**SAMPLE APPEAL LETTER TEMPLATE**

To be considered for appeal by physicians

**Instructions for completing the sample appeal letter:**

1. Please customize the appeal letter template based on the medical appropriateness. Text requiring customization is in **RED**.
2. After you have customized the letter, ***please make sure to delete this page and any specific instructions*** for completion, disclaimers, Abbott logos, caution statement, trademarks and document number that are seen throughout the letter so the health plan does not misinterpret the information.
3. For independent consideration and review, please make all changes that you believe appropriate or disregard these suggestions in their entirety. The customer is ultimately responsible for the accuracy and completeness of all claims submitted to third-party payers. Please see the FDA-approved label for information relevant to any prescribing decisions.

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*[Physician Letterhead] [Date]*

Attention: Appeals Department Reference Number: *[ ] [Payer contact name]*

*[Payer contact title]*

*[Payer]*

*[Street address]*

*[City, State, zip code]*

**Re: Request for Reconsideration of Denied Claim**

Patient name: *[First and last name]*

Patient date of birth: *[XX/XX/XXXX]*

SS # *[XXX-XX-XXXX]*

Insurance ID # *[XXXXXXXXXXXXXXX]*

Group # *[XXXXXXXXXX]*

Date of Service: *[XX/XX/XXXX]*

***CPT‡ Code****: 33340, Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation*

Dear *[Payer contact name]*:

I am writing to request *reconsideration of the denial of prior authorization* for the above-referenced service. The service to be provided is a medically necessary implant of the Amplatzer™ Amulet™ Left Atrial Appendage Occluder device to be provided to *[patient’s name]* on *[procedure date]*.

In my last communication, I explained why percutaneous Left Atrial Appendage Closure (LAAC) is medically necessary for this patient. I urge you to reconsider your denial of prior authorization in light of the patient’s specific clinical need, as well as the evidence for this technology, including its FDA approval.

To further substantiate my request, this patient meets the CMS NCD[[1]](#endnote-1) criteria for coverage. As described in my earlier request, documentation by the referring physician, as well as my examination, supports the determination of this patient’s need for LAAC.

*[Insert paragraph explaining, in your own words, why the LAAC is medically necessary for this patient. Consider documenting how the patient’s condition reflects the on-label use of the product; why less extensive interventions are inadequate in light of the patient’s condition; and your expectations of the patient’s outcomes without the LAAC procedure. Where accurate, please describe how the intended use is consistent with the FDA approved indication.]*

I am attaching the patient’s medical record information and letter of medical necessity from my previous request.

*[Include the following statement if additional information is to be attached]*

In addition to my prior communication, I have attached *relevant excerpts from the patient’s ongoing medical record, a summary of clinical evidence with references from peer-reviewed medical journals*, etc.

As explained above, I believe that in this case that LAACis medically necessary for this patient and as such this service should be granted coverage and paid for by your organization accordingly.

Please let me know if I can provide any additional information and thank you for your attention.

Sincerely,

*[Physician’s name and credentials]*

*[Title]*

*[Name of practice]*

*[Street address]*

*[City, State, zip code] [Phone number]*

Enclosures:

*[Patient medical records/chart notes]*

*[FDA Approval letter – Amplatzer Amulet Left Atrial Appendage Occluder]*

*[Evidence summary and select literature]*

1. CMS National Coverage Determination (NCD) for Percutaneous Left Atrial Appendage Closure (LAAC) (20.34): https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=367 [↑](#endnote-ref-1)