

The Appeals Process

If a preauthorization or predetermination for genetic testing is not approved by a patient's health plan, many plans will offer the opportunity for the ordering provider or patient to file an appeal. This allows the case to be re-reviewed, typically by a different medical director than the one that originally denied coverage of the test, to determine if the decision can be overturned. The denial letter provided by the health plan will typically include information about appeal availability and submission instructions.

A peer-to-peer discussion typically takes place between the ordering provider and a reviewer (usually a medical director) from the health plan. This allows the ordering provider to obtain clarification about the rationale for the denial and present additional evidence, if available, about the medical necessity of the denied test. In some cases, depending on health plan restrictions, this discussion can be used as a verbal appeal, and may provide an opportunity for overturning the denial.

Tips for Peer-to-Peer Discussions and Appeals

- ✓ **Keep the conversation civil.** Recognize that reviewers are obligated to enforce health plan policies, while also balancing the needs of the patient. Treating them in a hostile manner during a peer-to-peer discussion is not likely to improve the odds of a denial being overturned.
- ✓ **Read the denial letter carefully prior to initiating an appeal or peer-to-peer indication, to fully understand why the test was not approved.** Ask the health plan for further explanation of the denial reason, if needed. You may also wish to obtain and review a copy of the policy that was referenced for the denial.
- ✓ **Provide additional clinical details as needed to support medical necessity of the test.** If a letter of medical necessity was not included in the original preauthorization submission, consider adding one to the appeal documentation. If participating in a peer-to-peer discussion, have the patient's chart handy so that you are prepared to address additional questions about their medical history.
- ✓ **Provide evidence to back up your arguments.** Reference any relevant professional society guidelines or peer-reviewed research articles that evaluate the analytical validity, clinical validity, and clinical utility of the genetic test.
- ✓ **Focus on your patient's specific situation.** Explain why the test is medically necessary for this patient, and how the results can be used to better guide and improve their care. If the clinical history does not meet criteria according to the health plan's policies, clarify why you believe an exception should be made. If submitting a letter of medical necessity, ensure that it is tailored to your patient, and not simply a generic template letter.