

Use this checklist to ensure you have all information needed to process your appeal.

Comprehensive Case Data

Always submit as much information to support your position as you can. If the payer doesn't have enough information, the appeal may be delayed.

- ☐ Determine the specific type of health plan your patient has and who can file the appeal (in some cases the patient may be required to file the appeal). If appealing on behalf of your patient, sign and attach an appointment of representative form, if required (if in doubt, send it).
- ☐ Include the patient name, member ID, group ID, and reference number from the denial letter. For Medicare and Medicaid include the unique identifier for those plans.
- ☐ Include the diagnosis code(s) and short description of the patient's diagnosis, and the specific treatment for which you are seeking approval.
- ☐ Specify the service for which you are seeking coverage (i.e. myeloablative or non-myeloablative HCT).
- ☐ Include the name of the transplant center where the patient will be treated, and the name and contact information of the treating physician. Indicate if you would like the plan's medical reviewer to call to discuss the case.
- ☐ Provide a detailed patient history including prior failed treatments, or other reasons which make the patient a candidate for HCT.

Supporting Evidence to Dispute the Denial

- ☐ Include the specific reason you believe the denial should be overturned.
- ☐ Provide the most recent and relevant journal articles. If possible, provide links with full access to articles.
- ☐ Summarize the findings and outcomes of the studies and how the studies relate to this particular patient's condition.

Payer-Specific Appeal Requirements

- ☐ Follow all steps included on the original denial letter, or denied appeal letter.
- ☐ Ensure you have the correct information for where to send the appeal so you send it to the right place.
- ☐ Indicate the level of appeal.
- ☐ Indicate the type of appeal you are seeking: urgent or standard, internal or external.

Urgent/Expedited Appeals

- ☐ Indicate in all documentation that you are requesting an URGENT appeal.
- ☐ Indicate clearly and specifically why waiting for a standard decision may seriously jeopardize your patient's life, health, or ability to regain maximum function.
- ☐ Indicate if you are filing an internal appeal and external appeal at the same time.