

Example for Composing an Appeal Letter

This sample letter is provided for your guidance only. It provides an example of the types of information that may be provided when responding to an insurer's coverage denial. Use of the information in this letter does not guarantee that the health plan will provide reimbursement for the medication and is not intended to be a substitute for or to influence the independent medical judgment of the physician

Tips for drafting an Appeal Letter

- Understand the reason for a denial
 - This can be found in the explanation of benefits (EOB) or the denial letter
- Coverage can be denied for various reasons, such as:
 - Errors on the forms, including coding errors
 - Failure to obtain or document necessary prior authorizations
 - Payer determining that the treatment is not covered
- Identify the payer-specific appeals process and deadlines
- If there was a documentation error, contact the payer to adjust or correct the form
- Recommended information for an Appeal Letter includes:
 1. Patient Information:
 - Full name
 - Date of birth
 - Insurance ID number
 - Insurance group number
 - Case ID Number
 2. State the purpose of the Appeal Letter and indicate you are familiar with the health insurance plan's policy
 3. A summary of the patient's diagnosis and the indication for the medication being prescribed. Be sure to include: The diagnosis code(s), the severity of the patient's condition, prior treatment(s) including the duration of each and the patient's response to each treatment.
 4. The clinical rationale for treatment, including clinical trial data supporting the FDA approval of this drug, administration, and dosing information.
 5. An explanation of why the plan's preferred formulary treatments may not be appropriate for the patient.
 6. A summary of your recommendation.
 7. Additional enclosures, which may include, as applicable:
 - Prescribing Information
 - Clinical notes/medical records
 - Diagnostic test results
 - Relevant peer-reviewed articles
 - Clinical practice guidelines (if applicable)
 - FDA approval letter

It is also helpful to keep complete records, including a copy of the materials that you send, and a log of telephone calls made to the patient's health insurance plan.

SAMPLE APPEAL LETTER

[Date]

[Payer Name]

ATTN: [Contact Title/Medical Director]
[Contact Name (if available)]
[Payer address]
[City, State, Zip]

Re: Appeal for Denial of [Drug Name]

Patient: [Patient First and Last Name]
Date of Birth: [MM/DD/YYYY]
Subscriber ID Number: [Insurance ID Number]
Subscriber Group Number: [Insurance Group Number]
Case ID Number: [Case ID Number]
Dates of Service: [Dates]

Dear: [Contact Name/Medical Director],

I am writing to request that you reconsider your denial of coverage for [DRUG NAME], which I have prescribed for my patient, [Patient First and Last Name].

Your reason(s) for the denial is [list reason(s) for the denial]. Listed below are the patient's medical history, diagnosis, and treatment plan, which confirm the medical necessity and appropriate treatment with [DRUG NAME].

Patient's diagnosis, medical history, and treatment plan

[Patient Name] has been diagnosed with [condition] as of [date]. They have been in my care since [date].

[Brief summary of rationale for treatment with [DRUG NAME]. This includes a brief description of the patient's diagnosis, the severity of the patient's condition, prior treatments, the duration of each, responses to those treatments, the rationale for discontinuation, as well as other factors (eg underlying health issues, age) that have affected your treatment selection].

Treatment plan

On [date] the FDA approved [DRUG NAME] for the treatment of [Indication]. [Include plan of treatment (dosage, length of treatment) and clinical practice guidelines that support the use of [DRUG NAME].

Summary

I believe [DRUG NAME] is appropriate and medically necessary for this patient and request that you provide coverage for this treatment. If you have any further questions about this matter, please contact me at [Physician Phone Number] or via email at [Physician email]. Thank you for your time and consideration.

Sincerely,
[Physician Name and Credentials]

Enclosures

[List enclosures, which may include: the letter of medical necessity, prescribing information, clinical notes/medical records, diagnostic test results, relevant peer-reviewed articles, clinical practice guidelines (if applicable), FDA approved letter for the prescribing medication]