

# Sample Letter of Appeal for Macroplastique®

Re: [Patient name]  
[Policy number]

To Whom It May Concern:

I am submitting this letter of appeal in response to your denial of coverage for urethral bulking agent treatment for [patient name]. Your letter of denial, attached, states that this treatment has not been found to be [use specific language from denial letter], and therefore is not covered. This letter will provide information that demonstrates that urethral bulking agent treatment is as effective – and for some patients more effective – than standard of care treatment for [diagnosis code]. More importantly, I will provide patient-specific information that demonstrates this treatment is clearly medically necessary for [patient name].

## Patient Background

[Patient name] was diagnosed with [stress incontinence, etc.] [number] years ago. Describe condition – give detail including:

- o Condition severity (# of incontinence episodes daily/weekly)
- o Treatments tried, including pharmacotherapy, bladder training, biofeedback, and describe why those treatments were not successful for this patient. Discuss side-effects, compliance, lack of effectiveness, etc.
- o How the conditions and the treatments have affected the patient (i.e., social isolation)
- o Any comorbidities experienced if applicable
- o Include and refer to medical records as appropriate

## Medical Necessity

[Patient name] has endured the debilitating symptoms of [stress incontinence, etc.] for years. Other conventional therapies have not been successful in treating her condition and she continues to experience unacceptable symptoms. I believe Macroplastique® could help alleviate her symptoms. Macroplastique is injected into the tissues surrounding the urethra. The increased “bulk” allows urethra to close more effectively and prevents urine from leaking. Without this treatment, the patient is forced to explore more invasive, risky and expensive treatments.

In consideration of the above information, it is my clinical opinion that Macroplastique is the best treatment option available to this patient. Please reconsider your denial and provide coverage for this medically necessary therapy.

Feel free to contact me with questions or for additional information.

Sincerely,

[your name]