MARVIX AI

SAMPLE APPEAL DENIAL LETTER

INFLIXIMAB DENIAL — STEP-THERAPY MEDICAL-NECESSITY APPEAL

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1 PATIENT INFORMATION

PATIENT NAME	Marcus T. Holloway
DATE OF SERVICE	January 9, 2025
DOB	04/17/1981 (43 yrs)
INSURANCE / PAYER	BlueCross BlueShield PPO
AGE / SEX	43 / Male
MEMBER ID	XZG884120571
MRN / PATIENT ID	GA-559024
GROUP NUMBER	GRP-40218
POLICY NUMBER	POL-77120934

2 PROVIDER INFORMATION

PROVIDER NAME	Priya Nair, MD
NPI	1487203956
CREDENTIALS	MD, Board-Certified Gastroenterologist
TAX ID	82-1749305
SPECIALTY	Gastroenterology
PHONE	(404) 555-0182
PRACTICE / FACILITY NAME	Peachtree Digestive Health Associates
FAX	(404) 555-0199
ADDRESS	1450 Peachtree Rd NE, Suite 320, Atlanta, GA 30309

3 RECIPIENT / PAYER INFORMATION

INSURANCE COMPANY / PAYER NAME	BlueCross BlueShield of Georgia
PHONE	(800) 555-2273
APPEALS DEPARTMENT	Clinical Appeals & Grievances
FAX / PORTAL SUBMISSION	Fax (866) 555-4488 / Availity Portal

ADDRESS

PO Box 9048, Atlanta, GA 30319

4 DENIAL INFORMATION

DENIED MEDICATION / PROCEDURE / SERVICE / DEVICE

Infliximab (Remicade) IV infusion, 5 mg/kg

ORIGINAL PRIOR AUTHORIZATION NUMBER

PA-2025-0011478

CLAIM NUMBER

N/A (pre-service denial)

DENIAL DATE

January 16, 2025

REFERENCE NUMBER

DEN-9920571

DENIAL REASON

Denied as “not medically necessary — step therapy criteria not met; preferred agent not tried.”

5 REQUESTED ACTION

APPEAL TYPE

Standard written appeal, with request for peer-to-peer review

URGENCY LEVEL

Standard

REQUESTED OUTCOME

Overturn denial and approve infliximab as prescribed

REQUESTED APPROVAL PERIOD

12 months

6 DIAGNOSIS INFORMATION

PRIMARY DIAGNOSIS

Crohn’s disease of large intestine with fistula, moderate-to-severe

ICD-10 CODE

K50.113

SECONDARY DIAGNOSIS

Iron deficiency anemia secondary to chronic blood loss

ICD-10 CODE

D50.0

7 CLINICAL SUMMARY

Patient’s Condition:

Moderate-to-severe fistulizing Crohn’s disease with active inflammation despite conventional therapy, requiring anti-TNF biologic therapy to induce and maintain remission.

Relevant Medical History:

Diagnosed 2019; course complicated by a perianal fistula and recurrent flares. December 2024 colonoscopy showed active inflammation in the terminal ileum and ascending colon.

Current Symptoms / Functional Limitations:

6–8 loose stools daily with intermittent hematochezia, abdominal cramping, fatigue, and 12-lb weight loss over three months, significantly limiting work and daily activities.

Disease Severity / Clinical Status:

Harvey-Bradshaw Index 11 (moderate-to-severe); fecal calprotectin 640 µg/g; CRP 24 mg/L.

8 SUMMARY OF DENIAL REASON

Payer's Stated Reason for Denial:

Request denied as not medically necessary; the plan states step therapy criteria were not met.

Unmet Criteria Cited:

Payer indicates a preferred anti-TNF agent (adalimumab) was not tried prior to infliximab.

Missing Documentation Cited:

Payer cited insufficient documentation of prior therapy trials and disease severity.

Coverage Policy Referenced:

Medical Policy "Biologic Agents for Inflammatory Bowel Disease," step-therapy provision.

9 RATIONALE FOR APPEAL

The denial should be overturned. The stated step-therapy requirement does not apply to this clinical situation, and the required documentation is included with this appeal. The patient has fistulizing Crohn's disease, for which infliximab is the specifically preferred anti-TNF agent per ACG and AGA guidelines given its established efficacy in fistula closure; substituting an alternative would not be clinically equivalent. The patient has already failed aminosalicylate (mesalamine 4.8 g/day × 4 months), corticosteroid (budesonide 9 mg/day, relapse on taper), and immunomodulator therapy (azathioprine, discontinued for leukopenia). Objective markers — fecal calprotectin 640 µg/g, CRP 24 mg/L, and endoscopic inflammation — confirm active moderate-to-severe disease. Continued denial risks progression to stricturing or penetrating complications, hospitalization, and surgery. The expected benefit of infliximab is induction and maintenance of remission, fistula closure, and mucosal healing. We respectfully request a peer-to-peer review with a gastroenterologist if the appeal cannot be approved on written submission.

10 SUPPORTING DOCUMENTATION

PROGRESS NOTES

Attached — GI office visits 10/2024, 12/2024

MEDICATION HISTORY

Full prior therapy trial summary attached

PRIOR AUTHORIZATION REQUEST

Original PA-2025-0011478 attached

THERAPY NOTES

N/A

DENIAL LETTER

Payer denial dated 01/16/2025 attached

SPECIALIST RECOMMENDATIONS

GI note recommending infliximab

LAB RESULTS

CBC, CRP, fecal calprotectin, TB/hepatitis screening

GUIDELINES / LITERATURE

ACG & AGA Crohn's disease guidelines cited

IMAGING REPORTS

CT enterography 11/2024

PROCEDURE REPORTS

Colonoscopy with pathology 12/2024

OTHER ATTACHMENTS

None

11 APPEAL REQUEST STATEMENT

Request for Reconsideration:

I respectfully request reconsideration and reversal of the denial for infliximab therapy based on the documented medical necessity, guideline support, and the patient's failure of required prior therapies.

Requested Approval:

Approval of infliximab 5 mg/kg as prescribed for a 12-month period.

Contact for Peer-to-Peer Review:

Priya Nair, MD — (404) 555-0182; available weekdays 1:00–4:00 PM ET.

Contact for Additional Information:

Peachtree Digestive Health Associates, (404) 555-0182, fax (404) 555-0199.

CS CLOSING STATEMENT

Provider Contact Information:

Priya Nair, MD — Peachtree Digestive Health Associates, 1450 Peachtree Rd NE, Suite 320, Atlanta, GA 30309. Phone (404) 555-0182, fax (404) 555-0199.

Follow-Up Instructions:

Please confirm receipt of this appeal and provide the determination in writing. Contact my office to schedule a peer-to-peer review if required to reach a favorable determination.

SO

SIGNATURE

PROVIDER NAME	CREDENTIALS	SIGNATURE	DATE	TIME
Priya Nair, MD	MD, Gastroenterology	Priya Nair, MD	01/20/2025	11:15