of follow-up.*
- *Make sure to address the primary concern raised in the claims denial documentation.*

Overview of Implantable Patient-Activated Cardiac Event Recorder Procedure

The cardiac event recorder was implanted subcutaneously with the Antenna extending toward the sternum. After verification that the Antenna and recorder were optimally positioned, the Personal Diagnostic Manager displayed a satisfactory ECG output. The subcutaneous pocket was closed.

The patient data reporting process involves the storage of patient data on the device following either a symptomatic or asymptomatic event. Following the event, the patient information is transmitted (using a Base Station) to a 24-hour-attended Monitoring Center, where the information is reviewed by a certified cardiac technician. The information is then triaged to the patient's physician in varying degrees of time based on preset criteria.

The purpose of the follow-up procedure is twofold: 1) to ensure proper functioning of the device, and 2) to obtain information that will assist the physician in managing the patient's clinical condition. Specifically, the implantable patient-activated cardiac event recorder allows the physician to view the patient's stored cardiac electrograms.

As the attending physician in this case, I remain confident that it was both medically necessary and reasonable to perform this procedure for Mr/Mrs [insert name]. I appreciate your consideration in this matter and hope that you will reconsider payment for this procedure. Please contact me directly at [insert telephone number] if you have any questions.

Sincerely,

[Physician's name], MD

Enclosures: Indication, (scientific articles), initial claim, and denial letter