Date

Westlaw  
[Address]  
[City, State and ZIP Code]

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

Reference Number: [from denial letter]

**Subject: 5th Judicial Federal Court Hearing: Appeal of Denial of Coverage for** [Type of Hematopoietic Stem Cell Transplant]

Dear Judge:

I am requesting a 5th level appeal, review of this case by a Federal Court, on behalf of my *Medicare Advantage* patient, [Patient's Name], for the following adverse decision made by the Medicare Appeals Council on [insert date of decision]. I have included the adverse determination as an attachment to this memorandum [include copy of letter from the Appeals Council].

The 4th level Medicare Appeals Council review for [transplant type] was denied for the stated reason [put the reason here]. Please understand that the reason given for denial is not valid [put reason here] **OR** I am submitting additional information which will help you understand why this is the [best? only?] appropriate treatment for this patient.

[Patient's Name] is under my care for [name of diagnosis, short description and ICD10 code], which is a [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?] [Is the standard of care for this condition – explain in detail why transplant is the best treatment choice]. With transplant the likely outcome for [patient name] is [insert likely outcomes and longevity – insert any data you have here].

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 disease [deadly? rare?] 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 5th and final appeal to the Federal Court, specifically requesting that you approve the required [HCT that was denied]. Transplant is the [only available **OR** best] treatment option for this condition and for [patient name]. Not approving this transplant leaves this patient with [insert prognosis here].

Sincerely,

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

**Enclosures:**

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