**ST- Request to Amend Provider Agreement to Permit Billing for Upgraded Products**

*As described in this training course, the allowed fee schedule for orthotics is sometimes much lower than even the provider’s cost for the custom, functional orthotics. The reason for this is that when the allowed fee for the code was considered by the payer, it represented a more basic orthotic. Patients have the right to opt into the higher quality item, and that process has been described in this course as billing the HCPCS code S1001. When providers find that they are not able to bill this code, sometimes a request letter to amend the provider agreement is required. This is a sample letter that may be followed to process this request.*

Date

XYZ Insurance Company

123 Anywhere Drive

Anytown, NY 12345

Re: Request to Amend Provider Agreement

[Provider Name]

[Provider Number/Tax-ID]

Dear In-Network Provider Relations Department:

As a participating provider in your network plan, I am requesting an amendment to my provider agreement. There are certain clinical circumstances where I may need to provide an upgraded clinical product to patients at their request.

The upgraded recommended product that I am referring to is custom, functional orthotics. I request that my provider agreement be revised so that I may be allowed to have the patient opt to pay the cost of the orthotic when it is in excess of the established allowable fee schedule. The orthotics I’m prescribing and dispensing are of higher quality, with a longer warranty and enhanced features and benefits than the orthotics considered in the fee schedule for the code.

I will have patients sign a consent form to acknowledge that they have been informed that there are other less expensive products covered under your plan that may meet medical necessity. Additionally, when I submit the claim, I will use HCPCS code S1001 when providing a deluxe/upgrade item requiring a patient waiver. This code has been developed for providers to use when billing for high-end equipment or an upgrade. The amount billed to the patient will represent the cost in excess of the actual fee charged by the practice, less the allowed amount from the carrier.

Please contact me with your response as soon as possible and let me know if any further information is needed.

Sincerely,