

Disclaimer: The patient's health plan should always be the first line of contact when disputing a claim. Filing an appeal for under-reimbursement may or may not result in an adjustment of payment. There are no guarantees of payment at any particular rate, and coverage and payment rates may vary depending on a number of factors (e.g., payor coverage policies, provider contracts).

How to Appeal an Under-Reimbursed Claim

Before beginning a formal appeal process, you should first do the following:

- **Call the health plan to confirm the procedure required for the appeal, verify eligibility and reimbursement amounts**
 - Be prepared to provide the health plan with the claim number and all the information on the original claim that was not paid correctly
 - Amounts may vary due to special contracts between an employer group and the health plan, so be prepared to provide the health plan with the employer name and/or group number
- If not satisfied after calling the health plan, you may want to file a letter of appeal with the health plan and include the original claim

To Create an Appeal Letter for HCPCS J7300 (Paragard)

Create your own letter to address the under-reimbursement or utilize the **sample template appeal letter** provided for Paragard.

- If using the Paragard template – please copy and paste content onto practice letterhead, fill in the blanks accordingly, and add any additional information to support your appeal

Please include the following documents with your appeal letter to assist with the health plans consideration and determination for adjusting payment.

- Original claim
- **Price change letter to health plan**
- **Price change letter to healthcare providers**
- **Paragard patient brochure**

NOTE: Some health plans will require or request a copy of the invoice purchase price.