When you receive a denial of treatment for your patient, carefully read the reasons for denial. Your response and supporting documents should address these reasons specifically.

**Note:** Each insurer and each patient might require or request different information or documentation. Please review each denial and the insurer’s guidelines, as well as [ActelionPathways.com](http://ActelionPathways.com), to help inform your decisions about what to include in your patient’s appeals package.

### APPEALS CHECKLIST

<table>
<thead>
<tr>
<th>FORMS</th>
<th>LETTERS</th>
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</table>
| - Statement of medical necessity | - Appeal letter  
- Patient’s denial letter or explanation of benefits letter |

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<th>SUPPORTING DOCUMENTATION</th>
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| - Test and lab results (right heart catheterization, acute vasoreactivity testing, echocardiography, etc)  
- List of ineffective, intolerant, or contraindicated treatments  
- Prescribing Information (typically for new therapies or new indications for existing therapies) |

### APPEALS TIPS

#### REVIEW ALL GUIDELINES
- Every health plan has specific guidelines
- Find out if this plan has any special requirements you did not meet on the initial submission
- An example appeals letter is available at [ActelionPathways.com](http://ActelionPathways.com)
- Review your previous statement of medical necessity for any missing information or incorrect numbers or codes

#### DOUBLE-CHECK YOUR NUMBERS
- Complete all the fields on any forms you submit
- Include the patient ID number from his or her insurance card
- Be sure to include your provider ID number as well

#### KEEP COMPLETE RECORDS
- Follow up within 48 to 72 hours to confirm receipt and get an updated status of the appeal
- Make a copy of anything you send to the insurance company
- Log any phone calls you make, including the time, date, and the name of the representative
- Record the name and contact information of the people with whom you interact

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