Date

Pre-Service Appeals Department
[Insurance Company Name]
[Address]
[City, State and ZIP Code]

Re: [Patient's Name]
Member Number [Member ID]

Reference Number: [from denial letter]

**Subject: URGENT Appeal of Denial of Coverage for** [Type of Hematopoietic Stem Cell Transplant]

Dear Appeal Reviewer:

I am requesting an URGENT (expedited) appeal/reconsideration on behalf of my *Medicare Advantage* patient, [Patient's Name] for the following adverse decision which is included as an attachment to this letter [include copy of initial denial letter]. I am requesting an URGENT appeal/reconsideration because [indicate why the standard appeal process would seriously jeopardize the patient's life or ability to regain maximum function].

The initial request for transplant was denied for the stated reason [put the reason for the denial here]. Please understand that the reason for denial is not valid [put your reason here]. **OR** [I am submitting additional information which will help you understand why this is the [best? only?] appropriate treatment for this patient.]

 I am requesting approval to perform [type of transplant] for [X condition].

[Patient's Name] is under my care for [name of diagnosis, short description and ICD10 code], which is [stage of disease?] [Life threatening?] condition that causes [insert a description of patient’s S/S]. Without transplant this patient [what is prognosis without transplant?]

[Indicate here if patient has had and failed prior treatment – describe what the treatment was and the current state of the patient’s disease.]

**OR**

[Indicate here what alternative treatments are and why they are not appropriate for this patient.]

HCT [offers patients with this condition only chance of cure?] **OR** [is the standard of care for this condition].

Transplant [for X condition] is accepted as the standard of care, and is well supported by respected scientific literature. [Summarize literature findings here.]

Please review the following enclosed medical journal articles that support this position:

* **Article #1**
* **Article #2**
* **Article #3**

**OR**

Due to the small number of patients with this [deadly? rare?] disease, it is not possible to obtain enough participants for a clinical trial, hence we must rely on small case series to guide treatment. [Summarize published findings.] [Explain why you are taking the approach you are.]

* **Article #1**
* **Article #2**
* **Article #3**

Based on the available medical literature on [Patient's Name’s] condition, I am filing this appeal, specifically requesting that you approve the required [transplant type] that was previously denied. Transplant is the [only available **OR** best available] treatment for this condition and for this patient. Not approving this transplant leaves this patient with [insert prognosis or other consequences here].

Sincerely,

[Physician's Name]**, M.D.**

**Enclosures:**

1. Documents referred to in text
2. Signed Authorization of Representative Form