

Sample Letter for Physician Office Setting:

Letter to Address Site of Service Differential Issues

Date:

Patient:

Inside Address

Policy Holder:

ID/Soc. Security #:

Dear _____:

[To Request Review of a Claim Previously Submitted and Paid:]

I am writing to request a claim review on the PROSTIVA® RF Therapy procedure (CPT Code: 53852 -Transurethral destruction of prostate tissue; by radio frequency thermotherapy) that I performed on [patient name] in my office (site-of-service 11) on [date of procedure]. It appears the payment of [payment amount] was based on the facility RVU rather than the payment level expected to cover the non-facility (office) expenses associated with this procedure. It suggests that only the professional component was recognized for a procedure done in the office setting. Effective January 1, 2001, Medicare recognized that the PROSTIVA RF procedure in the office setting is eligible for non-facility payment.

[To Request Review of a Rate Obtained for PROSTIVA RF Therapy When the Procedure Has Not Yet Been Performed:]

I am writing to request a review on the PROSTIVA RF Therapy procedure (CPT Code: 53852 - Transurethral destruction of prostate tissue; by radio frequency thermotherapy) payment rate that I recently obtained from your Customer Service representative. I was told by your representative that if I perform PROSTIVA RF Therapy on a patient in my office, I will receive \$_____ from your plan. It appears that this payment amount is based on the facility RVU rather than the payment level expected to cover the non-facility (office) expenses associated with this procedure. It suggests that only the professional component is recognized for a procedure I perform in the office setting. Effective January 1, 2001, Medicare recognized that the PROSTIVA RF procedure in the office setting is eligible for non-facility payment.

CPT Code 53852 has a 90-day global period and includes the following professional and technical components:

- Professional Service
- PROSTIVA RF Therapy Disposable Handpiece
- PROSTIVA RF Therapy Generator
- Supplies (e.g., gloves, topical anesthetic, etc.)
- Attending Nurse
- Office Indirect Overhead Costs (office operating costs)

[The following section applies to either type of letter]

The 2008 Medicare national average non-facility physician rate of \$2,960 (Geographic Practice Cost Indices apply) became effective January 1, 2008. This RVU information was published in the CMS Final Rule of the Physician Fee Schedule (Federal Register, Volume 72, No. 227/ November 27, 2007/Rules and Regulations). The Medicare Physician Fee Schedule conversion factor for

2008 is \$38.0870 as published by CMS in the "Revisions to Payment Policies under the Physician Fee Schedule for CY 2008" and amended by the Medicare, Medicaid and SCHIP Extension Act of 2007, Title I - Medicare, Sec. 101, December 29, 2007.

PROSTIVA RF Therapy is a minimally invasive treatment for symptomatic benign prostatic hyperplasia (BPH) that received FDA 510(K) clearance in 2005. RF therapy for symptomatic BPH, first cleared by the FDA in 1996, offers a cost effective and quality-of-life enhancing alternative to the more invasive surgical procedure, transurethral resection of the prostate (TURP). Following the PROSTIVA RF Therapy procedure, most men return to their normal lifestyles within a few days. I perform the PROSTIVA RF Therapy procedure on many of my patients who are covered by other health plans. I have received payment levels ranging from \$_____ to \$_____ from the other plans demonstrating their recognition of the site-of-service differential for this procedure. They include: **[names of health plan(s)]**

In not recognizing this site-of-service differential when other commercial payors are doing so, you are restricting your members' access to this technology due to the inadequate reimbursement levels to cover the cost of the capital expenditure and a single use disposable handpiece.

I would appreciate your consideration in appropriately readjusting the payment level for 53852 to recognize the non-facility expenses. Should you have any questions or comments please contact my office at **[office phone number]**.

Sincerely,

[Physician's name], M.D.