SpringWorks CareConnections™

Appeal Tips and Checklist

Filing an Appeal of Prior Authorization Denial

An appeal should be pursued if a patient's prior authorization for medication is denied. This resource provides a checklist and relevant tips that may be useful when creating an appeal letter. Use of the information in this checklist does not guarantee that the health plan will provide reimbursement, and it is not intended to be a substitute for the independent medical judgment of the healthcare provider. When completing any request, it is the responsibility of the healthcare provider to adhere to the payer's specific requirements at that time.

☐ Understand the reason for denial

- While the reason for denial may often be included in the denial letter from the patient's health plan or the Explanation of Benefits, both of which can be obtained from the insurer, the specific reason for denial may sometimes be omitted. If a denial explanation is not included in the denial letter, inquire in writing as to the reason why the prior authorization request has been denied, including whether the plan is working with an Alternative Funding Program (AFP), and who the AFP is, if relevant. It is important to identify and/or correct the reason for denial to support coverage re-determination.

☐ Review the plan's appeals guidelines

- Contact the insurer to find out if the plan has a required appeal form, the deadline to submit an appeal, the timeline for review by the plan, the number of appeals permitted, and the fax number or address where the appeal should be sent. Also, inquire whether the appeal should be submitted by the patient or the healthcare provider and proceed accordingly.
  - It is helpful to communicate this information to the patient. Even if the healthcare provider submits the letter of appeal, the patient may also have an opportunity to write a supporting letter and may want to be aware of timelines

☐ Compose a written letter of appeal

- Insurers require a written appeal from either the patient or the healthcare provider. Sample letters of appeal for healthcare providers can be found at **www.springworkstxcares.com/hcp/resources-forms**. As a reminder, the sample letters only serve as a guide. As the patient's healthcare provider, you can modify the content based on your medical judgment or you can write your own letter if the insurer does not require a specific form.

☐ Prepare an appeal package with additional supporting documentation

- A patient's appeal package should include all relevant medical documentation. Note that each appeal may need different information depending on the insurer and/or patient. Be sure to follow the requirements of the patient's insurer, as insurer requirements may vary. Common supporting documents in the appeals package include:
  - Statement of medical necessity (including patient DOB, insurance information, diagnosis)
  - Laboratory values and relevant medical data
  - Patient authorization and notice of release of information
  - Copy of the patient's health plan or prescription card (front and back)
  - Documentation of location-specific *International Classification of Diseases, Tenth Revision, Clinical Modification* (ICD-10-CM) diagnosis code(s)
  - Denial information, including the patient's denial letter and/or Explanation of Benefits
  - Letter of appeal
  - Additional test results related to patient's condition
  - OGSIVEO® (nirogacestat) supporting documentation (eg, Prescribing Information, published clinical studies)
  - Clinical practice guidelines

☐ Follow up as needed

- Follow up with your patient's health plan if you have not received a decision in 5-7 days.

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