Appeal packet: WISeR prior authorization resubmission

SAMPLE: made-up case, no real patient. The choices below are made up to show the format. The blanks stay blank.

From (appellant)	[PRACTICE NAME]
Address	[PRACTICE ADDRESS]
Phone / fax	[PHONE] / [FAX]
Responsible physician	[CLINICIAN NAME], [CREDENTIALS]
Patient	[PATIENT NAME], born [DATE OF BIRTH]
Member / beneficiary ID	[MEMBER ID]
Plan	[PLAN NAME] (Traditional Medicare, WISeR)
Service appealed	neck fusion, front approach (CPT 22554)
Diagnosis	[DIAGNOSIS]
Denial reference	[DENIAL REFERENCE]
Date of denial	[NOTICE DATE]

Blanks in square brackets are filled by the practice, in its own system, before the physician signs. This packet holds no patient name, birth date, ID number or date.

Left out of the plan's table because they apply only in some cases: Difficulty walking. If one applies to this patient, the physician ticks it and rebuilds the packet before signing.

In this packet

- Appeal letter from [PRACTICE NAME]
- Criteria table: what the records show, marked Shown or Not shown
- Exhibit list: what to pull from the chart, with a page blank for each
- Deadline sheet
- One-page peer-to-peer brief
- Physician review and signature

  This packet is built from templates and the choices the practice made. No AI model read or wrote any part of it. Nothing leaves the practice until the named physician has reviewed and signed it.

This packet is not a substitute for the advice of an attorney.

Appeal letter

[DATE SENT]

To: [PLAN NAME] (Traditional Medicare, WISeR) (Medicare WISeR prior authorization), fax [PLAN FAX]

Patient	[PATIENT NAME], born [DATE OF BIRTH]
Member / beneficiary ID	[MEMBER ID]
Plan	[PLAN NAME] (Traditional Medicare, WISeR)
Service appealed	neck fusion, front approach (CPT 22554)
Diagnosis	[DIAGNOSIS]
Denial reference	[DENIAL REFERENCE]
Date of denial	[NOTICE DATE]
Original non-affirmed UTN	[ORIGINAL UTN]

[PRACTICE NAME] is the requesting provider and the appellant. We are resubmitting the prior authorization request for neck fusion, front approach (CPT 22554) for [PATIENT NAME]. The request was not affirmed on [NOTICE DATE]. The notice gave this reason: Records missing or didn't show the criteria (reason class). Notice wording: [practice adds from the notice].

CMS's WISeR operational guide allows a non-affirmed request to be resubmitted with added information, with no limit on the number of resubmissions, and requires the original non-affirmed UTN on the resubmission. The UTN is shown above.

Answer to the plan's reason

The plan said the records were missing or did not show the criteria. The exhibit list names the chart pages for each row of the enclosed table, and those pages are enclosed in letter order. In the enclosed table: rows 1, 2, 3 and 4 (exhibits A, B, C and D).

What the records show

- Standing flexion and extension films show one neck bone slipping on the next (instability).
- The patient has severe neck pain that limits daily activities.
- The patient completed physical therapy or a home exercise program.
- No tumor, infection or injury explains the symptoms.

The criteria table in this packet lists each documentation item in CMS's published cervical fusion requirements (operational guide section 6.2.11, based on Medicare coverage policies L39741, L39758 and L39793), what the records show, and the page where it appears.

What we ask

- Review this resubmission against the enclosed records within the CMS timeframe.
- Request a peer-to-peer clinical review with a clinician who has specialty expertise in the condition, as the guide allows with a resubmission. A one-page brief is enclosed.
- If the request is still not affirmed, send a notice that names each missing item so we can supply it.

Contact: [PHONE], fax [FAX].

Sincerely, [PRACTICE NAME]

Criteria table

The criteria below are the general documentation requirements for cervical fusion in CMS's WISeR operational guide, section 6.2.11 (public government text). Coverage policies: L39741, L39758, L39793.

#	Criterion (CMS WISeR guide 6.2.11)	What the records show	Exhibit	Shown / Not shown
1	Cervical degenerative spondylolisthesis with spinal instability (anterolisthesis or posterolisthesis)	Standing flexion and extension films show one neck bone slipping on the next (instability).	A	Shown: found in chart, page ____
2	Presence of substantial functional limitation, such as severe neck pain, difficulty ambulating, or decreased ability to perform activities of daily living	The patient has severe neck pain that limits daily activities.	B	Shown: found in chart, page ____
3	Conservative care tried	The patient completed physical therapy or a home exercise program.	C	Shown: found in chart, page ____
4	Symptoms not explained by another cause (for example, no tumor, infection or trauma path applies)	No tumor, infection or injury explains the symptoms.	D	Shown: found in chart, page ____
5	Original non-affirmed UTN included on the resubmission	UTN written on the cover: [ORIGINAL UTN]	E	Shown: found in chart, page ____
6	Service is on the live WISeR list (CPT 22554)	CPT 22554 on the request	E	Shown: found in chart, page ____

Shown: the office ticked this box; write the chart page in its blank.

Rule version used: the version of the CMS WISeR guide, section 6.2.11, and of L39741, L39758 and L39793 in force when this resubmission is sent.

Exhibit list

Each exhibit is part of the practice's own chart. The practice pulls it, writes its pages in the blank, and puts it behind this list in letter order. This service holds none of these pages.

Exhibit	What to pull from the chart	Criteria rows	Pages
A	Standing flexion and extension films and their report	1	page ____
B	Visit notes with the neck pain, walking and daily activity findings	2	page ____
C	Therapy or home exercise notes	3	page ____
D	Notes or imaging that rule out a tumor, infection or injury	4	page ____
E	The non-affirmation notice and the original request, with the UTN	5, 6	page ____

A row marked Shown needs its page in the blank before the physician signs. If the chart has no page for an exhibit, write none in its blank; the rows it supports stay Not shown.

Deadline sheet

Which clock applies: WISeR resubmission. Each rule is in words, with a blank for the date.

What	When	Source
Resubmission sent	Date: _____	Practice
Decision expected by	3 calendar days from receipt (expedited: 2 calendar days). Last day: _____	CMS WISeR guide, section 4
Resubmission limit	None; each resubmission carries the original non-affirmed UTN	Guide, section 4.4
Peer-to-peer	Requested with the resubmission; held within the standard or expedited timeframe	Guide, section 4.4
If a claim is later denied	Existing Medicare appeals process (rights are preserved)	Guide, section 10

This packet holds no dates for the patient. Dates are counted from the day the participant receives the request. Write the receipt date and the last day in each blank.

SAMPLE: made-up case, no real patient

Peer-to-peer brief (one page)

Patient	[PATIENT NAME], member ID [MEMBER ID]
Request	neck fusion, front approach (CPT 22554)
Original UTN	[ORIGINAL UTN]
Physician on the call	[CLINICIAN NAME], [CREDENTIALS]

Say first

This is a resubmission of a request that was not affirmed. The enclosed records show the documentation items in section 6.2.11 of the CMS guide. I would like to go through the strongest ones with you.

The plan's reason

The plan said: Records missing or didn't show the criteria. The rows that answer it: 1, 2, 3 and 4.

Points, strongest first

- Row 1. Standing flexion and extension films show one neck bone slipping on the next (instability). (Cervical degenerative spondylolisthesis with spinal instability (anterolisthesis or posterolisthesis); chart page ____)
- Row 2. The patient has severe neck pain that limits daily activities. (Presence of substantial functional limitation, such as severe neck pain, difficulty ambulating, or decreased ability to perform activities of daily living; chart page ____)
- Row 3. The patient completed physical therapy or a home exercise program. (Conservative care tried; chart page ____)
- Row 4. No tumor, infection or injury explains the symptoms. (Symptoms not explained by another cause (for example, no tumor, infection or trauma path applies); chart page ____)

Ask the reviewer

- Which requirement, if any, do you see as not met?
- Which page of the record would show it to you?
- Can the request be affirmed on this call, or after the missing page is sent?

Write down after the call

- Reviewer name and specialty
- Date and time of the call
- Any item the reviewer says is missing
- Next step and who owns it

Physician review and signature

Nothing in this packet is sent until the physician below has read it against the patient's records.

Name	[CLINICIAN NAME]
Credentials	[CREDENTIALS]
NPI	[NPI]
Date	_____

Attestation: I have reviewed this packet against the patient's records. Each statement is supported by the records or is marked for my change. I approve it to be sent.

Signature: _____

Date: _____

This packet is not a substitute for the advice of an attorney.