Commercial Insurance Appeals Checklist

If a prior authorization has been denied, the first step is to review the reason for denial and the attached appeal guidelines. Insurance companies follow similar rules for appeals but may have slightly varied processes to take.

C – Complete any required/additional forms needed for the appeal

U – Understand the reason(s) for denial

R – Review any payer specific guidelines for the appeal

B – Be informed of payer specific timelines for appeal

The checklist below can guide your office sending a complete and thorough appeal request to the insurance company.

Remember to:

- ☐ Create a supporting Letter of Medical Necessity (LMN) or Appeal letter which includes:
  - *Patient medical history (include the following: ICD-10-CM diagnoses, date of onset, diagnostic testing, or imaging results, comorbidities)*
  - *Medical necessity for the procedure*
  - *Previously tried / failed treatments*
- ☐ Follow the payer specific process for appealing the initial decision (check pages attached to denial)
- ☐ Include a specific appeal form/document if required by the payer
- ☐ Follow the timeline put forth by the payer to submit the appeal
- ☐ Submit additional medical documentation to support medical necessity or need to surpass payer suggested treatment plan
- ☐ Reference any payer policy that may apply including policy number, and detail out how the patient meets the requirements
- ☐ Attach any peer reviewed articles that you feel support your medical necessity
- ☐ Circle pertinent supporting medical documentation that you have submitted as your chart notes

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