Checklist for filing
A LETTER OF APPEAL

If a patient's authorization for medication is denied, you may be able to appeal the decision. This checklist is intended to assist providers who would like to file a letter of appeal. This is not an instructional guide. **Some health plans require additional documentation along with the letter of appeal.**

Keep in mind that just as reasons for denial vary, so do health plans' requirements for the appeal. Providers must ensure they accurately complete and submit required information to payers. These tips are not medical advice, nor are they a suggestion that you should submit an appeal. Use of these tips does not guarantee that the health plan will provide reimbursement for medication. These tips are not intended to be a substitute for, or an influence on, your independent medical judgment.

Review health plan guidelines and confirm the reason for the denial

- ☐ **Confirm that the medication is covered by the patient's health plan for the appropriate diagnosis**
- ☐ **Confirm the reason for the denial**
  - It is often included in the Explanation of Benefits
- ☐ **Review the health plan's appeal guidelines**
  - Deadline to submit an appeal
  - Timeline for review by health plan
  - Number of appeals permitted
  - Fax number or email address to be used to submit the letter of appeal and any additional required information
  - Any additional required information, including
    - Appeal form, if provided by the plan
    - Chart notes
    - Test results
    - Supporting clinical studies
    - Prescribing Information

Write the letter of appeal and gather important supporting documents

- ☐ **Prepare a written letter of appeal**
  - You can use the sample letter of appeal found **here**. As a reminder, the sample letter only serves as a guide. As the patient's prescriber, you can modify the content based on your medical judgment or you can write your own letter
- ☐ **Double check that the information provided on the initial prior authorization request is accurate**
  - Patient information
  - Coding (use the most specific applicable codes possible)
- ☐ **Gather all required supporting documentation to help defend your rationale for coverage**

Review supporting documentation and send

- ☐ **Send the letter of appeal, along with supporting documentation, to the health plan for review**
  - Depending on the health plan, some patients may have to submit the documentation themselves
  - Be sure to save copies of all documents you have submitted and keep a log of all phone calls with the health plan for your records, including dates and the names of the people with whom you spoke
  - Follow up with your patient's health plan if you have not received a decision in 5-7 days

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