**Template Appeal Letter for Balloon Dilation**

In response to the denials some members have received for an entire surgical session when CPT code 31295-31297 (*Nasal/ sinus endoscopy. Surgical…)* are performed*,* **the Physician Payment Policy Workgroup (3P)** has drafted an appeal template letter, which members may use to appeal their denials. This letter is generic and acts only as guidance for you to construct your appeal letter. You should use your company letterhead/logo and fill in the blanks and header information. **Please remove the sections in the template letter, which do not apply to your denial.** We recommend that you also submit any other relevant supporting documents (for example medical notes, operative reports, clinical indicators, etc.). It is also important to include the Academy’s [Advocacy Statement](http://www.entnet.org/sites/default/files/final_academy_advocacy_statement_balloon_sinus_denials_march2017.docx) and [Position Statement](http://www.entnet.org/content/position-statement-dilation-sinuses-any-method-eg-balloon-etc) on balloon sinus ostial dilation.

Date

Attn: Director of Claims

Insurance company name

Insurance company address

Re: Claim #:

Patient Name

Patient’s ID #:

Dates of Service:

Total Billed Amount:

Dear [insert Medical Director’s name]:

This letter is a formal request for reconsideration of a denial of claim [insert claim number] for patient [insert patient’s name]. The procedure was billed with CPT code [insert appropriate CPT code- 31295- Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa; 31296- Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation); 31297- Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)].

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I disagree with {insert payer’s name} denial of the nasal/ sinus endoscopy based on the “Investigational/ Not Medically Necessary” designation by the health plan. Given its wide spread use, clinical experience, approval by the Food and Drug Administration, and the American Academy of Otolaryngology – Head and Neck Surgery’s position on the use of a balloon as a tool in a standard approach to sinus ostial dilation, I believe the denial of the entire surgical session based on the use of the balloon sinus ostial dilation is unjustified and should be reconsidered.

According to {insert payer’s name}, there is no reference policy that would not allow payment for an entire surgical session when one portion or element was considered “Investigational/ Not Medically Necessary” and it is the belief of the American Academy of Otolaryngology- Head and Neck Surgery that the use of a balloon as a tool in a standard approach to a sinus ostial dilation along with other indicated endoscopic surgery is acceptable.

According to the Academy’s official Policy Statement, “Sinus ostial dilation (e.g. balloon ostial dilation) is a therapeutic option for selected patients with chronic rhinosinusitis (CRS) and recurrent acute rhinosinusitis (RARS) who have failed appropriate medical therapy. Clinical diagnosis of CRS and RARS should be based on symptoms of sinusitis and supported by nasal endoscopy documenting sinonasal abnormality or mucosal thickening on computed tomography of the paranasal sinuses. This approach may be used alone to dilate an obstructed sinus ostium (frontal, maxillary, or sphenoid) or in conjunction with other instruments (e.g., microdebrider, forceps). The final decision regarding use of techniques or instrumentation for sinus surgery is the responsibility of the attending surgeon.

Please reprocess this claim for payment of CPT code [insert code]. If you need additional information, please contact me at [insert phone number]. Thank you for your prompt attention.

Sincerely,

[insert doctor’s name]

Enclosures: [insert number of enclosed documents]

cc: [insert patient’s name]