

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: