

# Coverage Appeals Checklist



It's important to check with the patient's health plan to ensure you are delivering the right information in the right way. Refer to this checklist as a resource to help you provide the necessary documentation and follow-up for prompt resolution of the appeal.

## STEP 1 Understand the reason(s) for the denial

- Read the denial letter from the health plan to identify the reason(s) coverage was denied
- Contact the health plan with any questions and to find a way to quickly resolve the matter (often, denial may simply be the result of missing information or an incorrect ICD-10 code)
- Obtain a written description of the health plan's appeals process

## STEP 2 Appeal the denial

Make sure to use the form specific to the patient's health plan, and fill it out completely.

- Provide additional documentation to clinically justify the treatment choice
- Verify where the appeal should be sent and any deadlines and keep a copy of the submission. This information will be needed if the patient wishes to apply for financial support services from Aurinia Alliance™
- If you need additional help, please refer to the Sample Template Letter of Medical Necessity, available from your Aurinia Field Access Navigator

## STEP 3 Follow-up with the health plan

If you have not received a decision within the health plan's estimated time frame, confirm that the appeal was received and determine its status. If the denial was upheld, you can resubmit another appeal with new or amended information or ask for a Supervisor or Manager to assist.

### If the appeal is denied

- If the health plan continues to deny the claim, you may request an external review by an independent, accredited medical professional or a peer review (the process varies by state law). The decision by external review is final and binding



Questions? Call **1-833-AURINIA (1-833-287-4642)** 8AM to 8PM ET, fax to **1-833-213-1001**, or email [support@AuriniaAlliance.com](mailto:support@AuriniaAlliance.com)

**NOTE:** This checklist is provided as a guide only. Please contact appropriate health plans to determine their specific information needs and protocols.



If you have questions or need additional support, your Aurinia Field Access Navigator is available to help.

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