

SUPPLEMENTAL SAMPLE APPEAL LETTER – MEDICAL NECESSITY

Re: Client:
Birth Date:

Diagnosis:
Relevant medical/surgical history:

Parent/Guardian (if applicable):
Group #
Insured SS#:

I am seeking (preauthorization / predetermination of coverage), on behalf of (insert client name), for the provision of a TheraTogs (insert TheraTogs System recommended), and hope that the following information will be useful when making your decision.

TheraTogs undergarment and strapping systems are designed to provide the wearer with day-long carry-over and functional practice of successes in postural and joint alignment achieved during a therapy session. New studies on neuromotor re-education emphasize the need for practice – literally thousands of repetitions - to acquire new skills. To gain optimum posture and function, therefore, thousands of repetitions of movements must occur in optimum alignment. TheraTogs accomplish this objective with specialized, elastic fabrics that foster active rather than passive correction. Please refer to Table 1 on page 3 of this document for a review of (client's name's) current impairments, functional deficits, risk factors, rehabilitation goals, and rationale for this request.

My client currently uses (insert applicable DME equipment or supplies), that contribute(s) to (my client's) welfare by (explain benefits to support their previous funding), but which has failed to meet (his/her/the family's/my) rehabilitation goals. On the basis of the results observed in the clinical trial that we undertook using a TheraTogs clinical sizing kit, I am requesting TheraTogs (insert name of TheraTogs System recommended) ___ as an appropriate treatment modality in the next step of (his/her) rehabilitation program.

List modalities or strategies previously tried and note any lack of success.

TheraTogs were designed to address problems of posture and movement that are multifactorial and complex. The attending clinician identifies key issues and supervises the use of corrective strapping. No other commercially available products satisfy the objectives of effecting immediate, problem-specific improvement in all-day posture and joint alignment with essential adaptability to support treatment goals.

Supporting Clinical Data:

(NOTE: Use comparative GMFM –66, footprint studies, gait velocity, hand use, or ADL testing to identify gains observed during the TheraTogs trial, and report them here.) (Client's name) is expected to experience the following physiologic benefits: (Insert additional benefits such as musculoskeletal, GI, respiratory, nutrition, etc).

I anticipate that my client will require the use of TheraTogs for (insert expected frequency and duration of use). TheraTogs systems provide for some growth adjustments.

Strong statement should be made regarding gains observed (comparative data is your strongest argument) and expected with TheraTogs. This portion of the letter must address medical and/or safety justification for the client, not ease for caregivers.

The following is a list of code(s) and typical cost of the TheraTogs product I am recommending.

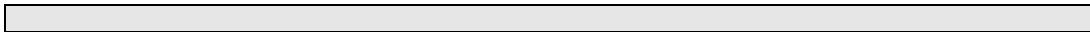
TheraTogs Charges

Code	Description	Est. Cost
LXXXX	Specific HCPCS device code descriptor here Note: Example only – see Coding Chapter for specific coding options	

I am sure you will agree that (Insert client name) is an ideal candidate for use of the TheraTogs (insert name of TheraTogs System recommended). If you have further questions regarding this request for preauthorization, please contact me at (insert).

Sincerely,

Cynthia Clinician, PT
(Your Contact Info here)



DISCLAIMER

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Readers of this document are advised that the contents of this manual are to be used as guidelines only and are not to be construed as policies of TheraTogs, Inc. TheraTogs, Inc. recommends this information be integrated with your payer guidelines, adjusting where necessary to meet the payer's billing requirements. This information is provided by TheraTogs, Inc. as a guide for coding TheraTogs products. It is not intended to increase or maximize reimbursement by any payer. This information is intended to assist providers in accurately obtaining coverage and reimbursement for their health care services. Providers assume full responsibility for all reimbursement decisions or actions. As with all procedures and services, you should: 1) perform the service or procedure; 2) document the service or procedure; 3) code the service, procedure and/or orthotic system or device; and 4) bill for the service, procedure, and/or orthotic system or device.

TheraTogs, Inc. assumes no responsibility for consequences attributable to or related to any use or interpretation of any information or views contained or not contained in this report. Each claim should be coded appropriately and supported with adequate documentation in the medical record. The codes listed are merely examples of codes, they are not necessarily correct coding.

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