

Appeal Template

Lack of Prior Authorization/Misquoted Benefits

[Date of Submission]

[Health Plan Name]

[Health Plan Address]

[City, State Zip]

Re: [Insert Patient Name and Date of Birth]

Member ID#: [Insert Member ID]

Member Name: [Insert Member Name if not Patient]

Group Name: [Insert Group Name]

Group ID#: [Insert Group Number]

Dear Claims Department:

I am writing in support of payment by [Health Plan] for speech-language pathology services for [patient's name]. [Health Plan] denied payment for such services citing that the services required prior authorization. The plan stated that [insert specific plan details and limiting factors]. However, our office received a verification of benefits on [insert date], which stated [insert quoted information and confirmation number if known]. However, no reference to additional prior authorization steps were made upon receiving benefit confirmation.

[Patient's name] requires skilled, medically necessary care to treat [add patient's condition]. [Treating clinician's name], writes in the enclosed report that [patient's name] [Insert specific evidence from the evaluation report and/or clinical note to support this treatment].

Due to the incomplete quotation of benefits from [Health Plan] staff, we did not submit a request for prior authorization for this case. Attached to this letter you will find the information and clinical notes required to obtain the authorization. To date, [patient's name] has been treated in my office [insert visit numbers] and is making significant progress. It would be clinically detrimental to this patient's care to discontinue treatment when positive progress is being made toward functional outcomes.

I am requesting a review of the clinical notes and information attached to approve authorization for this patient's care.

Sincerely,

[Treating clinician's name]

[Practice name]

[Address]

[Phone number]

[Email]

[NPI]