

Prior Authorization Denial Appeal Letter Template

Instructions: Replace [BRACKETED] sections with your specific information. Attach clinical documentation and policy citations.

[YOUR PRACTICE LETTERHEAD]

[DATE]

[PAYOR NAME]
Appeals Department
[ADDRESS]

RE: Appeal of Prior Authorization Denial

Patient: [PATIENT NAME]
Member ID: [MEMBER ID]
Claim Number: [CLAIM NUMBER]
Date of Service: [DOS]
Procedure Code: [CPT/CDT CODE]
Denial Reason: [DENIAL REASON FROM EOB]

To Whom It May Concern:

This letter serves as a formal appeal of the prior authorization denial dated [DENIAL DATE] for [PROCEDURE DESCRIPTION] for the above-referenced patient.

1. Clinical Justification

The requested procedure is medically necessary for the following reasons:

[CLINICAL RATIONALE — e.g., "The patient presents with [DIAGNOSIS]. Conservative treatment including [LIST TREATMENTS] was attempted over [TIMEFRAME] without resolution. Clinical examination reveals [FINDINGS]. The requested procedure is the clinically appropriate next step per standard of care."]

2. Policy Compliance

According to your policy [POLICY NAME/NUMBER, EFFECTIVE DATE], coverage is provided for [PROCEDURE] when the following criteria are met:

[LIST POLICY CRITERIA]

This case meets all required criteria as documented in the attached clinical notes.

3. Supporting Documentation

Enclosed please find:

- Clinical examination notes dated [DATE]
- Diagnostic imaging/test results dated [DATE]
- Treatment history documentation
- [PAYOR] policy [POLICY NUMBER] (highlighted relevant sections)

Request for Reconsideration

Based on the clinical justification and policy compliance outlined above, we respectfully request immediate reconsideration and approval of the prior authorization for [PROCEDURE] for [PATIENT NAME].

If you require additional information, please contact our office at [PHONE] or [EMAIL].

Sincerely,

[PROVIDER NAME, CREDENTIALS]

[NPI NUMBER]

[PRACTICE NAME]

cc: Patient

Pro Tips:

- Cite the *specific* policy section — use Axlow to find exact language
- Include clinical documentation that directly addresses denial reason
- Highlight policy criteria met in attached documents
- Send via certified mail and keep delivery confirmation
- Follow up within 5 business days if no response