

[Your Name/Practice Name]

[Your Address]

[City, State, Zip Code]

[Phone Number]

[Date]

[Insurance Company Name]

[Appeals Department Address]

[City, State, Zip Code]

RE: Formal Appeal Following Peer-to-Peer Discussion

Patient Name: [Patient Name]

Date of Birth: [DOB]

Member ID: [ID Number]

Claim/Reference Number: [Number]

Date of Service: [Date]

Dear Appeals Committee,

This letter serves as a formal appeal of the recent denial for out-of-network services for the above-referenced patient. This follows a Peer-to-Peer discussion held on [Date] between [Provider Name] and [Medical Director Name].

The request for out-of-network coverage is based on the following clinical necessities:

- **Specialized Expertise:** The patient requires [Specific Procedure/Treatment] which requires a level of expertise not currently available within the local provider network.
- **Network Inadequacy:** There are no in-network providers within a reasonable geographic distance who possess the necessary qualifications to manage the patient's complex condition of [Diagnosis].
- **Continuity of Care:** The patient has an established clinical relationship with this provider, and transitioning to an in-network provider at this stage would jeopardize the clinical outcome.

During the Peer-to-Peer call, it was noted that [Briefly mention why the previous denial was not overturned, e.g., "the reviewer cited lack of local network search results"]. However, we have attached documentation demonstrating that [Provide counter-argument, e.g., "in-network providers A, B, and C were contacted and are not accepting new patients or do not perform this procedure"].

Attached are the following supporting documents:

- Clinical notes and diagnostic reports
- Evidence of network inadequacy/lack of available specialists
- Letter of Medical Necessity

We request that you overturn the initial denial and authorize these services at the in-network benefit level via a gap exception or single-case agreement to ensure the patient receives necessary medical care.

Thank you for your prompt reconsideration of this matter. I look forward to your response within [Number] days.

Sincerely,

[Provider Signature]
[Provider Name, Title]
[Tax ID/NPI Number]