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| APTA Template Letter: Consumer to Payer for Denial Based on Code Exclusions |

This template is for patients to report their specific concerns and individual adverse impacts related to a coding exclusion implemented by a health plan.

Insert the applicable information in brackets and create a letter to mail or email to the appropriate agency.

REMINDER: Delete the header, these instructions, and any other bracketed language below prior to submitting your letter.

[DATE]

[NAME/TITLE OF PAYER ADDRESSEE]

[ADDRESS OF PAYER]

RE: Access to Physical Therapist Services during and after COVID-19

Dear [TITLE/LAST NAME]:

I am writing to request your help with a problem I am facing in receiving my [HEALTH PLAN] benefits. My physical therapist informed me that [HEALTH PLAN] has implemented new coding exclusions that fail to put my needs at the forefront of care and may prevent me from receiving medically reasonable and necessary services.

The COVID-19 pandemic has caused major changes for all of us, and I am no exception. The added burden of not knowing if my physical therapist can provide appropriate treatment for my condition is very concerning. While [HEALTH PLAN] is my health insurance company of choice if these policy changes impact my ability to access the care I need for my condition, I will have to consider other carriers.

[INSERT: tell your story about what treatment you are losing access to and how that impacts your recovery.]

Having experienced the positive impact of physical therapy, I respectfully request that [HEALTH PLAN] consider amending its practices and allow physical therapists to provide medically necessary services based on sound clinical decision-making and evidence-based practice. As a beneficiary of your health plan, I am petitioning for timely development of solutions to ensure that future access to care is not inhibited, and I fully expect [HEALTH PLAN] to support its providers and enrollees.

Thank you for your consideration. If you have any questions or would like to discuss in further detail, I can be reached at [PHONE] or [EMAIL].

Respectfully submitted,

[NAME]

[ADDRESS]

[TELEHONE]

[EMAIL]