

Sample Prior Authorization Appeal Letter
Investigational
Patient Example

Insert Date

Insert Payor Name
Insert Payor Address

Patient name:
Member ID#:
Group #:

Dear **(insert payor contact name-usually identified on the denial letter)**:

Please accept this letter as an appeal to **(payor name)**'s decision to deny coverage for the recommended sinus balloon dilation procedure for treatment of my chronic sinusitis. It is my understanding, per **(payor name)**'s denial letter dated **(insert denial letter date)**, that this procedure has been denied because **(payor name)** has determined balloon dilation to be investigational.

I respectfully request that **(payor name)** reconsider its denial decision and provide authorization and payment for this treatment option. I have suffered with multiple symptoms of sinusitis for **(insert timeframe)**. My symptoms include, **(list symptoms here)**. My family physician has prescribed multiple medications including, **(list medications here)**, in an attempt to relieve my symptoms. Unfortunately, those medications have not helped to lessen my symptoms and I have been diagnosed with sinus infections, on average, **(# of times)** in the past **(# of months or years)**.

Insert additional description of your individual symptoms and quality of life issues related to chronic sinusitis, if applicable.

The ear, nose and throat specialist, Dr. **(MD name)** has evaluated my medical condition and has recommended the balloon dilation procedure to treat **(indicate sinus affected)** sinus obstruction, which was confirmed on a CT scan taken on **(insert date)**. According to Dr. **(MD name)**, the balloon dilation procedure is FDA cleared for treatment of my sinus condition and can be performed in the office under local anesthesia. Dr. **(MD name)** has also informed me that the balloon dilation procedure has been proven effective in clinical research. **He/she** has discussed the procedure benefits with me and they include less invasive treatment to widen the sinus openings, which may result in less tissue removal, minimal bleeding and less pain. Also, the recovery time may be quicker, which will enable me to resume my daily activity within 1-2 days.

Dr. **(MD name)** has also indicated that patients who have undergone balloon dilation have experienced only minor complications and do not require as much medical treatment after the procedure is completed. He has stated that patients experience long-term symptom relief.

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I have asked Dr. *(MD name)* to provide documentation that I could include with my appeal letter that would support the medical need for a balloon dilation procedure to treat my ongoing and unrelieved sinusitis. Please find enclosed with this letter copies of published studies and position statements from the American Academy of Otolaryngology and the American Rhinologic Society, all of which support the effectiveness and acceptance of balloon dilation procedures.

Thank you for taking the time to review the enclosed information and considering my appeal of *(payor name)*'s denial of coverage for the balloon dilation procedure. I hope that *(payor name)* will respond with a positive decision so that I can benefit from the results of this procedure, reduce my need for ongoing medication and regain my quality of life.

Sincerely,

(Patient Name)

Encl