

{Current Date}

Attn: Director of Claims
{Primary Carrier}
{Primary Address 1}
{Primary City}, {Primary State} {Primary Zip}

Re: Patient: {Patient Full Name}
Policy: {Primary Member ID}
ClaimNumber: {Primary ICN}
Insured:{Primary Insured Full Name}
Treatment Dates: {Visit Admit Date} - {Visit Discharge Date}
Amount: {Charge Total}

Dear Director of Claims,

Your company has denied {Patient First Name}'s claim citing medical necessity was not present. We feel you have erroneously come to this decision and submit this formal appeal. Per your medical policy number SUR712.009 this Spinal cord stimulation procedure is covered when the following conditions are satisfied. This policy was pulled today from your website located here:
<http://www.medicalpolicy.hcsc.net/medicalpolicy/activePolicyPage?lid=iseihgpp&corpEntCd=TX1>

Coverage Criteria:

1. Other treatment modalities have been tried and have failed. (See attached documentation showing these attempts and failures)
2. There is no significant untreated drug habituation or addiction (Patient has presented no such indications)
3. There is documentation of at least 50% pain relief achieved from trial electrode implantation prior to permanent SCS implantation. (See included medical records indicating this decrease in pain after the trial was performed)

As our enclosures demonstrate all conditions were satisfied. We expect to receive immediate payment on this claim. If you continue consider this claim unpayable we request written communication citing the detailed reasoning regarding your decision. Please call me directly if you have any other questions.

Sincerely,

Claims Analyst
{User Full Name}
{User Email}
Direct Line: {User Phone}