

Appeal Checklist



For assistance
call us at:

1-888-BLUPRNT (1-888-258-7768)
Monday-Friday, 8 am-8 pm Eastern Time (ET)
Fax 1-866-370-3082

Appeal Forms and Documentation

Some insurers may have insurer specific appeal forms that can be obtained through the insurer's website or by contacting the insurer's customer service. YourBlueprint™ will contact the insurer and provide you with the correct appeal form, if applicable.

- Review prior authorization (PA) denial reason and make certain the initial claim was completed and submitted correctly. If you need assistance, contact YourBlueprint Case Management team
- Complete any plan specific appeal forms or required documents
- Provide PA denial case identification number
- Provide a copy of Letter of Medical Necessity submitted with PA

Patient's Information

Patient's First Name and Last Name
Patient's Date of Birth
Patient's Gender
Patient's Address
Plan Identification Number

Prescriber's Information

Prescriber's First Name and Last Name
Prescriber's Specialty
Prescriber's NPI
Prescriber's office address
Prescriber's phone and fax

Additional Information for Appeal Letter

- Rationale for treatment**
 - Insert a clear summary statement for the reason(s) for medication
 - Include medication NDC, strength, frequency, quantity, days of supply, route of administration, and duration of treatment
 - Include trial data supporting the FDA approval of the requested treatment, as well as the medication's dosing and administration information (USPI)
- Summary of the patient's diagnosis**
 - Diagnosis (ICD-10-CM) and date of diagnosis
 - Patient medical records
 - Diagnostic test results and imaging results
 - Current severity of the patient's condition, including any comorbidities or intolerance to other therapies
- Summary of the patient's history**
 - Previously administered treatment(s)/procedure(s) and dates
 - Response to the intervention(s)
 - Recent symptoms and condition
 - Physician opinion of patient prognosis or disease progression
- Relevant information regarding the treatment decision**
 - Expert practice guidelines (eg, ASCO, NCCN)
 - Peer-reviewed journal articles

Sample Letter of Appeal provided via fax or [download here](#) 

