

**Medicare Advantage Appeal Letter Template**

To Be Considered When Appealing a Denied Claim

Please understand that all payer’s appeal processes are different. Before you submit an appeal, please review the payer’s appeal process. This letter should not be used in response to medical record requests, corrected claims information, or other administrative denial reasons. If you have any questions, please contact +1 (855) 208-0019 to speak to a MicroGenDX customer service representative.

Instructions for completing the sample appeal letter:

1. Please customize the appeal letter template filling in the appropriate medical and personal information. Fields required for customization are in **RED**.
2. It is important to provide the most complete information to assist with the appeal of a claim denial.
3. After you have customized the appeal letter, please make sure not to include these specific instructions (the front page of this packet) when submitting the letter. Including the instructions and disclaimer may cause delays in the processing of your case by the health insurance company.
4. For independent consideration and review, please make all changes that you believe appropriate or disregard these suggestions in their entirety. You are responsible for the accuracy and completeness of all information submitted to your plan.

# Disclaimer:

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# Get more answers.

[**www.MicroGenDX.com**](http://www.MicroGenDX.com/)

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[Month, Day, Year]

Attention: Appeals Department

Reference Number: [Reference Number]

[Payer contact name]

[Payer contact title]

[Facility Name, not necessary if on letterhead or from email]

[Address]

[City], [State] [Zip Code]

RE: Request for Reconsideration of Denied Claim

Member Name: [Member Name]

Member Date of Birth: [Member Date of Birth]

SS #: [Social Security #]

Member Identification #: [Member Identification #]

Group #: [Group #]

Date of Service: [Date of Service]

Test: MicroGenDX (PLA Code 0112U- Infectious agent detection and identification, targeted sequence analysis (16S and 18S rRNA genes) with drug resistance gene)

Dear [Payer contact name],

I am writing you today to request reconsideration of the denial of coverage for the above-referenced service. The test provided was medically necessary for microbial detection. The MicroGenDX Lab Developed Test (LDT) utilizes a unique two-level process of DNA testing for microbial detection; Polymerase Chain Reaction (PCR) and Next-Generation Sequencing (NGS) and is a CLIA-certified, CAP-accredited laboratory located in Lubbock, Texas. The test was prescribed by [Physician’s name] on [date of service] for [insert condition].

Published research from The American Academy of Microbiology notes that “Next-Generation Sequencing (NGS) has the potential to dramatically revolutionize the clinical microbiology laboratory by replacing current time-consuming and labor-intensive techniques with a single, all-inclusive diagnostic test.”

MicroGenDX is unlike traditional PCR-only laboratories, with the exclusive ability to provide comprehensive microbial identification to combat chronic infectious disease, MicroGenDX provides accurate, reliable, and actionable diagnostic life-altering and lifesaving information to my physician that other contracted laboratories (such as microbial culture and PCR) cannot, and do not, provide.

The clinical efficacy, safety, and utility of this test is supported by more than 70 peer-reviewed published studies across multiple medical specialties and infectious diseases. In addition, to a variety of medical guidelines and studies from 3rd parties.

In addition, as a Medicare Advantage beneficiary, I have the right to services that are currently covered under traditional Medicare (Centers for Medicare & Medicaid Services (CMS) Manual, Chapter 4-Benefits and Beneficiary Protections). As with other Medicare-approved diagnostic laboratory tests, Medicare has deemed the use of MicroGenDX (PLA code 0112U) to be “reasonable and necessary” for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member when: If signs/symptoms exist with suspicion of an infectious disease that would directly warrant and prompt testing for detection and the initiation of treatment, then the test may be considered medically necessary. If performed in the absence of signs or symptoms, then the test would be considered screening.

In my case, describe the condition you had/have, how long you have been suffering, the number of failed treatments including antibiotics, the benefits of the test, and how the test results guided your treatment and results.

The MicroGenDX test was the most efficient and cost-effective way to diagnose my persistent infection by providing prognostic information and potential treatment options. The results of this unique and medically necessary test directly impacted my treatment and clinical management of my condition. I request that you reconsider the claim listed above that has been previously denied, as this testing is currently covered under traditional Medicare, under a local coverage article (A58917 LCD Coverage Article-Billing and Coding: Molecular Pathology and Genetic Testing) and this test was medically necessary for my condition.

Thank you for your time and consideration of the above request.

Sincerely,

[Patient Name]

[Address]

[City], [State] [Zip Code] [Phone Number]

[Email]