



Considerations for Drafting an Appeal Letter

This resource is provided as educational support to assist health care professionals and the patients they serve. Healthcare professionals may choose to use these tips to assist in their access to United Therapeutics treatment prescribed. This is not a guide or instructions. United Therapeutics does not guarantee coverage or reimbursement for the United Therapeutics treatment prescribed. The healthcare professional has the responsibility to ensure correct prior authorization policies are followed. Providers must ensure they accurately complete and submit necessary information to insurance companies.

If a patient's health insurance plan denies your request for coverage or your prior authorization (PA) request for a medication, you may submit an appeal. Including an Appeal Letter, explaining your rationale and clinical decision making behind the choice of a specific therapy may help with this process.

TIPS FOR DRAFTING AN APPEAL LETTER



1. Understand why your choice of therapy was denied. Review the patient's explanation of benefits (EOB) and denial letter thoroughly prior to drafting an appeal.



2. Ensure you have submitted all required information. Simple errors on insurance forms, including coding errors and failure to obtain or submit necessary documentation may lead to denials. If there was a documentation error correct the form or contact the insurance plan.



3. Identify and meet specific insurer deadlines. Some plans have very short turnaround times, for example 48 hours from denial date.



4. Consider including the following information in the Appeal Letter:

- a) Patient Information:
 - Full name
 - Date of birth
 - Insurance ID number
 - Insurance Case ID number or Denial number
- b) Physician Information:
 - Full name
 - National Provider Identification (NPI) number
 - Specialty
- c) An introduction explaining the purpose of the Appeal Letter, or the reason for the denial.
- d) A summary of the patient's diagnosis and the indication for the United Therapeutics therapy being prescribed. The summary should include diagnosis codes (ICD-10), prior treatments with their duration and response to treatment, and the severity of the patient's condition.
- e) A clinical rationale for the prescribed treatment. The clinical rationale should include the FDA approved indication and any supporting clinical trial data.
- f) If the plan is indicating a preferred formulary treatment, please provide an explanation of why it may not be applicable to your patient.
- g) Additional Documents, including but not limited to:
 - a. Full Prescribing Information
 - b. Diagnostic test results, such as 6-minute walk test
 - c. Letter of Medical Necessity
 - d. Clinical notes and medical records



5. Be sure to maintain accurate records. Make a copy of anything you send, record the time, date and name of any representatives at the insurance company.



Sample Appeal Letter

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Print letter on the Physician's letterhead

PHYSICIAN LETTERHEAD

[Date]

Attn: [Contact/Medical Director First & Last Name]

[Insurance Company]

[Address]

[City, State, ZIP code]

RE: Appeal for Denial of [Drug Name] and Dosage: [Dose & Frequency]

[Patient First & Last Name]

[Date of Birth]

[Policy Number]

[Claim/Case Number]

Dear [Insert Contact/Medical Director First & Last Name],

I am writing to request a review of a denied authorization of coverage for [Drug Name] which I have prescribed for my patient, [Patient Name]. Your company has denied this authorization for the following reason(s): [Fill in reason(s) from Explanation of Benefits (EOB)].

I believe that [Drug Name] is the appropriate treatment for the patient. Based on the patient's relevant clinical history provided below, I am requesting that your company reconsider your denial of [Drug Name] coverage for, [Patient Name].

Brief summary of Patient's Medical History:

[Patient First & Last Name] is [female/male] patient [age], who has been diagnosed with [condition] as of [diagnosis date]. [He/She] has been in my care since [date].

Summary of Patient's History: [Patient's diagnosis, date of diagnosis and any applicable diagnosis codes], [Laboratory results and date], [Brief description of patient's current medical condition], [Patient's previous and current treatments/therapies], [Patient's response to those treatments/therapies], [If the patient has discontinued, include information on lack of response or tolerability]

Rationale for Treatment

Considering the patient's medical history, current medical condition, and the supporting uses of [Drug Name], I believe treatment with [Drug Name] at this time is warranted, appropriate, and medically necessary for this patient.

Please call my office at [telephone number] if you require any additional information or documentation. I look forward to your timely response.

Sincerely,

[Prescriber First & Last Name]

Enclosures: List enclosures such as EOB, denial letter, Prescribing Information, clinical evidence, or lab reports.

Download and include the full prescribing information

