



October 24, 20XX

ABC Health Plan
Attn: Appeals Department
PO Box 12345
Anytown, USA 11111

Patient Name:
Insurance ID:
DOB:
Claim Number:
Facility: 123 Medical Facility
DOS:
Total Charges:

Dear Sir or Madam:

The claim referenced above has been referred to us by 123 Medical Facility. We received your denial (attached) indicating clinical information was needed in order to ascertain medical necessity of admission. Our review of said claim finds the services provided are documented and in accordance with care provided to the patient and support medical necessity guidelines. We request ABC Health Plan retrospectively review the admission and authorization the admission at an inpatient level of care.

CLINICAL SUMMARY

Criteria: Medical necessity guidelines for Cardiovascular Surgery or Procedure, as well as Ambulatory Surgery Exception Criteria

Patient is an 81-year-old male admitted with left lower extremity critical limb ischemia (CLI). Patient presented with a 4-5 month history of worsening left lower extremity intermittent claudication. This is associated with a slow-healing ulcer on the heel of his left foot. Peripheral angiography done in April 20XX showed totally occluded distal left SFA and left popliteal artery with significant left below-the-knee arterial occlusive disease. Patient was scheduled to undergo left lower extremity surgical revascularization, but this had been put on-hold pending coronary revascularization. He came in with “new” ulcers on the dorsum of his left foot (2 cm x 3 cm) and on the distal 3rd of his left leg (2 cm x 2.5 cm) associated with diffuse erythema/cellulitis.

Patient was scheduled for angiography of the lower extremity vessels +/- percutaneous endovascular intervention (PEI) if clinically indicated for limb preservation. ABl: Right - 0.8, Left - 0.8. Positive for coronary artery disease (CAD) history. Patient underwent coronary angiography in April 20XX for pre-operative evaluation. He denied having any complaint about angina pectoris; positive for hypertension (HTN); positive for diabetes (DM); positive for hyperlipidemia' and positive for allergy to IV dye contrast agent - Pre-medications were given.

Cardiac Cath - Summary Reason for Study: Structural Defect (ASD/PFO/VSD) - left leg ulcer.

Conclusions:

1. High-grade left renal artery stenosis.
2. **Totally occluded** left superficial femoral artery.
3. **Totally occluded** left popliteal artery.
4. **Totally occluded** left anterior tibial artery.
5. **Totally occluded** left tibioperoneal trunk.
6. **Totally occluded** left peroneal artery.

Intervention - Conclusions:

1. Successful percutaneous endovascular intervention (PEI) of the totally occluded left superficial femoral artery and totally occluded left popliteal artery using the Jetstream XC 2.4/3.4 mechanical atherectomy and thrombectomy device with adjunct balloon angioplasty using the Paclitaxel drug coated balloon; from 100% to <10% residual stenosis.
2. Successful PEI of the totally occluded left tibioperoneal trunk using the Jetstream XC 2.4/3.4 mechanical atherectomy and thrombectomy device with adjunct balloon angioplasty; from 100% to <10% residual stenosis.

Comments: At the end of the procedure, there was "pulsatile straight-in-line" flow from the patent left superficial femoral artery, left popliteal artery, through the left tibioperoneal trunk and the one (1) vessel run-off (left posterior tibial artery) to the periphery.

08.19.XX

Shortness of breath findings. Frontal and lateral projections of the chest were obtained. Cardiac silhouette is at the upper limits of normal in size. Vascularity is increased consistent with pulmonary venous congestion. Impression: Pulmonary venous congestion. Once the patient was stable, he was discharged home.

Medical necessity guidelines for Cardiovascular Surgery or Procedure

Clinical Indications for Procedure

- Surgery or other procedure covered by this guideline is indicated for 1 or more of the following:
 - Embolectomy, thrombectomy, thrombolysis, endarterectomy, angioplasty, or bypass needed as indicated by 1 or more of the following:
 - Acute vessel occlusion, as indicated by all of the following:
 - Ischemic signs
 - Absence of irreversible ischemic changes

Medical necessity guidelines for Ambulatory Surgery Exception Criteria

- Surgery or procedure performed on ambulatory basis may require an inpatient stay for 1 or more of the following:
 - Preoperative situation, condition, or finding that warrants inpatient stay as indicated by 1 or more of the following:
 - Emergent procedure (e.g., angioplasty for acute ischemic)
 - Perioperative event, condition, or finding that warrants inpatient stay as indicated by 1 or more of the following:
 - Comorbid condition or test result identified during or after a procedure that requires inpatient care

Attached, you will find supporting documentation for your review. Once you have reviewed the attached documentation and appeal, we are confident that you will concur this patient's care was medically necessary. Any concerns with respect to authorization and timely filing should be waived given that the appropriate guidelines are met.

We request that you reprocess and pay the claim per contract without delay. Should you need further information, please contact me via the below information.

Regards,

RN, BSM
Phone: XXX.XXX.XXXX
Email: XXXXX@AdventHP.com