

SAMPLE LETTER OF APPEAL – CLAIM DENIAL

**cocaine
hydrochloride nasal
solution, 4% (CII)**

If you and your patient experience a denied claim, a letter of appeal may need to be submitted. We have provided a checklist and a sample version that includes some helpful information to support the development of your own Letter of Appeal.

Things to keep in mind when writing a Letter of Appeal – Claim Denial:

- Include the reason for the claim denial from the explanation of benefits
- Know and meet all payer-specific appeals processes, forms, criteria, and deadlines
- If appropriate, document that a prior authorization was approved and attach the record
- Always use payer-provided appeal forms when possible

Checklist

Patient Information

- Patient name
- Date of birth
- Insurance ID
- Insurance group number
- Case ID number (if applicable)

Clinical Rationale

- Patient's diagnosis
- The reasons why cocaine hydrochloride nasal solution, 4% (CII) is medically necessary
- The clinical rationale for cocaine hydrochloride nasal solution, 4% (CII), including trial data supporting the FDA approval, administration, and dosing information

Additional Enclosures

- [Prescribing Information](#)
- [FDA approval letter](#)
- Clinical notes/medical records
- Diagnostic test results
- Relevant peer-reviewed articles
- For 2nd and 3rd-level appeals, include a copy of the previous denial letter(s)

SAMPLE LETTER OF APPEAL – CLAIM DENIAL

[Date]
[Payer name]
[Payer street address]
[Payer city, state, and zip code]
Patient name: [Patient full name]
Date of birth: [Patient birth date]
Member ID: [Patient member ID number]
Policy or group number: [Patient policy or group number]
Case ID number: [Case ID number (if applicable)]

To Whom It May Concern,

I am writing to request reconsideration of the claim for cocaine hydrochloride nasal solution, 4% (CII) for my patient [name of patient], which was denied on [date] for the following reason: [describe the reason given in the explanation of benefits]. For your convenience, I have attached documentation supporting my request for reversal of the claim denial, including [select appropriate options]:

Patient's clinical/medical history

- [Patient's diagnosis (ICD-10-CM code), date of diagnosis]
- [Patient's first visit and date of referral]

Justification for coverage

- [State the clinical rationale for the use of cocaine hydrochloride nasal solution, 4% (CII)]
- [State why alternative anesthetics are not appropriate for your patient]
- [Additional factors affecting the need for cocaine hydrochloride nasal solution, 4% (CII)]
- [Note that the FDA approved cocaine hydrochloride nasal solution, 4% (CII) on December 14, 2017]

Summary

Given the provided evidence, I am confident that you will conclude that treatment with cocaine hydrochloride nasal solution, 4% (CII) was medically necessary. It is crucial that [plan name] approve our claim for cocaine hydrochloride nasal solution, 4% (CII), and provide reimbursement for it. We appreciate your prompt review and reconsideration of this case. Please contact me at [phone number] if you need additional information.

Sincerely,

[Physician name]
[Physician address]
[Physician phone]

Enclosures: [List enclosures such as Prescribing Information, clinical notes/medical records, test results, relevant peer-reviewed articles, clinical practice guidelines and FDA approval letter].