MAC00118-01 Rev D Sample Letter of Appeal for Underpayment in the Physician Office Setting

[Date]

Re: [Insert Patient Name] [Insert Patient ID #]

[Insert Claim #] [Insert Patient DOB]

Dear [Insurance Carrier]:

Thank you for the partial payment received on the above referenced claim for prostatic urethral lift (PUL) with the UroLift® transprostatic implant system. Unfortunately, the total payment on this claim is below my cost. Each permanent implant costs $850, as shown on the invoice enclosed with this letter. My patient, Mr. [Insert patient’s name] required [X] implants due to his prostate size, unique anatomy, and my intraoperative findings.

As of January 1, 2015, the procedure is billed with the primary CPT code 52441 and the add-on CPT code 52442. Typically 4 to 6 implants are used during a procedure, requiring that multiple units of CPT code 52442 are billed. These codes are priced according to the Medicare physician fee schedule, and reimbursement is typically inclusive of the cost of the implants.

I am respectfully requesting that you reconsider your reimbursement for the implant portion of this claim to be commensurate with the direct cost of the implants, which in this case totals [$X,XXX].

The PUL procedure consists of permanent transprostatic implants placed cystoscopically to retract the obstructing prostatic lobes and hold open the urethra without requiring incision, resection, or thermal ablation of the prostate. PUL can be done under local anesthesia in any site of service, including the office. After applying appropriate anesthesia, cystoscopy is conducted to plan ideal placement of the implants. The cystoscopy bridge is then replaced with the UroLift delivery device housing a telescope and, after compressing the prostate lobe at the appropriate location, the implant is deployed. The urethra is again cystoscopically examined to assess the effect and determine the required number of implants. This process continues until a continuous channel is achieved through the prostatic urethra. Typically four to six implants are required. A final cystoscopic view confirms the effect and inspects that all implants are appropriately positioned.

Thank you for your consideration. Please do not hesitate to contact me at [insert phone number] if I can further assist you.

Sincerely,

[insert physician signature]

Enclosures:

Copy of UroLift invoice

Copy of EOB

UroLift System product brochure