Checklist for **Appeal Process Consideration**

If a patient's claim for medicine/service is denied, **the first step is to review the denial reason and make certain that the initial claim was completed and submitted correctly**.* If all was submitted correctly, then the next step is to file an appeal. As the appeal process varies by insurer, it is important to fully understand the following:

- **Understand** the reason for the denial, and if the original submission was incorrect, the claim will need to be resubmitted with the error corrected (usually detailed in the denial notification under Explanation of Benefits)
- **Review** the insurer's guidelines about the appeal process and how to start (**Note:** check the insurer's website for the most current information regarding the appeal process)
- **Complete** all required appeal forms and provide requested documents
- **Become informed** with filing deadlines and insurer review timelines

Note: Many insurers use a Pharmacy Benefits Manager (PBM) for managing patient prescription benefits. Remember that when a prescriber or patient is requesting or appealing a decision, he or she may be communicating with the PBM and not the insurer.

The checklist below highlights items and information that may be needed when filing an appeal to the insurer:

The checklist is neither medical guidance nor a suggestion that you submit an appeal. The information provided on this checklist is general in nature and is not intended to be conclusive or exhaustive. As the patient's healthcare provider, you are responsible for applying your clinical judgment regarding appropriate care and treatment of each patient.

✓ Completed appeal forms and required documentation

If required, complete and submit the appeal form to the insurer. Appeal forms can be obtained through the insurer's website or by contacting the insurer's customer service.

✓ Formal letter appealing the denial that includes:

- **Patient information**
  - Full name, date of birth, insurance ID number and group number, and case ID number
- **Rationale for treatment**
  - Insert a clear summary statement for the reason(s) for medicine/service
  - Include trial data supporting the FDA approval of the requested treatment, as well as the medicine's administration and dosing information
- **Summary of the patient's diagnosis**
  - Diagnosis (ICD-10-CM) and date of diagnosis
  - Patient medical records
  - Diagnostic test results and imaging results
  - Current severity of the patient's condition, including any comorbidities or intolerance to other therapies
- **Summary of the patient's history**
  - Previously administered treatment(s)/procedure(s) and dates
  - Response to the intervention(s)
  - Recent symptoms and condition
  - Physician opinion of patient prognosis or disease progression

Note: Exercise medical judgment and discretion when providing a diagnosis and characterization of the patient's medical condition.

✓ Additional relevant information supporting the requested treatment, such as:

- **Recent imaging results and pathology reports showing disease progression**
- **Product prescribing information and NDC**
- **Peer-reviewed journal articles or clinical practices referencing nationally recognized guidelines (eg, ASCO, NCCN)**

For expedited requests, adequate information should be provided to support the urgent nature of the request.

*Review the submitted claim to verify that: 1) the product is covered for the patient's diagnosis by the insurer; 2) prior authorization was obtained, if required; 3) patient information was recorded correctly; and 4) coding for the product was accurate.

ASCO, American Society of Clinical Oncology; ICD-10-CM, International Classification of Diseases, 10th edition, Clinical Modification; NCCN, National Comprehensive Cancer Network; NDC, National Drug Code.

Johnson&Johnson