



If you submitted a prior authorization (PA) and it is denied coverage, you may explain your clinical rationale for prescribing Paxman Scalp Cooling through a letter of appeal. This letter should address the specific reason for the denial and demonstrate why the health plan's denial does not represent the most beneficial treatment for the patient.

Below is a checklist you can reference to help make sure you capture every important aspect of the appeal in your letter. [View a sample appeal letter here >](#) Keep in mind there can be multiple levels of appeal, and you should refer to the health plan's specific appeal guidelines.

These items are included in our Sample Appeal Letter, but we have included a checklist here for your convenience.

- Denial information, including the denial letter(s) or explanation of benefits notification
- Patient's name, date of birth, insurance ID number, insurance group number, and dates of service
- PA/case number
- Patient's medical records and accompanying ICD-10 and CPT code(s)
- Copies of additional relevant medical information
- Clinical support for prescribing Paxman Scalp Cooling
- A letter of medical necessity and the FDA approval letter for Paxman Scalp Cooling
- Additional information and documents, such as:
 - Reference number of existing claim decision, if applicable
 - Patient Authorization and Notice of Release of Information
 - Appeal letter signed by the patient or authorized representative, if applicable
- Other supporting documentation, such as chart notes, current medications, test and lab results, and emergency department notes

For additional information and support visit:
paxmanscalpcooling.com/access-and-reimbursement