

SAMPLE APPEAL LETTER FOR
The Functional Anaesthetic Discography™ Procedure

_____, 2008

RE: _____

Dear _____:

I am requesting reconsideration and reimbursement for the services provided to **[patient's name]** on **(date of service)** be reviewed. Mr. Doe's MRI scan showed signal changes consistent with degenerative disc disease. A course of treatment including pain medication, exercise, physical therapy and occupational therapy to include change in work habits has been unsuccessful in treating his debilitating back pain. I determined that further diagnostic testing was needed to evaluate and assist in localizing the pain source for consideration of treatment options for discogenic low back pain including the Functional Anaesthetic Discography™ (F.A.D.™) Procedure.

The Discyphor Direct™ Catheter System has a small balloon anchor to secure its location, which allows the patient to mobilize and recreate typical low back pain by loading the spine in a function or physiological fashion by sitting or walking. A local anaesthetic is injected through the balloon catheter into suspect discs. The diagnostic test assists in localizing the pain source and provides valuable information as we determine the course of treatment for discogenic low back pain.

Mr. Doe benefited greatly by the F.A.D. Procedure and all criteria for establishing medical necessity were met. Based on this information, I request reconsideration of your decision not to reimburse for the services provided to Mr. Doe on _____ [date of service].

To date I have successfully performed this diagnostic test on a number of patients. (Physician to include appropriate historical outcome information).

Sincerely,

The information provided in this notice is intended as general information only. It is not advice about how to code or complete or submit any particular claim for payment for the F.A.D.™ Procedure. Medtronic Spine LLC cannot guarantee coverage or reimbursement for the F.A.D.™ Procedure and makes no other representations as to selecting codes for the F.A.D.™ Procedure or compliance with any other billing protocols or prerequisites. As with all claims, physicians and hospitals are responsible for exercising their independent clinical judgment in selecting the codes that most accurately reflect the patient's condition and procedures furnished to a patient. Physicians and hospitals should refer to current, complete, and authoritative publications such as AMA CPT publications or insurer policies for selecting codes based on the care rendered to an individual patient, and may wish to contact individual carriers, fiscal intermediaries, or other third-party payers as needed.

As with most interventional procedures, the Functional Anaesthetic Discography™ (F.A.D.™) Procedure has associated risks, including serious complications. For complete information regarding indications for use, contraindications, warnings, precautions, adverse events and methods of use, please reference the devices' Instructions for Use.