

The Tampa Bay Hearing and Balance Center
Harbourside Medical Tower 4 Columbia Drive Suite 610 Tampa, FL 33606
813 844 HEAR 813 844 4900 Fax 813 844 4905
Loren J Bartels MD FACS

Re: Bone Anchored Hearing Assistive Device

Dear Patient:

The health care payment system in the United States has become increasingly complex. For example, it may be several years before a new technology or device which has been cleared by the FDA is covered by insurance companies, Medicare, HMOs, etc. When I, as your physician, recommend a new method of treatment, I believe that it is important for you to understand the way the payment system works and how you can help effect coverage.

For instance, Medicare should pay for any procedure proven to be reasonable and necessary in the treatment of a disease process. Sometimes, even when a medical code exists for a procedure, there may be a particular diagnosis, indication, or supplies that are not covered in conjunction with that particular procedure. The approval process to obtain coverage from Medicare can take time. In the meantime, the Medicare Medical Director for each carrier can authorize coverage and payment for these non-covered diagnoses, indications, and supplies. Many HMOs and other insurance companies have processes similar to that of Medicare for approving coverage of new technologies and devices.

You can play an important role in obtaining payment for a new procedure by writing to the Medical Director of your insurance company. Tell him/her of your medical problems and why you have become convinced that you should have the BAHA® System. Enclosed is a sample letter to aid you in composing your own request for prior approval of coverage. Your letter, together with mine, should enable you to achieve coverage and payment for the insertion of the BAHA® System.

If you have any questions, please call my office at xxx-xxx-xxxx.

Sincerely,

Loren J Bartels MD FACS

Enclosure

PATIENT REQUEST FOR COVERAGE

To: Medical Director
Medicare Carrier or Private Payer Address

From: (Name of Patient)
Medicare: SS#
OR
Private Payer: Policy # and Group #

RE: Request for Coverage Decision

I am writing to request advance approval for coverage of the insertion of an osseointegrated implant to restore my hearing. I am unable to use a conventional hearing aid due to otosclerosis and the accompanying chronic infections of my middle ear. My physician, (name), has advised me that clinical evaluation verifies that I am a qualified candidate for such an insertion. He/she recommends that we utilize the BAHA® System. I understand that in order to use the BAHA device I will require surgery. Nevertheless, after discussing my specific needs and limitations with my physician, I believe that this device is my best choice. Following is some information about my past symptoms, problems, and treatments which may clarify my request.

EXAMPLE

History:

Symptoms (including severity):

Previous Treatment:

Relevant Indications for Utilization of the BAHA® System:

I would very much appreciate your immediate approval of my request.

Sincerely,

(Patient Name)

cc: Loren J Bartels MD FACS