Sample Patient Appeal Letter for UroLift® Prostatic Urethral Lift; MAC00152-01 Rev B

Date

Payer Address

Denial reference number:

Dear [payer]

I am requesting a review of the above-referenced denial. I have attached some supporting information and appreciate your careful review of my appeal. Based on my unique situation and my doctor’s recommendation, I am asking you to reverse your denial and provide coverage and payment for the prostatic urethral lift (PUL) using the UroLift® System. Explain your history with this condition, such as your age and the years you have had symptoms]

[Describe the way that your urinary symptoms and BPH impact your daily life. Are your symptoms having an impact on your work productivity, social life, relationships, or activity level?]

[List any treatments you have tried already and why you are ready for the prostatic urethral lift procedure using the UroLift System. Were you on medications and they are no longer effective? Are you unable or unwilling to take medications? Have your symptoms recently gotten worse?]

After discussing treatment options with my doctor, we have decided that the PUL using the UroLift System is the best treatment for my condition. This procedure has fewer risks and similar effectiveness compared to available surgical treatments. [List any reasons why UroLift is the best option for you, such as:

* Concerned with preserving sexual function – UroLift is the only BPH treatment with no new, sustained erectile or ejaculatory dysfunction On anticoagulents and therefore more invasive surgeries put you at risk for bleeding
* Interested in a less-invasive option
* Lower rates of catheter use after surgery
* Lower risk of other permanent side effects such as incontinence or bladder problems requiring additional surgeries]

My doctor informed me that other insurance companies are paying for this FDA cleared procedure and that there are a lot of good studies showing that it is safe and it works. It seems to offer significant advantage over other treatments for men like me.

The American Urological Association develops scientifically rigorous, peer-reviewed guidelines. The 2018 update to their Guidelines on the Surgical Management of Lower Urinary Tract Symptoms Attributed to Benign Prostate Hyperplasia positions the Urolift PUL procedure as part of the standard of care alongside TURP, laser, and other established procedures.

Please reconsider your denial and cover this procedure.

Sincerely,

[Name and signature]

Attachments

* Copy of medical records from doctor’s office
* Copy of denial letter
* AUA Guidelines