Appeal packet: WISeR prior authorization resubmission

SAMPLE: made-up case, no real patient. Names, dates and records below are invented to show the format.

From (appellant)	Sample Spine Associates, PA
Address	100 Sample Street, Sampleville, TX 00000 (sample)
Phone / fax	000-000-0000 (sample) / 000-000-0001 (sample)
Responsible clinician	Dr. Sam Sample, MD, orthopedic spine surgery (sample)
Patient	Pat Example, born 01/01/1960 (sample)
Member / beneficiary ID	Medicare number not shown (sample)
Plan	Sample WISeR participant for Texas
Service appealed	Anterior cervical fusion below C2 (CPT 22554)
Diagnosis	Cervical degenerative spondylolisthesis at C4-C5 with instability (sample)
Denial reference	SAMPLE-REF-0001
Date of denial	September 17, 2026

In this packet

- Appeal letter from Sample Spine Associates, PA
- Criteria table: what the records show, with page references
- Deadline sheet
- One-page peer-to-peer brief
- Clinician review and signature

This packet is built from templates and the facts the practice entered. No software model read or wrote any part of it. Nothing leaves the practice until the named clinician has reviewed and signed it.

Appeal letter

September 22, 2026

To: Sample WISeR participant for Texas (Medicare WISeR prior authorization), fax 000-000-0002 (sample)

Patient	Pat Example, born 01/01/1960 (sample)
Member / beneficiary ID	Medicare number not shown (sample)
Plan	Sample WISeR participant for Texas
Service appealed	Anterior cervical fusion below C2 (CPT 22554)
Diagnosis	Cervical degenerative spondylolisthesis at C4-C5 with instability (sample)
Denial reference	SAMPLE-REF-0001
Date of denial	September 17, 2026
Original non-affirmed UTN	SAMPLE-UTN-0000

Sample Spine Associates, PA is the requesting provider and the appellant. We are resubmitting the prior authorization request for Anterior cervical fusion below C2 (CPT 22554) for Pat Example. The request was not affirmed on September 17, 2026. The notice gave this reason: The documentation did not show spinal instability or substantial functional limitation (sample wording).

CMS's WISeR operational guide allows a non-affirmed request to be resubmitted with added information, with no limit on the number of resubmissions, and requires the original non-affirmed UTN on the resubmission. The UTN is shown above.

What the records show

- Standing flexion and extension films dated September 9, 2026 show 3.4 mm of forward slip of C4 on C5 on flexion (Sample chart, page 5).
- Neck pain rated 8 of 10 and trouble walking a block without stopping, noted at the visit on September 2, 2026 (Sample chart, pages 2 and 7).
- Twelve weeks of physical therapy and a home exercise program, finished August 2026 (Sample chart, page 9).

The criteria table in this packet lists each documentation item in CMS's published cervical fusion requirements (operational guide section 6.2.11, based on Medicare coverage policies L39741, L39758 and L39793), what the records show, and the page where it appears.

What we ask

- Review this resubmission against the enclosed records within the CMS timeframe.
- Request a peer-to-peer clinical review with a clinician who has specialty expertise in the condition, as the guide allows with a resubmission. A one-page brief is enclosed.
- If the request is still not affirmed, send a notice that names each missing item so we can supply it.

Contact: 000-000-0000 (sample), fax 000-000-0001 (sample).

Sincerely, Sample Spine Associates, PA

Criteria table

The criteria below are the general documentation requirements for cervical fusion in CMS's WISeR operational guide, section 6.2.11 (public government text). Coverage policies: L39741, L39758, L39793.

Criterion (CMS WISeR guide 6.2.11)	Where the records show it	Page
Cervical degenerative spondylolisthesis with spinal instability (anterolisthesis or posterolisthesis)	Flexion and extension films: 3.4 mm slip of C4 on C5, September 9, 2026	5
Presence of substantial functional limitation, such as severe neck pain, difficulty ambulating, or decreased ability to perform activities of daily living	Neck pain 8 of 10; cannot walk a block without stopping	2, 7
Original non-affirmed UTN included on the resubmission	UTN shown on the letter and cover	1
Service is on the live WISeR list (CPT 22554)	CPT 22554 on the request form	1
Symptoms not explained by another cause (for example, no tumor, infection or trauma path applies)	[clinician to confirm]	[clinician to confirm]

A row marked [clinician to confirm] has no page reference yet. The clinician fills it or removes the claim before signing.

Deadline sheet

What	When	Source
Resubmission sent	September 22, 2026	Practice
Decision expected by	September 25, 2026	3 calendar days, standard
Decision on a resubmission	3 calendar days from receipt (expedited: 2 calendar days)	CMS WISeR guide, section 4
Resubmission limit	None; each resubmission carries the original non-affirmed UTN	Guide, section 4.4
Peer-to-peer	Requested with the resubmission; held within the standard or expedited timeframe	Guide, section 4.4
If a claim is later denied	Existing Medicare appeals process (rights are preserved)	Guide, section 10

Dates are counted from the day the participant receives the request. The office confirms the receipt date.

SAMPLE: made-up case, no real patient

Peer-to-peer brief (one page)

Patient	Pat Example, born 01/01/1960 (sample)
Request	Anterior cervical fusion below C2, CPT 22554
Original UTN	SAMPLE-UTN-0000
Clinician on the call	Dr. Sam Sample, MD, orthopedic spine surgery (sample)

Say first

This is a resubmission of a non-affirmed request. The records enclosed show each documentation item in section 6.2.11 of the CMS guide. I would like to go through them with you.

Points, in this order

- Cervical degenerative spondylolisthesis with spinal instability (anterolisthesis or posterolisthesis): Flexion and extension films: 3.4 mm slip of C4 on C5, September 9, 2026 (page 5)
- Presence of substantial functional limitation, such as severe neck pain, difficulty ambulating, or decreased ability to perform activities of daily living: Neck pain 8 of 10; cannot walk a block without stopping (page 2, 7)
- Original non-affirmed UTN included on the resubmission: UTN shown on the letter and cover (page 1)
- Service is on the live WISeR list (CPT 22554): CPT 22554 on the request form (page 1)
- Symptoms not explained by another cause (for example, no tumor, infection or trauma path applies): [clinician to confirm] (page [clinician to confirm])

Ask

- Which documentation item, if any, is still missing in your view?
- If an item is missing, where do you expect to see it?
- Can the request be affirmed on this call or after the missing page is sent?

Write down after the call

- Reviewer name and specialty
- Date and time of the call
- Any item the reviewer says is missing
- Next step and who owns it

Clinician review and signature

Nothing in this packet is sent until the clinician below has read it against the patient's records.

Name	Dr. Sam Sample
Credentials	MD, orthopedic spine surgery (sample)
NPI	0000000000 (sample)
Date	_____

Attestation: I have reviewed this packet against the patient's records. Each statement is supported by the records or is marked for my change. I approve it to be sent.

Signature: _____

Date: _____