SAMPLE APPEAL LETTER– CAPSULE ENDOSCOPY

Insurance Company

# RE: PATIENT

**DOB:**

**ID #**

**Pat Acct #**

DATE

Dear Sir, or Madam:

Patient was referred to the practice/hospital name by his/her local gastroenterologist for evaluation of severe Crohn’s disease or ulcerative colitis/inflammatory bowel disease-undefined symptoms. He/She came to this practice for a second opinion due to persistent, unexplained symptoms. On prior evaluation, his/her disease was thought to be confined to his/her colon. A review of his/her radiology procedure performed at name of radiology center A repeat colonoscopy performed at name of radiology center did confirm this, however his/her disease activity was mild and did not explain his/her severe, debilitating symptoms, as well as vitamin/mineral deficiencies. Review of his/her radiology procedure by name of radiology center from an outside hospital showed no abnormalities.

Wireless capsule endoscopy is recommended in cases where the diagnosis of small bowel Crohn's disease is suspected. It is also recommended to determine the extent and severity inflammation in patients with known small bowel involvement. Since cross sectional imaging with initial radiologic tests did not show any inflammation in the small bowel; in the setting of a high clinical suspicion of small bowel involvement, a capsule study will impact treatment decisions

Studies have shown that ileal intubation on colonoscopy could miss up to 50% of patients who have small bowel Crohn’s disease, for various reasons including the fact that their disease may not involve the most distal terminal ileum (1). As such, it is important to have additional modalities available to evaluate the entirety of the small bowel. When radiographic imaging is unremarkable, yet high suspicion for small bowel Crohn’s remains, there is also data to suggest that capsule endoscopy may provide higher diagnostic yield. A meta-analysis demonstrated that capsule endoscopy was superior to small bowel follow-through, colonoscopy with ileoscopy, and CT enterography in detection of suspected small bowel Crohn’s disease (2).

For these reasons, I ask that you please reconsider your decision, and allow me to use this diagnostic approach with patient as it may result in significant changes to the management of their disease. If you have any further questions or concerns, please do not hesitate to contact my office.

Kindly reconsider your denial of requested diagnostic testing since it will impact **patient name’s** treatment plan. If you have any additional questions or concerns, please do not hesitate to contact my office.

Sincerely,

Dr/Contact Info

References:

1. Samuel S, Bruining DH, Loftus EV, et al. Endoscopic skipping of the distal terminal ileum in Crohn’s disease can lead to negative results from ileocolonoscopy. Clin Gastroenterol Hepatol. 2012;10(11):1253-9.
2. Leighton, Jonathan A. MD, FACG1; Brock, Andrew S. MD2; Semrad, Carol E. MD, FACG3; Hass, David J. MD, FACG4,5; Guda, Nalini M. MD, FACG6; Barkin, Jodie A. MD7; Eisen, Glenn M. MD, MPH8. Quality Indicators for Capsule Endoscopy and Deep Enteroscopy. The American Journal of Gastroenterology 117(11):p 1780-1796, November 2022. | DOI: 10.14309/ajg.0000000000001903