[Month, Day, Year]

[First and Last Name]

[Title]

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

[Address]

[City], [State] [Zip Code]

RE: APPEAL FOR REIMBURSEMENT

 1. [Member Name]

 2. [Member Identification Number]

 3. [Claim Number]

I am writing you today about the denial of coverage for a gastrointestinal panel on a recent patient claim. I received notification from your organization denying services provided to the member noted above on [Insert Date of Service]. I request to have this claim reconsidered.

Guidelines from American College of Gastroenterology (ACG) and Infectious Disease Society of America (IDSA) support this testing as best practice in the following scenarios: 1) in situations where the patient is at high risk of spreading disease to others, and during known or suspected outbreaks, and 2) in individuals presenting with dysentery, diarrhea with fever, severe abdominal cramps, or signs of sepsis, moderate to severe disease, symptoms lasting >7 days, and immunocompromised patients with diarrhea. ACG also supports the use of FDA-cleared, culture-independent methods because traditional methods of diagnosis fail to reveal the etiology of most cases of acute diarrheal infection.

The FDA cleared gastrointestinal panel I use can identify 22 bacterial, viral and protozoan pathogens associated with gastroenteritis among patients and I use it at the basis for my diagnosis of a patient. In this case, [insert patient name] presented with [insert symptoms] consistent with gastroenteritis. Because these symptoms can be caused by numerous pathogens, I used the panel to test for the pathogens commonly associated with gastroenteritis. This panel has shown a positive impact on patient management in my practice, which is why I use this test. Further, it is the only gastrointestinal panel option which I have to run on the device. [Please add your assessment of the community use of the product here.]

I request that you revisit the claim(s) listed above that have been previously denied, as the testing is consistent with the above ACG and IDSA guidelines, and I followed best practice guidelines in ordering this medically necessary test for my patient, your enrollee.

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

Sincerely,