

August 29, 20XX

ACC Health Plan Attn: Medical Review Office PO Box 12345 Anytown, USA 11111

Patient Name: Insurance ID: Date of Birth:

Facility: 123 Medical Center

Date of Service: Total Charges:

APPEAL EXAMPLE: Bevacizumab and Nivolumab (pages 1-2)

Diagnosis

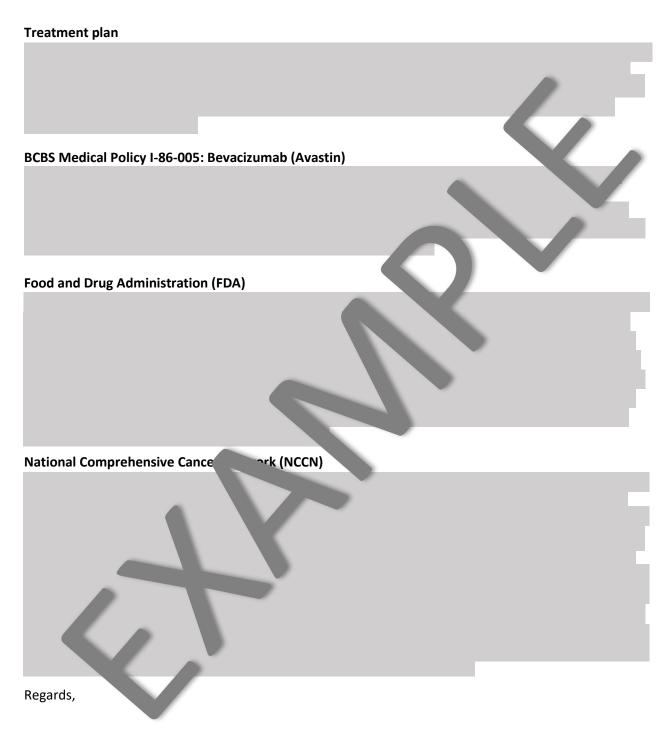
C719 Malignant neoplasm of brain Astroblastoma C71.7 Malignant neoplasm of the brain stem Z923 Personal history of irradiation

Procedure:

J9035 Injection, Bevacizumab, 10 mg J9299 Injection, Nivolumab, 1 mg

An appeal is indicated based or vice in clinical or mentation in the medical record verifying the need for outpatient Bevacizuma. Avastin, ions. The argument of medical necessity is supported by BCBS: I-86-005 Bevacizumab (A stin)

Outpatient Bevacizuma Avastin) initions for a 33-year-old male with diagnosis of Recurrent Anaplastic Different Infiltrent and Astrocytoma involving his brainstem. An astrocytoma is a form of glioma tumor which originates are covered. In 2010, he began having pressure in the back of his head with straining a had a CT and in MRI that revealed an infiltrating lesion involving the pons. A right subordutal stereo-guided appropriate open revealed an infiltrating diffuse astrocytoma. His treatment history included a course of externation beam radiation totaling 54 Gy in the summer of 2010. He then received Sodium, are sutyrate, Vormostat, Sorafenib, Herceptin and Avastin for about 2.5 months that was completed. December 310. He was observed for some time and began alternative therapy in 2012 with low-dose altreane and vitamin supplementation. He had disease progression in 2015 and began treatment with a sociolomide. He completed 9 cycles and had progression of disease. He began radiation plus Avastin in January 2016 and also restarted Temozolomide due to worsening of headaches with radiation. He has received Nivolumab (BMS-936558 study) and Bevacizumab (Avastin) every 2 weeks since February 2016. On 4/21/17 his MRI showed stable disease with no progression.



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