



Insurance Appeals Checklist

This resource offers guidance on key areas to include within an appeal letter, and considerations for physician peer to peer discussions. Although it is designed for medical professionals, individuals living with SMA and caregivers may also use the tool to support advocacy and are encouraged to share with care teams.

Prior to writing the Appeal Letter:

- ☐ Review the denial reason
- ☐ Review the denial letter to understand the specific reasons for the denial to help you address the issues in your appeal
- ☐ Contact the insurance company: (i.e. service or claims department):
 - ☐ Request a written copy of their appeal process including any necessary forms and deadlines
 - ☐ Seek clarification on the denial and understand the appeal process
- ☐ Gather supporting documents:
 - ☐ Medical records
 - ☐ Bills/invoices
 - ☐ Medical reports, test results, prescriptions, letters from healthcare providers

What to include in your Appeal Letter:

- ☐ Name, address, contact information
- ☐ Recipient's information (insurance company, name, title, and address if you have them)
- ☐ Introduction to why you are requesting the appeal
- ☐ Reference numbers (from your denial)
- ☐ Customize your appeal letter:
 - ☐ Write a clear, concise, and well-organized appeal letter that addresses the reasons for the denial
 - ☐ Use the insurance company's language and terminology
 - ☐ Describe how the denied claim affects/impacts your health, daily life, and overall well-being. Personal stories and experiences can be very persuasive
- ☐ Include a healthcare provider's statement:
 - ☐ Letter of medical necessity that was initially sent
 - ☐ Follow up letter based on the reasons for denial and why it is essential to approve
- ☐ If incorrect billing or coding errors, provide correct codes

Other Key Considerations:

- ☐ Follow deadlines, timely responses are critical and will prevent closed claims without opportunity to appeal
- ☐ Keep all your records in case insurance requests information again.
- ☐ BE PERSISTENT! Don't be discouraged by a denial. Many denials are successfully overturned during the appeal process. To escalate an appeal:
 - ☐ Request to speak with a higher authority
 - ☐ Request an in-person/zoom meeting
 - ☐ Request a peer to peer with physician support
- ☐ Seek assistance: Consult with patient advocacy groups, legal counsel, or other experts in the denial and appeals process

Physician Peer to Peer Discussion:

If possible, request a physician-to-physician meeting to discuss the claim and provide additional information to appeal and overturn the denial.

A healthcare provider can request this, or the insured can request this on their behalf.

Things to consider:

- ☐ Personalize the claim. Make sure the payor is aware of the patient medical history and needs of the item/treatment that was requested
- ☐ Be specific about the benefits of the requested item/treatment
- ☐ Provide information on expected outcomes
- ☐ Emphasize the impact on quality of life
- ☐ Provide information on any unique or uncommon aspects of the initial request
- ☐ Offer the opportunity for reviewing physician to ask questions

Additional Resources:

[Cure SMA Insurance Resources](#)

[Health Insurance Roadmap](#)