

Appendix B: Template Coverage Request Letter

Date

**Medical Director
Address**

Dear Dr. _____

My name is _____ and I'm a licensed _____ practicing in your catchment area. As a _____ I often treat patients for chronic pain associated with osteoarthritis of the knee. I practice conservative medicine proceeding from the less to more invasive/expensive treatments, based on the patient's condition.

When treating knee pain through intra-articular injections, I have used steroids and viscosupplementation. However, based on the results of a recent randomized controlled trial, I would like to add a homeopathic injection to this portion of the continuum of care. The drug, Traumeel/Zeel injection solution, is indicated for the treatment of inflammatory and degenerative conditions of the musculoskeletal system, such as arthrosis/osteoarthritis and/or rheumatic joint diseases, and for the relief of symptoms including pain, swelling, and joint stiffness. It has an excellent safety profile and showed statistically significant results. The cost of the Traumeel/Zeel injection solution is similar to steroids, both being far less expensive than viscosupplementation.

Approved homeopathic drugs are those with monographs listed in the Homeopathic Pharmacopoeia of the United States. The ingredients for Traumeel Injection Solution and Zeel Injection Solution are listed in the HPUS. This type of approval is recognized by the Centers for Medicare and Medicaid Services for reimbursement purposes.

My purpose in writing is to request a coverage determination for the use of the Traumeel/Zeel injection solution for chronic pain due to osteoarthritis of the knee. My patient has **(documented current findings)**, and has undergone **(documented treatment history)**. He/she is now a candidate for the Injection solution because **(clinical rationale)**.

I request confirmation that an intra-articular injection of Traumeel/Zeel is covered based on the medical necessity documented for this patient. A copy of the published clinical trial abstract is enclosed.

Thank you for your consideration. If you have any questions, please call me at (phone number) or (e-mail address). If I have not heard from you in two weeks, I will follow-up to discuss my request in further detail along with any questions you have.

Sincerely,

_____, MD