The A-B-C's of Writing an Effective Appeal Letter

Presented by Susan Roskos, CPC, CPPM

1

The A-B-C's of Writing an Effective Appeal Letter

This material is designed to offer basic information for coding, billing, and claim denial management. The information presented here is based on the experience, training, and interpretation of the author. Although the information has been carefully researched and checked for accuracy and completeness, the instructor does not accept any responsibility or liability with regard to errors, omissions, misuse, or misinterpretation. This handout is intended as an educational guide and should not be considered a legal/consulting opinion.

2

2

Essential Components of an Appeal

1. **The Heading & Subject**

3

The A-B-C's of Writing an Effective Appeal Letter

Essential Components of an Appeal

1. **The Heading & Subject**
2. **Introduction to the Appeal**

4

Essential Components of an Appeal

1. **The Heading & Subject**
2. **Introduction to the Appeal**
3. **Summary of the Patient's Condition Leading to the Encounter**

The A-B-C's of Writing an Effective Appeal Letter

Essential Components of an Appeal

1. **The Heading & Subject**
2. **Introduction to the Appeal**
3. **Summary of the Patient's Condition Leading to the Encounter**
4. **Summary of the Denied Encounter – Part 1**

Essential Components of an Appeal

1. The Heading & Subject
2. Introduction to the Appeal
3. Summary of the Patient's Condition Leading to the Encounter
4. Summary of the Denied Encounter – Part 1
   Supporting Response to the Denial – Part 2

7

The A-B-C's of Writing an Effective Appeal Letter

Essential Components of an Appeal

1. The Heading & Subject
2. Introduction to the Appeal
3. Summary of the Patient's Condition Leading to the Encounter
4. Summary of the Denied Encounter – Part 1
   Supporting Response to the Denial – Part 2
5. Summary of the Appeal

8

To Appeal, or not to Appeal?

- **Denial for medical necessity and coding is correct**
- **Denial for experimental procedures**
- **Denial for unusual services provided**
- **Denial for multi-specialty E&M services**
- **Denial for global E&M services modified correctly**

To Appeal, or not to Appeal?

- **CARC 8- The procedure code is inconsistent with the provider type/specialty (taxonomy).**

To Appeal, or not to Appeal?

- **CARC 8- The procedure code is inconsistent with the provider type/specialty (taxonomy).**

Example:

An anesthesiologist reports a CPT® code outside of series 00100-01999

Essential Components of an Appeal

1. **The Heading & Subject**

- **Patient name**
- **Date of Birth**
- **Policy Number**
- **Claim Number**
- **Date of Service**

- **Re: Denial of CPT® 31600 - Tracheostomy, planned (separate procedure)**

Essential Components of an Appeal

2. First Paragraph

INTRODUCTION TO THE APPEAL

- **This appeal is in response to the denial received for the above-referenced services rendered.**
- **We have attached the medical record documentation for your review.**
- **The denial reason given is: CARC 8- The procedure code is inconsistent with the provider type/specialty (taxonomy).**
- **Additional information provided for the denial given under call reference #123456789 is:**

  _____.

13

13

The A-B-C's of Writing an Effective Appeal Letter

Essential Components of an Appeal

3. Second Paragraph

SUMMARY OF THE PATIENT'S CONDITION LEADING TO THE ENCOUNTER

- **Extracted from the provider's documentation.**
  i.e.-HPI in history and physical or progress note,
  Brief Summary in procedure report, or
  Hospital Course in discharge summary

14

14

Essential Components of an Appeal

3. Second Paragraph

SUMMARY OF THE PATIENT'S CONDITION LEADING TO THE ENCOUNTER

Example:

- **Mr. Jones is a 40-year-old male admitted through the emergency room on 01/01/2001 for shortness of breath in the setting of known chronic obstructive pulmonary disease (COPD).**
- **Chest x-ray revealed a solitary pulmonary nodule of the left lower lobe. Additional diagnoses at the time of admission included stage III chronic kidney disease, hypertension, and tobacco dependence.**
- **It was recommended that the patient undergo left lower lobe lung biopsy.**

Essential Components of an Appeal

4. Third Paragraph

Part 1 – SUMMARY OF THE DENIED ENCOUNTER

Example:

- **In the encounter we are appealing, our provider was requested to provide critical care services and perform a tracheostomy (CPT® 31600) for management of the patient's acute postoperative respiratory failure (ICD-10-CM J95.821).**

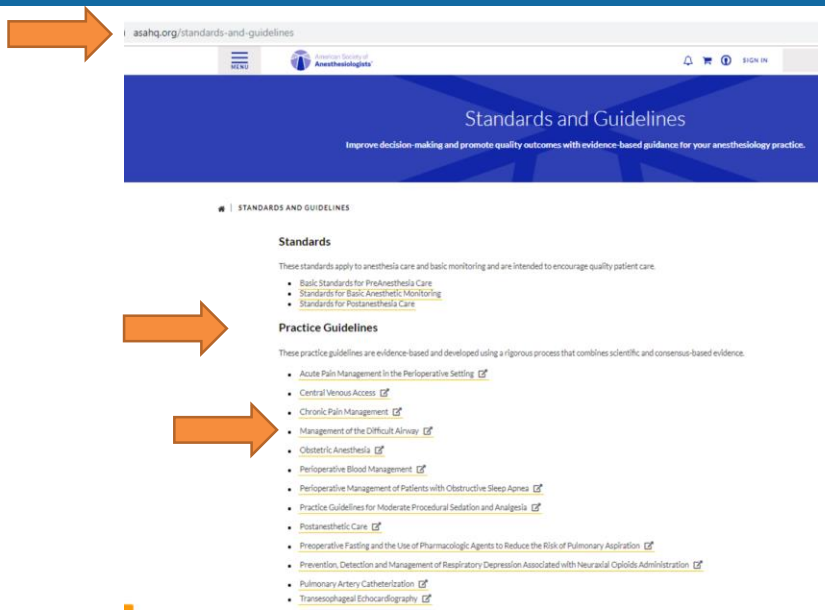
Essential Components of an Appeal

4. Third Paragraph

Part 2 – SUPPORTING RESPONSE TO THE DENIAL

Example:

- **The American Society of Anesthesiologists includes the following practices under *Standards and Guidelines*: Acute Pain Management in the Perioperative Setting, Central Venous Access, Chronic Pain Management, Management of the Difficult Airway, Pulmonary Artery Catheterization, and Transesophageal Echocardiography. These practice guidelines are evidence-based and developed using a rigorous process that combines scientific and consensus-based evidence.**



Essential Components of an Appeal

5. Final Paragraph

SUMMARY OF THE APPEAL

Example:

- **Thank you for the reconsideration of our denied claim. Medical necessity has been established by the documentation we have provided, and our provider's qualification to perform the services rendered is supported by the American Society of Anesthesiologists Practice Guidelines. We believe this information warrants a reversal of the denial and subsequent payment of our claim. Should further information be necessary, please contact me at (123) 456-7890.**

Patient name
Date of Birth
Policy Number
Claim Number
Date of Service

Re: Denial of CPT® 31600 - Tracheostomy, planned (separate procedure)

This appeal is in response to the denial received for the above-referenced services rendered. We have attached the medical record documentation for your review. The denial reason given is: CARC 8- The procedure code is inconsistent with the provider type/specialty (taxonomy).

Mr. Jones is a 40-year-old male admitted through the emergency room on 01/01/2001 for shortness of breath in the setting of known chronic obstructive pulmonary disease (COPD). Chest x-ray revealed a solitary pulmonary nodule of the left lower lobe. Additional diagnoses at the time of admission included stage III chronic kidney disease, hypertension, and tobacco dependence. It was recommended that the patient undergo left lower lobe lung biopsy.

In the encounter we are appealing, our provider was requested to provide critical care services and perform a tracheostomy (CPT® 31600) for management of the patient's acute postoperative respiratory failure (ICD-10-CM J95.821). The American Society of Anesthesiologists includes the following practices under *Standards and Guidelines*: Acute Pain Management in the Perioperative Setting, Central Venous Access, Chronic Pain Management, Management of the Difficult Airway, Pulmonary Artery Catheterization, and Transesophageal Echocardiography. These practice guidelines are evidence-based and developed using a rigorous process that combines scientific and consensus-based evidence.

Thank you for the reconsideration of our denied claim. Medical necessity has been established by the documentation we have provided, and our provider's qualification to perform the services rendered is supported by the American Society of Anesthesiologists Practice Guidelines. We believe this information warrants a reversal of the denial and subsequent payment of our claim. Should further information be necessary, please contact me at (123) 456-7890.

Sincerely,
Pam Jones, Appeals Specialist

To Appeal, or not to Appeal?

- **CARC 50- These are non-covered services because this is not deemed a medical necessity by the payer.**

The A-B-C's of Writing an Effective Appeal Letter

To Appeal, or not to Appeal?

- **CARC 50- These are non-covered services because this is not deemed a medical necessity' by the payer.**

Example:
The diagnosis is not supported under a National/Local Coverage Determination or Medical Policy

Essential Components of an Appeal

1. The Heading & Subject

- **Patient name**
- **Date of Birth**
- **Policy Number**
- **Claim Number**
- **Date of Service**

- **Re: Denial of CPT® 93971-26 - Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study**

Essential Components of an Appeal

2. First Paragraph

INTRODUCTION TO THE APPEAL

- **This appeal is in response to the denial received for the above-referenced services rendered.**
- **We have attached the medical record documentation for your review.**
- **The denial reason given is: CARC 50 – These are non-covered services because this is not deemed a medical necessity' by the payer.**
- **Additional information provided for the denial given under call reference #123456789 is: The diagnosis submitted is non-covered under LCA A56368.**

Essential Components of an Appeal

3. Second Paragraph

SUMMARY OF THE PATIENT'S CONDITION LEADING TO THE ENCOUNTER

Example:

- **Mrs. Smith is a 72-year-old female who presented to the emergency department on 02/02/2002 complaining of lower extremity pain following recent discharge after hip replacement surgery.**
- **Physical examination revealed left lower extremity edema**

The A-B-C's of Writing an Effective Appeal Letter

Essential Components of an Appeal

4. Third Paragraph

Part 1 - SUMMARY OF THE DENIED ENCOUNTER

Example:

- **In the encounter we are appealing, a left lower extremity doppler with duplex was performed to determine if the patient's edema (ICD-10-CM R60.0) was due to postoperative deep venous thrombosis (DVT).**
- **Our provider performed the interpretation and report for the study and has submitted the professional component for reimbursement (CPT® 93971-26).**

Essential Components of an Appeal

4. Third Paragraph

Part 2 - SUPPORTING RESPONSE TO THE DENIAL

Example:

Our claim has been denied against LCA A56368 as a non-covered diagnosis. According to the LCA, CPT® codes 93971 and 93970 are Group 3 codes. The LCA states the following:

Group 3 Codes:

CODE	DESCRIPTION
93970	Extremity study
93971	Extremity study

Group 3 Paragraph:

Pre-Operative Study Codes

NOTE: All ICD-10 codes that support medical necessity under Group 1: Codes and Group 2: Codes apply to Group 3: CPT/HCPCS Codes. The CPT/ HCPCS codes listed in *Groups 1 and 2* apply only in the context of preoperative evaluation of varicose veins. It is outside of the scope of this LCD to list all diagnosis codes for which 93970 and 93971 may be appropriately employed outside of the context of this LCD. Absence of a diagnosis code in this LCD for other conditions for which these studies may be medically necessary does not imply non-coverage in those circumstances.

27

27

The A-B-C's of Writing an Effective Appeal Letter

Essential Components of an Appeal

4. Third Paragraph

Part 2, cont'd – SUPPORTING RESPONSE TO THE DENIAL

- **eviCore is the recognized industry leader in medical benefits management and maintains the industry's most comprehensive, well documented, and up-to-date clinical guidelines. According to eviCore's Peripheral Vascular Disorders Imaging Policy, the following guidelines apply for the evaluation of suspected DVT:**

PVD-7.5: Lower Extremity Deep Venous Thrombosis (DVT) and/or Lower Extremity Edema

- Duplex ultrasound (CPT® 93970 bilateral study or CPT® 93971 unilateral study) is the initial imaging study for any suspected DVT
  - Deep venous thrombosis can present as
    - Symptomatic
      - Swelling
      - Pain
      - Warmth
      - Erythema
      - Pain with dorsiflexion of the foot (Homan's Sign)
      - Or with progression, such as phlegmasia cerulean dolens
  - 1/3 of all cases are asymptomatic—symptoms are often not apparent until there is involvement above the knee.
    - Risk factors for DVT include inactivity, posture, obstruction as well as those outlines outlined in **CH-25: Pulmonary Embolism (PE)** in Chest Imaging Guidelines.

28

28

Essential Components of an Appeal

5. **Final Paragraph**

SUMMARY OF THE APPEAL

Example:

Thank you for the reconsideration of our denied claim. Medical necessity has been established by the documentation we have provided, and is supported under eviCore's Peripheral Vascular Disorders Imaging Policy. We believe this information warrants a reversal of the denial and subsequent payment of our claim. Should further information be necessary, please contact me at (123) 456-7890.

To Appeal, or not to Appeal?

- **CARC 55 – Procedure / treatment / drug is deemed experimental / investigational by the payer.**

To Appeal, or not to Appeal?

- **CARC 55 – Procedure / treatment / drug is deemed experimental / investigational by the payer.**

Example:

The CPT® is included in a payer-specific medical policy as experimental.

Essential Components of an Appeal

1. **The Heading & Subject**

- **Patient name**
- **Date of Birth**
- **Policy Number**
- **Claim Number**
- **Date of Service**

- **Re: Denial of CPT® 0483T - Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed**

Essential Components of an Appeal

2. First Paragraph

INTRODUCTION TO THE APPEAL

- **This appeal is in response to the denial received for the above-referenced services rendered.**
- **We have attached the medical record documentation for your review.**
- **The denial reason given is: CARC 55 - Procedure/treatment/drug is deemed experimental/ investigational by the payer.**
- **Additional information provided for the denial given under call reference #123456789 is:**

  _____.

The A-B-C's of Writing an Effective Appeal Letter

Essential Components of an Appeal

3. Second Paragraph

SUMMARY OF THE PATIENT'S CONDITION LEADING TO THE ENCOUNTER

Example:

- **Mr. Thompson is a 63-year-old male with a longstanding history of cardiomyopathy, coronary artery disease, and mitral valve regurgitation. He underwent transcatheter mitral valve replacement in 2012, and now presents with prosthetic valve restenosis.**
- **The patient was determined to be high-risk for open surgical repair and it was recommended that he undergo Sapien 3 mitral valve-in-valve repair.**

Essential Components of an Appeal

4. Third Paragraph

Part 1 - SUMMARY OF THE DENIED ENCOUNTER

Example:

- **In the encounter we are appealing, Drs. Brown and White performed the repair as co-surgeons. We have reported this procedure for both surgeons under CPT® 0483T-62-Q0, ICD-10-CM T82.857A and Z00.6, and clinical trial #02370511.**

The A-B-C's of Writing an Effective Appeal Letter

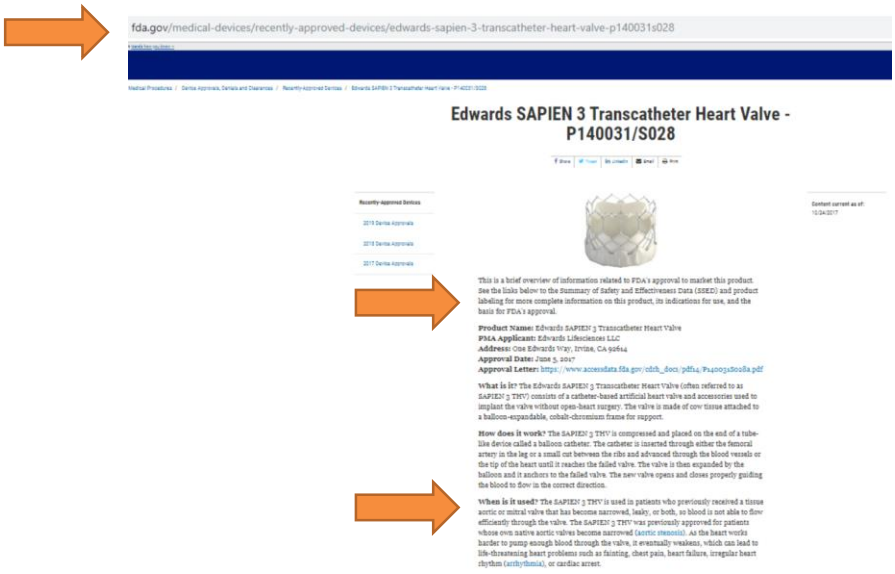
Essential Components of an Appeal

4. Third Paragraph

Part 2 - SUPPORTING RESPONSE TO THE DENIAL

Example:

Our claim has been denied as experimental and not proven effective according to United Healthcare Policy #MPG043.16. The policy states "UnitedHealthcare payment, therefore, may not be made for medical procedures and services performed using devices that have not been approved for marketing by the FDA *or for those not included in an FDA-approved investigational (IDE) trial*." According to FDA.gov, this device was approved 06/05/2017 for patients with either aortic or mitral prosthetic valve restenosis.



Essential Components of an Appeal

5. Final Paragraph

SUMMARY OF THE APPEAL

Example:

Thank you for the reconsideration of our denied claim. Medical necessity has been established by the documentation we have provided, and supported under Policy #MPG043.16 when performed under a clinical trial using an FDA approved device . We believe this information warrants a reversal of the denial and subsequent payment of our claim. Should further information be necessary, please contact me at (123) 456-7890.

To Appeal, or not to Appeal?

- **CARC 151 - Payment adjusted because the payer deems the information submitted does not support this many/frequency of services.**

The A-B-C's of Writing an Effective Appeal Letter

To Appeal, or not to Appeal?

- **CARC 151 - Payment adjusted because the payer deems the information submitted does not support this many/frequency of services.**

Example:

The CPT® was reported 3 times with a medically unlikely edit of 2.

Essential Components of an Appeal

1. The Heading & Subject

- **Patient name**
- **Date of Birth**
- **Policy Number**
- **Claim Number**
- **Date of Service**

- **Re: Denial of CPT® 36556 - Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older**

41

Essential Components of an Appeal

2. First Paragraph

INTRODUCTION TO THE APPEAL

- **This appeal is in response to the denial received for the above-referenced services rendered.**
- **We have attached the medical record documentation for your review.**
- **The denial reason given is: CARC 151 - Payment adjusted because the payer deems the information submitted does not support this many/frequency of services.**
- **Additional information provided for the denial given under call reference #123456789 is:**

_____.

42

Essential Components of an Appeal

3. Second Paragraph

SUMMARY OF THE PATIENT'S CONDITION LEADING TO THE ENCOUNTER

Example:

- **Mrs. White is a 68-year-old female with end stage renal disease on hemodialysis admitted for pneumonia.**
- **Additional diagnoses managed during the admission included peripheral vascular disease status post left below-knee amputation, mild protein calorie malnutrition and thrombosed left upper extremity arteriovenous graft.**

Essential Components of an Appeal

4. Third Paragraph

SUMMARY OF THE DENIED ENCOUNTER

Example:

- **In the encounters we are appealing, the patient underwent right subclavian central venous catheter placement for venous access by Dr. Jones at 08:32am; left internal jugular central venous catheter placement for hemodynamic monitoring by Dr. Jones at 11:45am; and right femoral central venous access for temporary hemodialysis access by Dr. Wright at 03:30pm. We have reported these services under CPTs 36556,**

  36556-XS and 36556-XS-XE to represent the three distinct procedures.

Essential Components of an Appeal

5. Final Paragraph

SUMMARY OF THE APPEAL

Example:

Thank you for the reconsideration of our denied claim. Medical necessity has been established by the documentation we have provided, along with explanation of the three separately distinct central venous catheter placements. We believe this information warrants a reversal of the denial and subsequent payment of our claim. Should further information be necessary, please contact me at (123) 456-7890.

To Appeal, or not to Appeal?

- **CARC 197 - Precertification/authorization/notification/pre-treatment absent.**
- **CARC 198 - Precertification/notification/authorization/pre-treatment exceeded.**

Example:

The CPT® requested was not the CPT® performed

Essential Components of an Appeal

1. The Heading & Subject

- **Patient name**
- **Date of Birth**
- **Policy Number**
- **Claim Number**
- **Date of Service**

- **Re: Denial of CPT® 58146 - Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g, abdominal approach**

47

47

The A-B-C's of Writing an Effective Appeal Letter

Essential Components of an Appeal

2. First Paragraph

INTRODUCTION TO THE APPEAL

- **This appeal is in response to the denial received for the above-referenced services rendered.**
- **We have attached the medical record documentation for your review.**
- **The denial reason given is: CARC 198 – Precertification / notification / authorization / pre-treatment exceeded.**
- **Additional information provided for the denial given under call reference #123456789 is:**

_____.

48

48

Essential Components of an Appeal

3. Second Paragraph

SUMMARY OF THE PATIENT'S CONDITION LEADING TO THE ENCOUNTER

Example:

- **Ms. Samson is a 36-year-old female with a past medical history of hypertension and type II diabetes mellitus. She has a two year history of menorrhagia with known uterine fibroids diagnosed on ultrasound in 2017.**
- **Conservative management has failed to control her anemia due to chronic blood loss, and it was recommended that she undergo myomectomy.**

Essential Components of an Appeal

4. Third Paragraph

SUMMARY OF THE DENIED ENCOUNTER

Example:

- **In the encounters we are appealing, the patient underwent myomectomy of 8 intramural fibroids. We have reported this procedure under CPT® 58146.**
- **The CPT® requested under precertification #A1023456 was 58140 - Myomectomy, excision of fibroid tumor(s) of uterus, *1 to 4 intramural myoma(s)* with total weight of 250 g or less and/or removal of surface myomas; abdominal approach. The exact number of fibroids was not able to be determined until the time of the procedure.**

Essential Components of an Appeal

5. **Final Paragraph**

SUMMARY OF THE APPEAL

Example:

Thank you for the reconsideration of our denied claim. Medical necessity has been established by the documentation we have provided, as well as explanation for the slight variation between the CPT® requested and the CPT® performed and reported under our claim. We believe this information warrants a reversal of the denial and subsequent payment of our claim. Should further information be necessary, please contact me at (123) 456-7890.

Review of Components

1. **The Heading & Subject**
2. **Introduction to the Appeal**
3. **Summary of the Patient's Condition Leading to the Encounter**
4. **Summary of the Denied Encounter – Part 1**
   Supporting Response to the Denial – Part 2
5. **Summary of the Appeal**

Resources for Components

1. **The Heading & Subject - patient demographics and EOB**

The A-B-C's of Writing an Effective Appeal Letter

Resources for Components

1. **The Heading & Subject**
2. **Introduction to the Appeal – appeal template, EOB, and any communication with the payer**

Resources for Components

1. **The Heading & Subject**
2. **Introduction to the Appeal**
3. **Summary of the Patient's Condition Leading to the Encounter – the provider documentation i.e. H&P, progress note, discharge summary and/or procedure report**

55

The A-B-C's of Writing an Effective Appeal Letter

Resources for Components

1. **The Heading & Subject**
2. **Introduction to the Appeal**
3. **Summary of the Patient's Condition Leading to the Encounter**
4. **Summary of the Denied Encounter – Part 1 – the provider documentation, CPT® and ICD-10-CM codes, modifier(s), CARC denial code(s), call reference # if applicable**

56

Resources for Components

1. **The Heading & Subject**
2. **Introduction to the Appeal**
3. **Summary of the Patient's Condition Leading to the Encounter**
4. **Summary of the Denied Encounter – Part 1**

Supporting Response to the Denial – Part 2 – payer policy, provider specialty association / society, medical journal article, Centers for Medicare and Medicaid Services (CMS)

The A-B-C's of Writing an Effective Appeal Letter

Resources for Components

1. **The Heading & Subject**
2. **Introduction to the Appeal**
3. **Summary of the Patient's Condition Leading to the Encounter**
4. **Summary of the Denied Encounter – Part 1**

Supporting Response to the Denial – Part 2

5. **Summary of the Appeal – appeal template and paragraph 3**

RESOURCES

Centers for Medicare and Medicaid Services Professional Resources List

59

THE END

60