Preparing a Coverage Authorization Appeals Letter

The following information is presented for informational purposes only and is not intended to provide reimbursement or legal advice. Laws, regulations, and policies concerning reimbursement are complex and are updated frequently. While we have made an effort to be current as of the issue date of this document, the information may not be as current or comprehensive when you view it. Providers are encouraged to contact third-party payers for specific information on their coverage policies. For more information, please call 1-866-4-FORTEO (1-866-436-7836).

If the Coverage Authorization Request Letter from **Drafting a Coverage Authorization Request Letter** is denied by the patient's health plan, the payer may require a Coverage Authorization Appeals Letter. Depending on the plan, there may be varying levels of appeals. If you are uncertain about a plan's appeal levels or specific procedures, always refer to the plan's appeal guidelines.

This resource, **Preparing a Coverage Authorization Appeals Letter**, provides information to healthcare providers (HCPs) when appealing a coverage authorization for a patient's plan. A checklist is included below that can be followed when creating a Coverage Authorization Appeals Letter. In addition, 2 sample letters are attached to this document and feature information that many plans require to process a coverage authorization appeal. Follow the patient's plan requirements when requesting **FORTEO® (teriparatide [rDNA origin] 20mcg daily injection)**, otherwise treatment may be delayed.

A Coverage Authorization Appeals Letter originates from the patient and the prescribing HCP.* It should be submitted with 2 additional items: the patient's medical records and a Letter of Medical Necessity (LMN).

COVERAGE AUTHORIZATION: APPEALS CONSIDERATIONS

- ☐ Include the patient's full name, plan identification number, and date of birth
- ☐ Add the prescribing HCP's National Provider Identifier (NPI) number and specialty
- ☐ Disclose that you are familiar with the plan's policy. Clearly document the basis for the plan's denial within the letter, along with case identification number from the initial denial letter
- ☐ Provide a copy of the patient's records with the following details:
  - The patient's history, diagnosis and International Classification of Diseases (ICD) code(s), and present-day condition and symptoms
  - The patient's recent history of infection(s), along with any allergies and existing comorbidities
- ☐ Note the fracture site(s) and dates
- ☐ Supply the bone mineral density T-score at the femoral neck, total hip, or lumbar spine as measured by DXA scan
- ☐ Document prior osteoporosis treatments and the duration of each
  - Describe the rationale for why each treatment was discontinued
- ☐ Explain why the plan's preferred formulary agents are not appropriate for the patient
  - List the dates of trial of the preferred agents
- ☐ Provide the clinical rationale for treatment; this information may be found in the FORTEO prescribing information and/or clinical peer-reviewed literature
- ☐ Summarize your recommendation at the end of the letter
- ☐ Include an LMN

*For Medicare beneficiaries, there are specific requirements that need to be met for the HCP to be considered a legal representative of the patient in an appeal. For additional information, please visit https://www.cms.gov/medicare/appeals-and-grievances/medprescriptdrugapplgriev/coveragedeterminationsandexceptions.html.

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Sample Coverage Authorization Appeals Letters

If the Coverage Authorization Request Letter is denied by the patient's health plan, it is necessary to proceed to **Preparing a Coverage Authorization Appeals Letter**. Some plans may require an LMN to accompany the appeals letter.

HCPs can follow this format for patients who are **NOT** currently receiving treatment with **FORTEO® (teriparatide [rDNA origin] 20mcg daily injection).**

[Date]
[Payer department]
[Name of health plan]
[Mailing address]

Re: **[Patient's name]**
[Plan identification number]
[Date of birth]

To whom it may concern:

We have reviewed and recognize your guidelines for the responsible management of medications within this class. We are requesting that you reassess your recent denial of FORTEO® (teriparatide [rDNA origin] 20mcg daily injection) coverage. We understand that the reason for your denial is **[copy reason verbatim from the plan's denial letter]**. However, we believe that FORTEO **[dose, frequency]** is the appropriate treatment for the patient. In support of our recommendation for FORTEO treatment, we have provided an overview of the patient's relevant clinical history below.

Sample wording from page 4 of this document can be placed after this sentence if this appeal has been previously denied by the plan.

Patient's history, diagnosis, condition, and symptoms*:

Bone mineral density T-score at the femoral neck, total hip, or lumbar spine as measured by DXA scan ____

Fracture Site (s) _____

_____

Past Treatment(s)†	Start/Stop Dates	Reason(s) for Discontinuing

Please detail all that apply and add additional lines as necessary.

[Provide clinical rationale for this treatment; this information may be found in the FORTEO prescribing information and/or clinical peer-reviewed literature.]

[Insert your recommendation summary here, including your professional opinion of the patient's likely prognosis or disease progression without treatment with FORTEO.]

Please feel free to contact me, **[HCP name]**, at **[office phone number]** or **[patient's name]** at **[phone number]** for any additional information you may require. We look forward to receiving your timely response and approval of this claim.

Sincerely,

_____ _____

[Physician's name and signature]
[Physician's medical specialty]
[Physician's NPI]
[Physician's practice name]
[Phone #]
[Fax #]

[Patient's name and signature]

Encl: Medical records and clinical notes, clinical trial information, Letter of Medical Necessity, original denial letter

*Include patient's medical records and supporting documentation.
†Identify drug name, strength, dosage form, and therapeutic outcome.

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