Medically Unlikely Edit (MUE) Sample Letter of Appeal Template Cover Letter

The following pages are a template that may be customized as a statement of appeal for your patients. Please note that the Important Safety Information does not need to be included as part of your letter.

MUEs are automated claim edits established by the Centers for Medicare & Medicaid Services (CMS) National Correct Coding Initiative (NCCI) that are used by Medicare and other payers to reduce improper payments for Part B claims. An MUE is the maximum units of service (UOS) reported for a Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT) code on the vast majority of appropriately reported claims by the same provider/supplier for the same beneficiary on the same date of service.[1]

An MUE may lead to payer denial of claims for the High Dose Regimen of SPINRAZA® (nusinersen 50 mg/5 mL and 28 mg/5 mL) if the UOS remain based on the Low Dose Regimen of SPINRAZA (12 mg/5 mL), rather than the approved High Dose Regimen.

J2326 may be subject to a MUE limit of 120 units per claim line, which may not yet support SPINRAZA High Dose dosing requirements.

Biogen has submitted a request to CMS NCCI to increase the MUE limit to accommodate dosing up to 50 mg (500 units)*, with a proposed retroactive effective date of January 1, 2026. If approved, this update is anticipated by October 2026. We anticipate this request likely will be approved and applied retroactively to dates of service prior to October 1, 2026, as it is consistent with the FDA-approved label.

In the interim, providers may experience MUE-related denials and should follow payer-specific appeal processes as appropriate.

INDICATION
SPINRAZA® (nusinersen) is indicated for the treatment of spinal muscular atrophy (SMA) in pediatric and adult patients.

IMPORTANT SAFETY INFORMATION
Coagulation abnormalities and thrombocytopenia, including acute severe thrombocytopenia, have been observed after administration of some antisense oligonucleotides. Patients may be at increased risk of bleeding complications.

In the sham-controlled studies for patients with infantile-onset (Study 1) and later-onset (Study 2) SMA who received Low Dose Regimen (12 mg loading doses/12 mg maintenance doses), 24 of 146 SPINRAZA-treated patients (16%) with high, normal, or unknown platelet count at baseline developed a platelet level below the lower limit of normal, compared to 10 of 72 sham-controlled patients (14%). Two SPINRAZA-treated patients developed platelet counts <50,000 cells per microliter, with the lowest level of 10,000 cells per microliter recorded on study day 28. In patients who received High Dose Regimen (50 mg loading doses/28 mg maintenance doses), decreases in platelet counts were also observed.

Renal toxicity, including potentially fatal glomerulonephritis, has been observed after administration of some antisense oligonucleotides. SPINRAZA is present in and excreted by the kidney. In Study 1 and Study 2, 71 of

This sample letter is for informational purposes only, providing an example of language that may be required or helpful when responding to a request from a patient's health plan. Use of this information does not constitute medical or legal advice and does not guarantee reimbursement for coverage. It is not intended to be a substitute for, or an influence on, the independent clinical decision of the prescribing healthcare professional.
*This information is provided for informational purposes only and does not guarantee coverage or reimbursement. Coverage, coding, and payment policies vary by payer and are subject to change.

123 SPINRAZA-treated patients (58%) had elevated urine protein, compared to 22 of 65 sham-controlled patients (34%).

Laboratory testing and monitoring to assess safety should be conducted. Perform a platelet count, coagulation laboratory testing, and quantitative spot urine protein testing at baseline and prior to each dose of SPINRAZA and as clinically needed.

Severe hyponatremia was reported in an infant treated with SPINRAZA requiring salt supplementation for 14 months.

Cases of rash were reported in patients treated with SPINRAZA.

SPINRAZA may cause a reduction in growth as measured by height when administered to infants, as suggested by observations from the controlled study. It is unknown whether any effect of SPINRAZA on growth would be reversible with cessation of treatment.

The most common adverse reactions in the Low Dose Regimen (≥20% of SPINRAZA-treated patients and ≥5% more frequently than in control patients) that occurred in the infantile-onset controlled study were lower respiratory infection and constipation. Serious adverse reactions of atelectasis were more frequent in SPINRAZA-treated patients (18%) than in control patients (10%). Because patients in this controlled study were infants, adverse reactions that are verbally reported could not be assessed. The most common adverse reactions that occurred in the later-onset controlled study were pyrexia, headache, vomiting, and back pain. Post-lumbar puncture syndrome has also been observed after the administration of SPINRAZA.

The most common adverse reactions in the High Dose Regimen (≥10% of SPINRAZA-treated patients and ≥5% more frequently than control patients from Study 1) that occurred in patients with infantile-onset SMA were pneumonia, COVID-19, pneumonia aspiration, and malnutrition. COVID-19 was not discovered at the time of Study 1.

Please click here for full Prescribing Information.

Reference: 1. Centers for Medicare & Medicaid Services. Medicare NCCI Medically Unlikely Edits (MUEs). https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medicare-ncci-medically-unlikely-edits. Accessed June 6, 2026.

This sample letter is for informational purposes only, providing an example of language that may be required or helpful when responding to a request from a patient's health plan. Use of this information does not constitute medical or legal advice and does not guarantee reimbursement for coverage. It is not intended to be a substitute for, or an influence on, the independent clinical decision of the prescribing healthcare professional.
*This information is provided for informational purposes only and does not guarantee coverage or reimbursement. Coverage, coding, and payment policies vary by payer and are subject to change.

MUE Sample Letter of Appeal Template for the High Dose Regimen of SPINRAZA® (nusinersen 50 mg/5 mL and 28 mg/5 mL)

[Note: Use professional/personal letterhead when preparing the letter]

[Date]	
[Health plan contact name]	Patient: **[First and last name]** Patient date of birth: **[DOB]**
[Health plan name]	Claim number: **[Claim number]**
[Address]	Prior authorization number: **[Prior authorization number, if different from claim number]**
[City, State, ZIP code]	Date of service: **[Date of service]**

RE: **[[Patient first and last name] Appeal MUE Denial for SPINRAZA]**

Dear **[Health plan contact name]**,

The claim referenced above for the High Dose Regimen of SPINRAZA® (nusinersen) was denied due to exceeding the medically unlikely edit (MUE) limit for Healthcare Common Procedure Coding System (HCPCS) code J2326. While we recognize the importance of National Correct Coding Initiative NCCI MUEs in preventing improper payments when services are reported with incorrect units of service, this letter is to clarify that the units billed were accurate and are supported by the Prescribing Information for SPINRAZA.

The High Dose Regimen of SPINRAZA is US Food and Drug Administration approved for both pediatric and adult SMA patients.[1]

According to the SPINRAZA Prescribing Information, one of the two recommended dosage options for SPINRAZA is the High Dose Regimen. For the High Dose Regimen, a total of 2 loading doses are administered as follows: one 50 mg loading dose followed by a second 50 mg loading dose 14 days later. A 28 mg maintenance dose is administered once every 4 months starting 4 months after the last loading dose. If transitioning from the SPINRAZA Low Dose Regimen to the High Dose Regimen, a single 50 mg bolus dose should be administered at least 4 months (+/- 14 days) after the last 12 mg maintenance dose, followed by a 28 mg maintenance dose once every 4 months thereafter. Additional clinical benefit in patients who transition from the Low Dose Regimen to the High Dose Regimen has not been established in a controlled study.[1]

The medication was administered in accordance with the Prescribing Information, and the units billed reflect the precise amount given to the patient based on the physician's order.

According to the Centers for Medicare & Medicaid Services (CMS) policy, MUEs are designed to detect billing errors and not to restrict medically necessary dosing when properly supported by appropriate documentation. Additionally, CMS policy notes that denials may be overturned when clinical circumstances justify units greater than the MUE limit.[2]

This sample letter is for informational purposes only, providing an example of language that may be required or helpful when responding to a request from a patient's health plan. Use of this information does not constitute medical or legal advice and does not guarantee reimbursement for coverage. It is not intended to be a substitute for, or an influence on, the independent clinical decision of the prescribing healthcare professional.
*This information is provided for informational purposes only and does not guarantee coverage or reimbursement. Coverage, coding, and payment policies vary by payer and are subject to change.

Biogen has submitted a request to CMS NCCI to increase the MUE limit to accommodate dosing up to 50 mg (500 units), with a proposed retroactive effective date of January 1, 2026. If approved, this update is anticipated by October 2026.

For this patient, the billed units were clinically appropriate, as supported by the following information/documents:

- SPINRAZA Prescribing Information, sections 2.1 and 2.5 (attached)
- HCPCS code J2326: nusinersen, injection, 0.1 mg = 1 billing unit; 12 mg vial = 120 billing units, 28 mg vial = 280 billing units, 50 mg vial = 500 billing units
- **[Physician's order (attached)]**
- **[Drug administration record (attached)]**
- **[Patient progress notes (attached)]**

We respectfully request a reconsideration of and correct payment for this claim, as the number of units billed was accurately reported, medically necessary, and supported by clinical documentation. As your participating provider, **[Facility name]** also requests that **[Payer name]** updates their SPINRAZA MUE limits to reflect the current approved Prescribing Information for SPINRAZA. This will help prevent unnecessary administrative denials/appeals, both of which are costly to **[Payer name]** and **[Facility name]**.

Thank you for your consideration with this matter. Please contact our office if additional information is requested.

Sincerely,

[Facility name]

Attachments: ***[Copy of patient's health plan card(s); SPINRAZA Prescribing Information; additional relevant information such as physician's order/drug administration record, chart notes/progress notes, laboratory results, and functional assessment results; original claim form; and previous communications with the health plan/denial letters (if relevant).]***

References: 1. SPINRAZA Prescribing Information. Cambridge, MA: Biogen. **2.** Centers for Medicare & Medicaid Services. Medicare NCCI Coding Policy Manual. January 1, 2026. https://www.cms.gov/files/document/2026-ncci-medicare-policy-manual-all-chapters.pdf. Accessed June 6, 2026.

This sample letter is for informational purposes only, providing an example of language that may be required or helpful when responding to a request from a patient's health plan. Use of this information does not constitute medical or legal advice and does not guarantee reimbursement for coverage. It is not intended to be a substitute for, or an influence on, the independent clinical decision of the prescribing healthcare professional.
*This information is provided for informational purposes only and does not guarantee coverage or reimbursement. Coverage, coding, and payment policies vary by payer and are subject to change.