If your patient’s claim was denied, you can appeal and ask the payer to reconsider the denial. Agreements between payers and providers usually define appeal timelines. As a manufacturer of in vitro diagnostics, bioMérieux is unable to participate with providers in the appeal process. Below is a checklist of the steps, forms, and documents you may need in the appeals process, if a payer denies coverage to your patient.

**Step 1: Understand the reason(s) for denial**

* Read the letter and/or explanation of benefits (EOB).
* Observe any filing deadlines and payer review timelines.

**Step 2: Know appeals process**

* Instructions for appeals can be found in the following locations:
	+ Payer’s provider manual
	+ Participating provider agreement with the payer
	+ Payer’s website
	+ Explanation of benefits
* Some payers only accept appeals electronically.
* Contact the payer with any questions.

**Step 3: Appeal the denial**

* Complete the necessary forms, if any, for the appeal prior to submission
* Compile appeals packet according to payer guidelines, such as:
* Prescribing provider’s statement of medical necessity and/or reason the test was ordered
* Patient Authorization and Notice of Release Information, generally found on payer’s website
* Copy of patient’s health plan card (front and back)
* Appeal letter (see Appeal Letter Template for guidance)
* Denial information including the patient’s denial letter or Explanation of Benefits
* Other supporting documents, including journal articles, abstracts, textbook excerpts, practice guidelines
* **Please note: Each payer and each patient may require different information. Please review each denial and the payer’s guidelines to determine what to include in your patient’s appeal package.**
* Provide only additional documentation requested by the payer, which could include:
	+ Patient history and physical finding
	+ Health care provider’s chart notes
	+ List of current medications, with dose and frequency
	+ List of prior tests run without diagnosis result of treatments tried without success
	+ Test and lab results
	+ Hospital admission/emergency department notes

**Step 4: Follow-up with the payer**

* If you have not received a decision within the payer’s time frame, confirm the appeal was received and determine its status.
* If the appeal is denied, follow the payer’s process for a second or third level appeal. If necessary, be sure to request that your appeal is reviewed by an external reviewer or request a peer-to-peer review with a clinician with expertise in the condition you are diagnosing. In all cases, follow the provider’s appeal process.