Date

«payor name»

«payor\_address1»

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

Member Name: <\*PATIENTNAME\*>

Member Policy Number: <\*SUBID\*>

Date of Service: <\*DOS\*>

Claim number: <\*ICN\*>

RE: No Prior Authorization Denial

Dear Appeals Department,

We are writing in regard to your denial of coverage for the above-referenced HeartFlow® Analysis. <\*ORDERPHYSNAME\*> ordered this analysis on behalf of your member, <\*PATIENTNAME\*>. Obtaining this type of analysis is key to diagnosing and treating coronary artery disease (CAD), improving patient outcomes and minimizing unnecessary or inappropriate procedures.

Per the explanation of benefits provided by <\*COMPANY NAME\*>, we understand that the denial of coverage is due to the absence of a Pre-Authorization of service. Based on your member’s specific clinical situation and utilizing their medical judgment, <\*PATIENTNAME\*>'s physician ordered the HeartFlow Analysis. In order to conduct the HeartFlow Analysis, the patient’s coronary CT scan must be transmitted to HeartFlow directly. HeartFlow has no direct patient encounter prior to or after the CT scan, and therefore has no means of knowing if a Pre-Authorization for each patient is required. The results of the HeartFlow Analysis are considered time-critical, and HeartFlow makes every effort to provide the results to the physicians as soon as possible.

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 patients 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 utilized when cCTA studies suggest the presence of CAD and clinicians require more information to confirm the 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 requires significant technical and professional expertise and it is our intent to pursue all avenues of appeal, both internal and external, to secure insurance coverage for our mutual patients. As per the above, the physician in this case determined the analysis was medically necessary in determining the best course of treatment, signed the attached requisition form confirming the medical necessity, and forwarded the patient’s CT scan file to HeartFlow for analysis.

Based on his/her medical judgment, we provided the analysis as requested for your member. As such, HeartFlow respectfully requests that your company reprocess the claim as an in-network service. Due to the nature of our analysis, neither your member nor the ordering physician should be penalized for using an out of network service. Please consider the clinical value of these services and the fact that this level of analysis can only be performed at HeartFlow. If your companydoes not fully cover the cost of our services, <\*PATIENTNAME\*>, your member, will be held financially responsible. We request a response within 30 days upon receipt of this letter.

If you have questions or need additional information, please contact me at the number listed below. To prevent future billing issues for other <\*PAYOR\*> members suffering from suspected coronary artery disease, we would appreciate the opportunity to speak with you about becoming a participating provider. Thank you in advance for your consideration.

Sincerely,

<\*USERNAME\*>

Appeal Department

<\*FACPHONE\*>

References

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)