Sample Insurance Physician Appeal Letter #1

*The letter should be tailored to the patient.*

Insurance Company Name Address

City, State, Zip code

Re: Patient Name Date of Birth:

Appeal Account #: Dear Insurance Company:

I am appealing the decision and request immunoglobulin be approved for this patient.

**Disease:** Common Variable Immune Deficiency (279.06); severe recurrent infections (listed below), hypothyroidism, allergies

**Clinical History:**

* **Types of infections:**
	+ Severe recurrent sinopulmonary infections, but has been on chronic antibiotics for the past 11 months with partial benefit but constant relapse.
	+ Sinus x-rays demonstrated clear-cut pansinusitis with opacification, systemic antibiotics together with nasal irrigation gentamicin and an empiric course of Diflucan.
	+ Patient also had chronic bronchitis with copious mucus.
* **Hospitalizations & Surgeries:** 2 (Sinus surgery & total thyroid removal)

**Laboratory Studies:**

* After four doses of Prevnar and two doses of the pneumococcal vaccine, patient did not respond to any of the pneumococcal serotypes. In addition, he responded to only three out of seven of the Prevnar (protein behaving antigens). Therefore, using the well accepted, classic definition of poor antibody response to less than 50% (in this case zero), patient falls into the severe phenotype.
* Despite repeated infections, patient’s quantitative immunoglobulins are low.

**Patient Fulfills the criteria for IVIG on the following:**

* Repeated, chronic, poorly responsive respiratory disease to aggressive antibiotic and other anti-infectious measures.
* Patient has objective data indicating persistent infection with chronic inflammation, pansinusitis with opacification despite aggressive systemic antibiotics, antifungal and antibiotic irrigation
* Patient has clear-cut, well documented laboratory studies indicating immunodeficiency.

**Therefore, IVIG is warranted.**

Should you have any questions, I would request a peer review by members of the \*Primary Immunodeficiency Committee of the American Academy of Allergy, Asthma and Immunology that contributed to “Use of intravenous immunoglobulin in human disease”.

With very best wishes.

Sincerely,

John Smith, M.D.

*List credentials*

Enclosures

*\* References Appropriate records*

Sample Insurance Physician Appeal Letter #2

*The letter below was successful in overturning a denial of IVIG. Patient was approved for 1 year. The letter should be tailored to the patient.*

Insurance Company Name Address

City, State, Zip code

Re: Patient Name Date of Birth:

Appeal Account #: To Whom This May Concern:

I am appealing the decision that immunoglobulin is “not generally accepted and is medically unnecessary”.

1. The patient has a clearly defined immunologic disease (see attached reference): *Selective Antibody Deficiency (Boyle, et al)\*.*
2. The patient has absolute non-responsiveness to *pneumococcal /tetanus/diphtheria* vaccine(s).
3. The patient has well documented, over *xx* episodes of antibiotic usage (see attached).

*Include specific, tailored to the patient, statements:*

After four doses of Prevnar and two doses of the 23-valent pneumococcal vaccine (Pneumovax), patient did not respond to any of the pneumococcal serotypes. In addition, he responded to only three out of seven of the Prevnar (protein behaving antigens). Therefore, using the well accepted, classic definition of poor antibody response to less than 50% (in this case zero), patient falls into the severe phenotype as described by Sorenson and others (see attached).

In addition to the appropriate clinical documentation of recalcitrant infections, attached is the latest pneumococcal response titers as well as several documents including the Academy Diagnostic Vaccine Working Group Final Draft on Vaccination Response, the Australian article by Boyle on Selective Antibody Deficiency (classic paper), the Sorensen paper on poor Antibody Response in Immune Deficient Children and my correspondence with the Immune Deficiency Foundation on the use of IVIG in appropriate patients as well as documentation. Therefore, we fell that immunoglobulin should be used.

Should you have any questions, I would request a peer review by either Dr. E. Richard Stiehm or Dr. Richards Sorensen at the Louisiana State University School of medicine.

With very best wishes. Sincerely,

John Smith, M.D.

*List credentials*

Enclosures

*\* References Appropriate records*

Sample Insurance Physician Appeal Letter #3

*The letter below was successful in overturning 2 appeals that were previously rejected. Patient was approved for 2 years. The letter should be tailored to the patient.*

Insurance Company Name Address

City, State, Zip code

Re: EXPEDITED APPEAL

Patient Name Date of Birth:

Appeal Account #: To Whom This May Concern:

I am requesting an expedited appeal for denial to use gammaglobulin infusions (subcutaneous) for Jane Doe. She has had an excellent evaluation by a very fine clinical immunologist (physician name & credentials). This youngster fulfills all of the standard requirements for the use of IVIG: 1. She has a defined immunologic disorder (selective antibody deficiency) – with no response to conjugated pneumococcal vaccine. In addition, she has poor to no response to conjugated pneumococcal vaccine (Prevnar). This was after four Prevnars and two pneumococcal vaccines. Further, she received four tetanus vaccinations and had no functional, measurable antibodies. 2. She has documented laboratory abnormalities (see attached #1). She has recalcitrant, documented chronic significant infections. Her infections are well documented in the medical records (see attached notes, as well as my consultation, #2) and, she was hospitalized last fall for pneumonia and despite prophylactic antibiotics has had breakthrough infections. She has also seen an ear, nose, & throat surgeon (Surgeon’s name). She also has constitutional symptoms with febrile and failure to thrive.

I am attaching my consult, relevant notes from her current doctor (Name), the appropriate laboratory studies as well as the following: 1. Article by R.J. Boyle et al from Australia (Clin Exper Immunol 2006: 146:486-492), & the excellent article by Ricardo Sorensen et al (Pediatr Infect Dis J 1998: 17:685-91).

Should there be any questions, please do not hesitate to let me know. If an outside reviewer is required, I would suggest Dr. E. Richard Stiehm (UCLA), Dr. Ricardo Sorensen (LSU), Dr. Rebecca Buckley (Duke) or Dr. Mark Ballow (SUNY-Buffalo). These are considered the world’s experts in this disease. I appreciate your kind support these many years and I do hope you will rule favorably on this appeal as the youngster is quite ill and is not thriving.

With very best wishes.

Sincerely,

John Smith, M.D.

*List credentials*

Enclosures

*\* References Appropriate records*

Sample Insurance Physician Appeal Letter #4

*The letter below was successful in overturning a denial of IVIG. Patient was approved for 1 year. The letter should be tailored to the patient.*

Insurance Company Name Address

City, State, Zip code

Re: Patient Name Date of Birth:

Appeal Account #: To Whom This May Concern:

Thank you for your kind letter and for your review by a physician. I would like to appeal this denial with the following provisos: 1. That the patient stop smoking. 2. That a short trial of IVIG (3 month) be implemented, monitoring the following criteria: a. decreased number of pneumonia/bronchitis. b. Decreased breakthrough requiring IV or oral antibiotics. c. Decreased febrile episodes. d. Decreased symptoms of bacterial sinusitis.

The criteria for using IVIG in primary immunodeficiency requires the following: 1. Evidence for significant hypogammaglobulinemia. 2. Significant and frequent episodes for sinopulmonary infections, otitis and, on occasion, infectious gastroenteritis or other systemic infections. 3. Impaired response to non-conjugated polysaccharide antigens and/or protein antigens. 4. Failure to respond to aggressive anti-infectious and anti-inflammatory agents. 5. Discounting other potential causes for chronic sinopulmonary infections e.g. alpha-1 antitrypsin disease, cigarette smoking, etc.

I believe the patient fulfills the above criteria; however, what makes his case a little more complicated is that he has several factors which put him in the gray zone: 1. He smokes. 2. He works in an environment which has a number of inhalant irritants. 3. Mediocre function to polysaccharide antigens.

The issue of response to polysaccharide antigens has been a longstanding one. Dr. Richard Wasserman & Dr. Roger Kobayashi published a symposium approximately 20 years ago looking at what constitutes an appropriate response. The most recent consortium has suggested that a normal response would mean protective and/or a four-fold rise in 75% of the serotypes. The patient responded to slightly less than this criteria (poor response in 5 out of 14). Clinically, he has had multiple visits to the family doctor, allergists and other specialties and has had evidence of pneumonia by chest x-ray.

These cases are difficult for immunologists, recognizing the extraordinarily high cost of health case in the United States, the very high costs of treating chronically ill patients (in this case, primary immunodeficiency with a very expensive treatment for a very long time). I sympathetic to both the patient and their treating doctors as well as the insurance companies and the enormous burden it places on our Nation.

Nevertheless, if the above criteria I have outlined in the opening statements of this letter can be fulfilled, I believe a trial of IVIG is warranted in this patient. I would request that an immunologist review this case Dr. E. Richard Stiehm (UCLA), Dr. Rebecca Buckley (Duke) or Dr. Mark Ballow (SUNY-Buffalo). They are very well respected immunologists who also see patients and therefore, may be able to give a balanced view. With very best wishes.

Sincerely,

John Smith, M.D.

*List credentials*

Enclosures

* *References & Appropriate records*
* *References*

Boyle RJ, Le C, Balloch A,Tang ML. The clinical syndrome of specific antibody deficiency in children. Clin Exp Immunol. 2006 Dec;146(3):486-92.

Paris K, Sorensen RU. Assessment and clinical interpretation of polysaccharide antibody responses. Ann Allergy Asthma Immunol. 2007 Nov;99(5):462-

1. Review.

Leiva LE, Zelazco M, Oleastro M, Carneiro-Sampaio M, Condino-Neto A, Costa-Carvalho BT, Grumach AS, Quezada A, Patiño P, Franco JL, Porras O, Rodríguez FJ, Espinosa-Rosales FJ, Espinosa-Padilla SE, Almillategui D, Martínez C, Tafur JR, Valentín M, Benarroch L, Barroso R, Sorensen RU; Latin American Group for Primary Immunodeficiency Diseases. Primary immunodeficiency diseases in Latin America: the second report of the LAGID registry. J Clin Immunol. 2007 Jan;27(1):101-8. Epub 2006 Dec 27.

Costa-Carvalho BT, Martinez RM, Dias AT, Kubo CA, Barros-Nunes P, Leiva L, Solé D, Carneiro-Sampaio MM, Naspitz CK, Sorensen RU. Antibody response to pneumococcal capsular polysaccharide vaccine in Down syndrome patients. Braz J Med Biol Res. 2006 Dec;39(12):1587-92.

Orange JS, Hossny EM, Weiler CR, Ballow M, Berger M, Bonilla FA, Buckley R, Chinen J, El-Gamal Y, Mazer BD, Nelson RP Jr, Patel DD, Secord E, Sorensen RU, Wasserman RL, Cunningham-Rundles C; Primary Immunodeficiency Committee of the American Academy of Allergy, Asthma and Immunology. Use of intravenous immunoglobulin in human disease: a review of evidence by members of the Primary Immunodeficiency Committee of the American Academy of Allergy, Asthma and Immunology. J Allergy Clin Immunol. 2006 Apr;117(4 Suppl):S525-53. Review. Erratum in: J Allergy Clin Immunol. 2006 Jun;117(6):1483.

Costa Carvalho BT, Nagao AT, Arslanian C, Carneiro Sampaio MM, Naspitz CK, Sorensen RU, Leiva L, Solé D. Immunological evaluation of allergic respiratory children with recurrent sinusitis. Pediatr Allergy Immunol. 2005 Sep;16(6):534-8.

Bonilla FA, Bernstein IL, Khan DA, Ballas ZK, Chinen J, Frank MM, Kobrynski LJ, Levinson AI, Mazer B, Nelson RP Jr, Orange JS, Routes JM, Shearer WT, Sorensen RU; American Academy of Allergy, Asthma and Immunology; American College of Allergy, Asthma and Immunology; Joint Council of Allergy, Asthma and Immunology. Practice parameter for the diagnosis and management of primary immunodeficiency. Ann Allergy Asthma Immunol. 2005 May;94(5 Suppl 1):S1-63. No abstract available. Erratum in: Ann Allergy Asthma Immunol. 2006 Mar;96(3):504.

Sorensen RU, Moore C. Antibody deficiency syndromes. Pediatr Clin North Am. 2000 Dec;47(6):1225-52. Review.

Javier FC 3rd, Moore CM, Sorensen RU. Distribution of primary immunodeficiency diseases diagnosed in a pediatric tertiary hospital. Ann Allergy Asthma Immunol. 2000 Jan;84(1):25-30.

Wasserman RL, Sorensen RU. Evaluating children with respiratory tract infections: the role of immunization with bacterial polysaccharide vaccine. Pediatr Infect Dis J. 1999 Feb;18(2):157-63. Review.

Sorensen RU, Leiva LE, Giangrosso PA, Butler B, Javier FC 3rd, Sacerdote DM, Bradford N, Moore C.

Response to a heptavalent conjugate Streptococcus pneumoniae vaccine in children with recurrent infections who are unresponsive to the polysaccharide vaccine. Pediatr Infect Dis J. 1998 Aug;17(8):685-91.

Sorensen RU, Leiva LE, Javier FC 3rd, Sacerdote DM, Bradford N, Butler B, Giangrosso PA, Moore C. Influence of age on the response to Streptococcus pneumoniae vaccine in patients with recurrent infections and normal immunoglobulin concentrations. J Allergy Clin Immunol. 1998 Aug;102(2):215-21.

Sorensen RU, Hidalgo H, Moore C, Leiva LE. Post-immunization pneumococcal antibody titers and IgG subclasses. Pediatr Pulmonol. 1996 Sep;22(3):167-73.

Hidalgo H, Moore C, Leiva LE, Sorensen RU. Preimmunization and postimmunization pneumococcal antibody titers in children with recurrent infections. Ann Allergy Asthma Immunol. 1996 Apr;76(4):341-6.

Lahood N, Emerson SS, Kumar P, Sorensen RU. Antibody levels and response to pneumococcal vaccine in steroid-dependent asthma. Ann Allergy. 1993 Apr;70(4):289-94.

Sorensen RU, Kallick MD, Berger M. Home treatment of antibody-deficiency syndromes with intravenous immune globulin. J Allergy Clin Immunol. 1987 Dec;80(6):810-5.

Sorensen RU, Polmar SH. Immunoglobulin replacement therapy. Ann Clin Res. 1987;19(4):293-304. Review.

Sorensen RU, Polmar SH. Efficacy and safety of high-dose intravenous immune globulin therapy for antibody deficiency syndromes. Am J Med. 1984 Mar 30;76(3A):83-90.