Appeal Checklist

If a claim for a medication is denied, the items listed below may be helpful in the appeals process. It is important to review the denial and the insurer's guidelines, as the required documentation and process for making an appeal will be different depending on the insurer and the patient.

AS A FIRST STEP, ENSURE THAT THE CLAIM WAS COMPLETED AND SUBMITTED CORRECTLY.

✔ ALWAYS VERIFY THAT

- The product is covered by the patient's insurer for the patient's diagnosis
- A prior authorization or precertification was obtained, if required by the patient's insurer
- Patient information was recorded correctly (eg, name, date of birth, insurance policy number)
- The dosing and duration of therapy are accurate

✔ PRIOR TO INITIATING THE APPEAL PROCESS, IT IS IMPORTANT TO UNDERSTAND THE FOLLOWING

- The reason for denial, which can often be found in the explanation of benefits (EOB)
- Instructions for initiating the appeal process
- The necessary forms for appeal completion, according to the insurer
- Insurer appeal guidelines regarding what documentation to include
- Filing deadlines and payer review timelines

✔ BELOW IS A LIST OF FORMS AND DOCUMENTS THAT MIGHT BE HELPFUL WHEN FILING AN APPEAL

- Letter of medical necessity
  - — Be sure to note the proposed treatment plan and include the Provider ID number in the letter
- Formal letter appealing the denial
- Relevant documentation regarding treatment decisions, such as:
  - — Prior treatment history and response to treatment
  - — Patient history and clinical notes (eg, comorbidities)
  - — Relevant laboratory results
  - — Product package insert/physician label
- Additional relevant documentation (if available) regarding the treatment decision

As a provider, you are solely responsible for billing third-party payers correctly, and you should determine if any payer-specific guidelines apply. The information provided here is general in nature and is not intended to be definitive or exhaustive, nor is it intended to replace the guidance of a qualified professional advisor. Merck and its agents make no guarantees regarding the timeliness or appropriateness of this information for your particular use, given the frequent changes in public and private payer billing. The use of this information does not guarantee payment or that any payment received will cover your costs.

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