

Your Practice Name
Address
City, State ZIP
Phone

July 1, 2008

APPEAL LETTER

Insurance Company
Attn: Appeals Department
Address
City State Zip

Attn: Appeals Department Reviewer.

RE: Patient Name

ID#: XXXXXX

DOS: 01/01/01

Procedure Code: 92552

Claim #: 2XXXXXXXXXX

Patient #: 1234

I write in response to a denial of reimbursement for service provided to <patname> on the above date of service. <patname> was seen on the above date for his 6-year physical. **In accordance with the recommendation for pediatric care given by the American Academy of Pediatrics, and the American Academy of Family Practitioners**, an objective examination of hearing was performed (Code 92552). This ancillary service is labor intensive and **requires 15 minutes or more of nursing time to administer and additional time by me to interpret the results and counsel the patient and parent.** I am enclosing a copy of the results of <patname>'s audiogram.

This evaluation is not done for every checkup for every age, but it is indicated for a pre-school checkup. I am enclosing a summary flowchart form the **American Academy of Pediatrics** which documents the necessity for objective hearing evaluations at pre-determined intervals.

I am also enclosing a copy of page 3 and page 30 from the 2008 CPT Manual instructing separate reporting of diagnostic tests/studies for which specific CPT codes are available when performed during a preventive visit. The manual describes the "ordering" of appropriate diagnostic procedures, not the "inclusion"; otherwise, you might argue that even hematorcrits, urinalyses, cholesterols and immunizations should be bundled under the payment of 99393.

I would appreciate your review of the attached documents and reimbursement for Code 92552. If you should need further information, please call me at the number above.

Your Name, Signature