Date

«payor name»

«payor\_address1»

«payor\_city», «payor\_state» «payor\_zip» «payor\_zip4»

Patient:

ID#:

ICN/Claim#:

Accession#:

Physician:

Dear Appeals Department,

We recently received an Explanation of Benefits (EOB) notification for the above-referenced patient. Denial reasons provided range from “lack of medical necessity,” and “services provided are considered investigational/experimental,” to “lack of information to adjudicate claim.” While all of these conclusions may be valid reasons to deny a claim, we ask that you take the following clinical rationale into consideration.

The HeartFlow® Analysis is an FDA-cleared, non-invasive diagnostic service that enables a physician to more accurately evaluate whether a patient has significant coronary artery disease (CAD) based on both anatomy and physiology. Statements below are supported by the attached clinical data. The HeartFlow Analysis:

* Assists clinicians in determining whether significant CAD is present and the correct course of treatment for the patient.
* Provides a quantitative assessment of the hemodynamic significance of stenotic lesions in order to distinguish between patients who can safely avoid invasive coronary angiography (ICA) and those who require revascularization.
* Provides information that allowed clinicians to cancel 61% of planned ICAs with no adverse events[[1]](#footnote-1).
* Can reduce costs associated with diagnosing and treating CAD compared to standard care. Recent clinical studies showed that use of the HeartFlow Analysis led to significantly lower costs of care compared with standard treatment ($8,127 vs. $12,145, a reduction of 33%)[[2]](#footnote-2).
* Is best utilized when cCTA studies suggest the presence of CAD and clinicians require more information to confirm extent of disease, as well as to determine the severity/obstructive nature of stenotic lesions that are present.
* Is not necessary when cCTA studies are normal.

The HeartFlow Analysis was deemed medically necessary in determining the appropriate treatment plan for this patient. Based on the patient’s specific clinical situation, your member’s physician ordered this analysis which provided the clinician with information that has aided in the diagnosis of the patient’s condition and appropriate treatment plan. The HeartFlow Analysis has been proven to support optimal treatment planning, improve patient outcomes and ultimately reduce healthcare costs.

We respectfully ask that you reconsider your initial decision and reprocess our claim for payment of all lines.

Your time and consideration are greatly appreciated. Should you have any questions or need anything further in order to complete full payment of this claim, please feel free to contact me at the number below.

Sincerely,

Collections Department

1. Douglas, P.S., et al., *Clinical outcomes of fractional flow reserve by computed tomographic angiography-guided diagnostic strategies vs. usual care in patients with suspected coronary artery disease: the prospective longitudinal trial of FFR(CT): outcome and resource impacts study.* Eur Heart J, 2015. **36**(47): p. 3359-67. [↑](#footnote-ref-1)
2. Douglas, P.S., et al., *1-Year Outcomes of FFRCT-Guided Care in Patients With Suspected Coronary Disease: The PLATFORM Study.* J Am Coll Cardiol, 2016. **68**(5): p. 435-45. [↑](#footnote-ref-2)