

**SAMPLE PATIENT APPEAL LETTER**  
**FOR PROMETHEUS® Serum Infiximab measurement**  
*(Please edit appropriately based upon your own information and medical history)*

**Note to Patient:** If coverage was denied by your Medical Group rather than your Insurance Carrier, this letter should be addressed to the Medical Director at the Medical Group with a copy to your Insurance Carrier

<DATE>

Red Cross Red Shield  
P.O. Box 12345  
Los Angeles, CA 90060

Dear Medical Appeals Reviewer:

I am writing to appeal your decision about medical coverage for the PROMETHEUS® Serum Infiximab measurement diagnostic test that my gastroenterologist, Dr. Ulysses Grant at Sunnyvale Hospital in San Diego, CA ordered. Dr. Grant and I felt that this test was a medically necessary step in the treatment of my symptoms.

**PATIENT INFORMATION**

I am 20 years old and am receiving Infiximab infusions.  
***(List information relevant to your symptoms and treatment)***

Name: Jane Doe  
Date of Birth: November 12, 1985  
Insurance ID: XXX123456789  
Policy Holder: Mr. John Doe  
Claim #: 111111  
Date of service: July 4, 2005  
Original Claim: \$125.00  
Date of EOB: December 31, 2005  
Explanation of Benefits (EOB):

1. Out-of-network deductibles/rates applied
  2. Laboratory services available through a capitated laboratory
  3. Laboratory testing not considered medically necessary
- (List information provided on the insurance EOB)***

I would like to address these coverage issues hoping that you will reconsider your decision given the new information listed below.

**TEST DESCRIPTION**

Serum infliximab concentrations may vary among equally dosed patients. PROMETHEUS Serum Infiximab measurement can aid physicians in determining the dose of infliximab and guide infusion intervals.

PROMETHEUS Serum Infiximab measurement is offered only at Prometheus Laboratories Inc., a clinical reference laboratory in San Diego, California. Prometheus is CLIA certified and CAP accredited. All laboratory tests have been validated in accordance with the guidelines established by these and other applicable agencies. Currently, Food and Drug Administration (FDA) approval is not required for testing performed by Prometheus.

## **NETWORK PROVIDER SERVICES**

Doctor Grant and I chose Prometheus to perform PROMETHEUS® Serum Infliximab measurement instead of alternative in-network laboratory testing because of the information provided on their comprehensive report. There is no in-network laboratory in my area willing to refer the test or able to provide comparable testing.

### **>AND/OR<**

My in-network physician ordered the test and directed me to an in-network laboratory which does not offer PROMETHEUS Serum Infliximab measurement. I have made a good-faith attempt to follow insurance guidelines and was unaware of the referral to an out-of-network provider.

## **LABORATORY AND PHYSICIAN INFORMATION**

For additional information about PROMETHEUS Serum Infliximab measurement contact Prometheus Laboratories Inc. at 1-888-423-5227. If you require additional medical information, please contact Dr. Grant at XXX-XXX-XXXX.

## **REFERENCE MATERIALS**

- St. Clair EW et al. The relationship of serum infliximab concentrations to clinical improvement in rheumatoid arthritis. *Arthritis Rheum.* 2002;46(6):1451-1459.
- Baert F et al. Influence of immunogenicity on the long-term efficacy of infliximab in Crohn's disease. *N Eng J Med.* 2003;348:601-608.

Please approve full coverage for PROMETHEUS Serum Infliximab measurement or at least apply in-network benefit coverage for this test.

Thank you for your prompt attention. I look forward to receiving a written response from you within two weeks.

Sincerely,

Jane Doe  
1234 Main Street  
Los Angeles, CA 90210  
XXX-XXX-XXXX

cc: Dr. Ulysses Grant

cc: [YOUR STATE DEPARTMENT OF INSURANCE OR EQUIVALENT]