PRIOR AUTHORIZATION

Appeal Checklist

Submitting a prior authorization (PA) is an important step in the prescription approval process. When a PA is required, the prescriber may submit the PA directly to the health plan or coordinate with a specialty pharmacy provider before the plan will cover the medication.

PA denials do happen, and they can be frustrating. This resource has all the information and guidance you need—from reviewing why your claim was denied to appealing it, if necessary.

Before you begin the appeals process you should ✔

- ☐ **Review the denial notification**, usually detailed under Explanation of Benefits, to understand the reason for the denial. If the original submission was incorrect, then a corrected PA will have to be resubmitted
- ☐ **Understand if there are any specific instructions or guidelines** from the insurer regarding the appeals process, for example, what to include in the appeals packet and deadline, if any, for filing
- ☐ **Gather the necessary documents and information** (eg, chart details, laboratory results, and other information applicable to the specific reason for the denial)

What should you include with your appeal?

The PA denial and appeal processes can vary by health plan and may be conducted through mail, fax, or peer-to-peer discussion. A successful appeal may include the following checklist of information that should accompany an appeals packet:

- ✔ **A completed appeal form** as requested by the insurer
- ✔ **A letter of appeal and a letter of medical necessity** signed by the treating healthcare provider. Appeal letters can be customized, depending on the reason a PA was denied
- ✔ **Be sure to fill in as much information on the form as possible.** This should include the patient's name, date of birth, policy number, ID number, and group number
- ✔ **Prescriber's name, specialty, and NPI number**
- ✔ **Specific billing codes** where appropriate, as per ICD-10-CM, HCPCS, and NDC
- ✔ **Contact information** (eg, phone and fax numbers) for the prescriber and the patient to allow the health plan to follow up for additional information
- ✔ **Site-of-care and contact information**
- ✔ **Additional relevant information** supporting the requested treatment, such as:
  - Recent summary of clinical diagnosis and date of diagnosis
  - Patient medical records, if needed, and physician progress notes
  - Diagnostic test results

If you or your patient have not received a decision within 30 days ✔

- ☐ **Contact the health plan to confirm that the appeal letter was received, and ask about its status**
- ☐ **Ask for an urgent review of the appeal, which may be available upon request**

HCPCS=Healthcare Common Procedure Coding System; ICD-10-CM=The International Classification of Diseases, Tenth Revision, Clinical Modification; NDC=National Drug Code; NPI=National Provider Identifier.

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