



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.
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:

These documents and the information contained herein is for general information purposes only and is not intended, and does not constitute, legal reimbursement, business, clinical, or other advice. Furthermore, it does not constitute a representation or guarantee of reimbursement, and it is not intended to increase or maximize payment by any payer. Nothing in this document should be construed as a guarantee by MicroGenDX regarding reimbursement or payment amounts, or that reimbursement or other payment will be received. MicroGenDX specifically disclaims liability or responsibility and offers no guarantee of coverage, coding, or payment and specifically disclaims liability or responsibility for coding practices of healthcare providers. The customer is solely responsible for determining appropriate charging and billing practices, as well as accurate coding, documentation, and medical necessity for the services provided. This includes the responsibility for the accuracy and veracity of all claims submitted to third-party payers. In addition, the customer should note that laws, regulations, and coverage policies are complex and are updated frequently, and, therefore, the customer should check with its local carriers or intermediaries often and should consult with legal counsel or a financial or reimbursement specialist for any questions related to billing, reimbursement, or any related issue. This information does not guarantee coverage or payment at any specific level and MicroGenDX does not advocate or warrant the appropriateness of the use of any particular code. It is not provided or authorized for marketing use.

Get more answers.



www.MicroGenDX.com

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(Date MM/DD/YYYY)

Attention: Appeals Department

Reference Number: _____

Payer Contact title: _____

Facility Name: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

RE: Request for Reconsideration of Denied Claim

Member Name: _____

Member Date of Birth: _____

Social Security #: _____

Member Identification #: _____

Group #: _____

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 _____ ,
(Payers 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 test 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 laboratory located in Lubbock, Texas. The test was prescribed by

_____ on _____ for _____ .
(Physician's Name) (Date of Service) (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, number of failed treatments including antibiotics, 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 have 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)

(Patient Address)

(City) (State) (Zip)

(Patient Email)

(Patient Phone)