



Advent Health Partners
301 Plus Park Blvd, Suite 500
Nashville, TN 37217

Attn: Provider Resolution Team

Patient Name:
Insurance ID:
Encounter:
Claim:
Date of Birth:
Facility: 123 Medical Center
Date of Service:
Total Charges:

APPEAL EXAMPLE: Radiation Oncology

Our review of said claim finds the services provided are documented and in accordance with care provided to the patient and supported by XXX, the NCCN and eviCore.

Denied Services

77386 x 12 (1/2, 3, 6, 7, 8, 9, 10, 14, 15, 16, 17, 20)- IMRT
77336 x 2 (1/9 and 1/16) - Continuing medical physical
external beam radiation therapy or brachytherapy

An appeal is indicated based on evidence in clinical record verifying the need for palliative radiation with metastatic bladder carcinoma. The argument of medical necessity is supported by XXXXX.

History

Patient is a 69-year-old male with a diagnosis of bladder carcinoma (pT3pN2) in January 20XX. Patient seen in Radiation Oncology office XX/XX/XX for 6 weeks of progressive bilateral lower extremity pain and lymph node failure, hyperlipidemia, hypertension, anemia, triglyceridemia. Patient has been referred to Radiation Oncology for treatment of lymph node masses.

Imaging

CT scan abdomen/pelvis in October 20XX revealed aortic bifurcation and along the right side of the pelvis, multiple enlarged lymph nodes, most likely representing multiple enlarged lymph nodes, largest at 3.6cm. CT

Tip #1

Keep in mind a person is reviewing the appeal; use this opportunity to tell this patient's story. Explain the reasoning behind the patient's admittance and why the care was necessary.

Tip #2

Keep the appeal clear and easy to read so the reviewer knows precisely where to go in the document.

Tip #3

Grab the reviewer's attention in the first two paragraphs. Make sure your opening statements are supported by your following paragraphs.

Tip #4

Utilize your clinical expertise to tell the story by illustrating necessity through variables such as imaging/lab values.

venogram from November showed obstruction in right iliac vein due to external compression.

Surgery & Pathology

[Redacted]

Treatment

[Redacted]

MD Plan

[Redacted]

Weekly review of patient's treatment completed

[Redacted]

Tip #5

When warranted and in relevant situations, request that a specialty physician review the case upon submission. In this case, a radiation oncologist.

Regards,

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