Considerations for Composing an Appeal Letter

When a patient’s health insurance plan denies your request for prior authorization (PA) or coverage for a medication, you may submit an appeal. When submitting an appeal to a patient’s health insurance plan, including an Appeal Letter can help explain the rationale and clinical decision-making behind the choice of a specific therapy.

Tips for drafting an Appeal Letter

The first step when filing an appeal is to understand the reason for a denial
- This can be found in the explanation of benefits (EOB) or the denial letter

Coverage can be denied for various reasons, such as:
- Simple errors on the forms, including coding errors
- Failure to obtain or document necessary PAs
- Payer determining that the treatment is not covered

Be sure to identify the payer-specific appeals process and deadlines

If there was a documentation error, contact the payer to adjust or correct the form

Be detailed and thorough. Recommended information for an Appeal Letter includes:

1. Patient information:
   - Full name
   - Date of birth
   - Insurance ID number
   - Insurance group number
   - Case ID number

2. An introduction stating the purpose of the Appeal Letter (ie, the reason for the denial) that indicates you are familiar with the health insurance plan’s policy.

3. A summary of the patient’s diagnosis and the indication for the Genentech medicine being prescribed.
   - Be sure to include: The diagnosis code(s) (ICD-10-CM), the severity of the patient’s condition, prior treatment(s) including the duration of each and the patient’s response to each treatment.

4. The clinical rationale for treatment, including clinical trial data supporting the FDA approval of this drug, administration and dosing information.

5. An explanation of why the plan’s preferred formulary treatments may not be appropriate for the patient.

6. A summary of your recommendation.

7. Additional enclosures, including:
   - The Letter of Medical Necessity
   - Prescribing Information
   - Clinical notes/medical records
   - Diagnostic test results
   - Scans showing progressive disease
   - Pathology reports
   - Relevant peer-reviewed articles
   - Clinical practice guidelines
   - FDA approval letter

Please remember to keep complete records, including a copy of the materials that you send and a log of telephone calls made to the patient’s health insurance plan.

ICD-10-CM=International Classification of Diseases, 10th Revision, Clinical Modification.
Sample Appeal Letter

Below is a template you can use to draft your Appeal Letter.

You may also find some of the information needed to help complete the letter on the Forms and Documents or Billing and Coding pages of Genentech-Access.com.

Be sure to print the letter on the physician’s letterhead.

Learn the reasons for the denial by reviewing the EOB or the denial letter.


Download the full prescribing information in Forms and Documents under the Appeal Letter.

Link to the FDA Approval Letter in Forms and Documents under the Appeal Letter.

Find a template to help you draft a Letter of Medical Necessity in Forms and Documents on Genentech-Access.com.