

Considerations for composing an Appeal Letter

Prior Authorizations (PA), Medical Exemptions (ME), or coverage requests may be denied for various reasons. When they are, an appeal may be made through a formal **Appeal Letter**. An Appeal Letter outlines the clinical rationale for prescribing the medication and may help facilitate the review process of the health insurance plan.



Helpful tips

Understand the reason for the denial

- Common reasons include errors, missing information, or failure to demonstrate medical necessity
 - If the denial was due to a documentation error, consider contacting the payer directly to adjust or correct the form without having to proceed with an Appeal Letter

Follow the payer-specific appeals process and work within the timeline

Compose an easy-to-follow letter. Refer to the example provided in this guide

- Establish the reason for the Appeal Letter
- Describe the patient's diagnosis and treatment plan
- Include information on the treatment up to this point, course of care, why the treatment/medication is necessary, and how you expect it to help the patient. This may include items such as the patient's pertinent medical history, recent labs, etc.



Be detailed yet concise

Recommended information for an Appeal Letter includes:

- Patient information:
 - Full name
 - Date of birth
 - Subscriber case ID number
 - Subscriber insurance group number
 - Subscriber insurance ID number
- An introduction stating the purpose of the Appeal Letter (i.e., the reason for the denial) that indicates you are familiar with the health insurance plan's policy
- A summary of the patient's diagnosis and the indication for the medicine being prescribed.
Be sure to include: The diagnosis code(s) (ICD-10-CM), the severity of the patient's condition, and prior treatment(s), specifying the duration and the patient's response for each treatment
- An explanation of why other treatments may not be appropriate for the patient
- A summary of your recommendation
- Additional enclosures as needed, which may include:
 - Prescribing Information
 - Clinical notes/medical records
 - Relevant peer-reviewed articles
 - Clinical practice guidelines
 - Copy of denial letter
 - Diagnostic test results

Formatting tips for an Appeal Letter

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 [Product name]
Patient: [Patient first and last name]
Date of birth: [MM/DD/YYYY]
Subscriber ID number: [Insurance ID #]
Subscriber group number: [Insurance group #]
Case ID number: [Case ID #]

Dear [Contact name or medical director]:

I am writing to request that you reconsider your denial of coverage for [Product name] [dosage], which I have prescribed for my patient [Patient first and last name]. [Product name] is FDA approved for the treatment of [list indication] in patients with [diagnosis]. Your reason[s] for the denial [is/are] [list reasons provided]. Listed below are the patient's diagnosis, labs, and medical history, which confirm the medical necessity and appropriate treatment plan with [Product name].

Patient's diagnosis, labs, and medical history

[Patient first and last name] is diagnosed with [diagnosis] (diagnosis code: [insert diagnosis code]).
[His/Her] labs are as follows:

[List relevant labs.]

[Details on patient's current condition related to disease state/progression.] [He/She] has been prescribed [Product name] [insert dosage and directions for use] to [insert reason for prescribing].

Patient has already tried and failed [insert relevant medication history] due to [insert reason]. Patient is not a candidate for [insert relevant medications] due to [insert risks/prior history].

Summary

I believe [Product name] is appropriate and medically necessary for this patient, and appreciate your time in reviewing and reversing your previous decision to deny coverage. If you have further questions, please do not hesitate to contact me at [physician phone number] or [physician email address].

Sincerely,
[Signature of physician]
[Name and credentials]
[Enclosures]

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Both the diagnosis and diagnosis code are critical components of an Appeal Letter.

The labs you include should be relevant to your choice of this medication for the patient.

This paragraph can be adjusted based on the patient's relevant medication history. Providing qualification for failure or risk may be helpful for the clinician reviewing the appeal.

This letter template is presented for informational purposes only and is not intended to provide medical, reimbursement, or legal advice. Use of this template does not guarantee coverage or reimbursement for any particular drug. You are responsible for ensuring that all information submitted to third-party payers is complete and accurate and may wish to contact third-party payers for specific information about their coverage policies. You should modify this template as necessary to reflect your patient's medical condition.