

Letter of Appeal Checklist

A Letter of Appeal may help support clinical rationale for prescribing Paxman scalp cooling following Prior Authorization (PA) being denied. The Letter of Appeal should address the reason for coverage denial and outline why the health plan's decision may prevent the most beneficial treatment path for the patient.

The checklist below highlights items and information that may be needed for a Letter of Appeal. Please keep in mind there can be multiple levels of appeal, and you should refer to the health plan's specific appeal guidelines. NB: This checklist is neither medical guidance nor a suggestion that you submit an appeal.

[View a sample Letter of Appeal here >](#)

Patient Medical History

- Patient name
- Date of birth
- Insurance policy/ID number
- Date of initial diagnosis
- Summary of diagnosis (including ICD-10 and CPT code(s))
- Significant laboratory tests and results
- Relevant pathology report details
- Previously administered treatments
- Clinical support for prescribing Paxman Scalp Cooling
- A letter of medical necessity and the FDA approval letter for Paxman Scalp Cooling

Benefits Investigation Information

- Denial information, including the denial letter(s) or explanation of benefits notification
- PA/Case number
- 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

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

The information provided on this checklist is general in nature and is not intended to be conclusive or exhaustive. As the patient's healthcare provider, you are responsible for applying your clinical judgment regarding appropriate care and treatment of each patient.

Accurate completion of reimbursement- or coverage-related documentation is the responsibility of the healthcare provider and patient. Paxman and its agents make no guarantee regarding reimbursement for scalp cooling.

NOTE: Retain a copy of all submissions for your personal records.

The information contained in this checklist is provided by Paxman for informational purposes for patients who have been prescribed scalp cooling. There is no requirement that any patient or healthcare provider use Paxman scalp cooling in exchange for this information, and this checklist is not meant to substitute for a prescriber's independent medical decision-making.