

Appeals Department

Re: _____ for _____

Patient:
Group/policy #:
Date(s) of service:
Diagnosis:
Claim number(s):

Dear Medical Review Officer:

I have received a _____ ~~for~~ _____ claims used in treatment for _____ for my patient, _____, as referenced above. _____ is indicated for treatment of _____. This serves to document that my patient has medical problems that necessitate the use of _____ as administered. _____ is medically necessary for my patient as administered. On behalf of the patient, I am appealing to you to approve payment for the treatments.

_____ was diagnosed with _____ ~~on~~ _____.
As the _____ progressed, _____ experienced life-threatening deteriorating status, _____. Due to this patient's advancing disease, the plan of treatment was to start the patient on _____. _____ was initially administered on _____ and continued approximately every _____. Specifically, _____ of vial(s) of _____ were opened, _____ mg was administered, and _____ mg was wasted. The attached medical records document _____'s clinical condition and medical necessity for treatments with _____ therapy.

The FDA has approved _____ ~~for~~ the treatment of _____ (Prescribing Information attached). This use is substantially accepted in _____ compendia major peer-reviewed medical articles. The basis for coverage of any supply is the medical necessity of that service or supply. In _____ case the medical necessity and efficacy of _____ is proven by such peer-reviewed medical literature. In support of our case, we have enclosed _____ compendia _____ medical references/articles for your review.

If left untreated, _____ may have faced a known serious risk of _____ if the _____ ~~been~~ allowed to advance. _____ provided this patient an excellent chance of a positive outcome, and also provided _____ with a less costly treatment alternative.

Much higher hospital and physician costs associated with deteriorating _____ were avoided with appropriate aggressive treatment of the _____. _____ has proven to be the best treatment as it is effective towards the stabilization of the _____. Treatment with _____ has also improved patients' quality of life with improved energy level and appetite _____. _____ is definitely warranted and medically necessary as administered to this patient.

Considering the _____ treatment was effective towards the stabilization of _____
_____ and the treatment was cost effective in preventing much greater costs of treating
advancing disease, please consider coverage of _____ on _____~~AAA~~'s behalf,
and approve payment for _____ as administered. If you have any further questions
regarding this matter, please do not hesitate to call. Thank you for your prompt attention to this
matter.

Sincerely,

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Enclosures: (Attach as appropriate)
FDA approval letter
Prescribing Information (PI)
compendia
Medical Literature
Clinic notes & labs
Claim(s) and Explanation of Benefit(s)

CC: