# This letter is only intended as a SAMPLE Letter of Appeal in Response to a Claim Denial For XEOMIN® (incobotulinumtoxinA)

## PLEASE USE PROVIDER'S LETTERHEAD

Prescribing physician should edit the content of this letter as appropriate for the subject patient

<<Provider Name and Address>>
<<Date>>
<<Payer Name>>
<<Payer Address>>
<<Attn: Appeals Dept>>

Re:
<<Patient Name>>
<<Policy ID/Group Number>>
<<Claim Number>>
<<Date of Service>>
<<Disputed Amount>>

Dear Sir/Madam: I am writing to request an appeal of the claim denial for <Patient Name>. The reason for the denial, which was explained on <Explanation of Payment or Remittance Advice>, was <list reason(s) for denial>. I disagree with this decision and request that this claim be reviewed.

My patient was diagnosed with **<<blepharospasm, cervical dystonia, upper limb spasticity, chronic sialorrhea, or pediatric upper limb spasticity, excluding spasticity caused by Cerebral Palsy>> [ICD-10-CM]** on <<Date of Diagnosis>> and received an injection of **XEOMIN®** (incobotulinumtoxinA) on <<Date>>. In my clinical judgment, treatment with XEOMIN was medically justified. <Describe the patient's disease state and provide clinical justification for treatment, including previous inadequate response to other treatments. Discuss any other underlying health issues having an impact on treatment selection. Describe your plan of therapy and the benefits of XEOMIN for your patient>.

XEOMIN is indicated for adult patients with: chronic sialorrhea, upper limb spasticity, cervical dystonia, blepharospasm, and pediatric (ages 2-17) patients with: upper limb spasticity, excluding spasticity caused by Cerebral Palsy. In summary, my patient, <Patient Name>, has responded to XEOMIN therapy and I believe continuation of treatment is medically necessary. I have enclosed additional documentation that supports treatment with XEOMIN. I request that you reconsider this claim and reverse your decision.

Sincerely,

<<Physician Name>>

Enclosures:

Please include the XEOMIN PI, IFU, patient clinical notes and any other supporting documentation.

*The physician is responsible for the content of the letter that is customized to include information concerning an individual patient.*