

Appeals Checklist

The following checklist has been developed to aid in formulating an appeal to the patient's healthcare plan when coverage has been denied. Since the requirements for a specific healthcare plan may vary, please customize the appeal to satisfy plan requirements and patient needs.

- **Contact the patient's healthcare plan representative for plan-specific information on the appeals process**
- **Acquire access to any necessary forms associated with the patient's healthcare plan appeals process**
- **Review the denial letter.** If necessary, obtain clarification on the reason for denial with healthcare plan representatives to formulate a path forward
- **Review the content of the previously submitted letter of medical necessity relative to the reason given for denial of coverage**
- **Compile the appropriate patient medical data and product/disease documentation needed to strengthen the case to reverse the decision to deny coverage**
- **If necessary, conduct research for additional clinical information not included in the letter of medical necessity to strengthen the appeal.** Information may include treatment guidelines, journal articles, expert opinions, etc
- **Process forms and/or compose a formal letter of appeal.** A sample letter of appeal is provided on the LexCares website
- **Attach the appropriate supporting documents in accordance with the healthcare plan's SOP**
- **Submit the information per the healthcare plan's SOP**

