



Considerations for Composing an Appeal Letter

When a patient's health insurance plan denies your request for prior authorization (PA) or coverage for a medication, you may submit an appeal. When submitting an appeal to a patient's health insurance plan, including an **Appeal Letter** can help explain the rationale and clinical decision-making behind the choice of a specific therapy.

Tips for drafting an Appeal Letter



The first step when filing an appeal is to 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:

- Simple errors on the forms, including coding errors
- Failure to obtain or document necessary PAs
- Payer determining that the treatment is not covered



Be sure to identify the payer-specific appeals process and deadlines



If there was a documentation error, contact the payer to adjust or correct the form



Be detailed and thorough. 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. An introduction stating the purpose of the Appeal Letter (ie, the reason for the denial) that indicates you are familiar with the health insurance plan's policy.

3. A summary of the patient's diagnosis and the indication for the Genentech medicine being prescribed. Be sure to include: The diagnosis code(s) (ICD-10-CM), 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, including:

- The Letter of Medical Necessity
- Prescribing Information
- Clinical notes/medical records
- Diagnostic test results
- Scans showing progressive disease
- Pathology reports
- Relevant peer-reviewed articles
- Clinical practice guidelines
- FDA approval letter

ICD-10-CM=International Classification of Diseases, 10th Revision, Clinical Modification.



Please remember 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

Below is a template you can use to draft your Appeal Letter.

You may also find some of the information needed to help complete the letter on the Forms and Documents or Billing and Coding pages of Genentech-Access.com.

Be sure to print the letter on the physician's letterhead.

Learn the reasons for the denial by reviewing the EOB or the denial letter.

View sample ICD-10-CM codes on the Billing and Coding page of Genentech-Access.com.

Download the full prescribing information in Forms and Documents under the Appeal Letter.

Link to the FDA Approval Letter in Forms and Documents under the Appeal Letter.

Find a template to help you draft a Letter of Medical Necessity in Forms and Documents on Genentech-Access.com.

PHYSICIAN'S LETTERHEAD

[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/are] [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] is [a/an] [age]-year-old [male/female] patient who has been diagnosed with [condition] as of [date]. [He/She] has been in my care since [date], having been referred to me by [Referring Physician Name] for [reason].

[Brief summary of rationale for treatment with [DRUG NAME]. This includes a brief description of the patient's diagnosis, including the ICD-10-CM code, the severity of the patient's condition, symptoms, prior treatments/therapies to date, the duration of each, responses to those treatments, the rationale for discontinuation of prior treatments, 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]. Consider mentioning experts in the field who also support the treatment.] [Summary of reasons why preferred drugs on formulary are not appropriate for this patient.]

Summary

I believe [DRUG NAME] is appropriate and medically necessary for this patient and will 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, FDA approval letter, scans showing progressive disease, pathology reports.]

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