

Disclaimer: This information is provided for informational purposes only and does not guarantee coverage or payment at any particular rate. Individual payors may require the use of specific forms and/or inclusion of specific information to support an appeal, and providers should check with their payors to confirm applicable requirements.

Sample Letter of Appeal for Under-Payment of Paragard® HCPCS J7300

[Date]

[Health Plan Name]

[Health Plan Address]

Re: **Patient:**
 Subscriber:
 Policy Number:
 Group Number:
 Claim Number:

[Salutation]:

I am submitting this letter to formally request reconsideration of **[inadequate]** payment for HCPCS J7300, Paragard® (Intrauterine Copper Contraceptive – non hormonal IUD), given to my patient, **[name]**, on **[date of service]**.

Our submitted charge for the Paragard unit was **[\$provider's charge]**, and we received payment in the amount of **[\$payment amount]**.

On September 30, 2019, the manufacturer of Paragard increased its wholesale acquisition costs (WAC) pricing to \$884.50 for HCPCS J7300. Please find attached copies of the notifications that were submitted and sent to both Health Plans and physicians notifying them of the pricing change.

I am respectfully requesting that you reconsider your reimbursement for the Paragard unit.

Thank you for your consideration. Please do not hesitate to contact me at **[insert phone number]** if I can be of further assistance to you.

Sincerely,

[insert physician signature]

Enclosures:

Copy of Price change letter to Health Plans

Copy of Price change letter to physicians

Paragard patient brochure