



July 17, 20XX

ABC 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:

## CLINICAL SUMMARY

Our review of said claim finds the services provided are documented and in accordance with the care provided to the patient and supports the argument of medical necessity with **Health Plan Policy #0055 Hematopoietic Colony-Stimulating Factors**.

An appeal is indicated based on the evidence of clinical documentation in the medical record verifying the need for Neulasta. The patient is a 61-year-old female who initially presented with an area of skin dimpling in the lower aspect of her right breast in the fall of 20XX. A mammogram then revealed a 1.3 cm area of abnormal shadowing extending from the nipple-areolar complex as well as right axillary lymph node thickening. Subsequently, an ultrasound-guided biopsy of the right breast lesion revealed Stage III (pT1c pN2a MO) ER/PR positive; HER2/neu negative moderately differentiated invasive and in situ ductal carcinoma with lobular features. On the same day, a biopsy of the right axillary lymph node revealed metastatic carcinoma with extensive involvement of the lymph node tissue. She then underwent an MRI of the breast which revealed a suspicious, irregular enhancement in the anterior lower-central right breast that measured 2.1 cm x 2.3 cm x 1.5 cm.

On 01.14.XX she underwent right partial mastectomy with a sentinel lymph node biopsy and axillary lymph node dissection. Those revealed 2 out of 4 sentinel lymph nodes and 2 of 6 axillary dissection lymph nodes were positive for metastatic carcinoma. She was then treated with 4 cycles of dose-dense AC and 3 cycles of dose-dense Taxol, along with Neulasta 6 mg subcutaneously. She received her last dose of adjuvant chemotherapy on 05.19.XX with plans to start radiation therapy on 05.27.XX.

Neulasta support was appropriate and medically necessary for this 61-year-old female who presented with breast cancer. Her medical treatment was indicated per the criteria set forth by **Health Plan Policy #0055 Hematopoietic Colony-Stimulating Factors**. The patient was found to have Stage III (pT1c pN2a MO) ER/PR positive; HER2/neu negative; moderately differentiated invasive and in situ ductal carcinoma

with lobular features. She then underwent a partial mastectomy followed by dose-dense AC and T chemotherapy. She was given Neulasta for primary prophylaxis of febrile neutropenia.

**Health Plan Policy #0055 Hematopoietic Colony-Stimulating Factors:**



Regards,

XXXXX  
RN, BSN, CCM  
Phone: XXX.XXX.XXXX  
Email: XXXXX@AdventHP.com