Re: Expedited appeal patient xxxxx

To Whom It May Concern:

xxxx is a XX-year-old woman who originally presented in **(insert date)** with stage XX melanoma.

She underwent resection and radiosurgery for brain metastasis and started immunotherapy for her extra CNS disease.

As is typical with some melanoma patients with favorable tumor biology, she has an extraordinary response to immunotherapy. However, she recently developed a metastasis in her right lung which is biopsy proven melanoma. This is the only site of disease in the body (outside of the CNS) where she has progression on immunotherapy. Given that immunotherapy has been extraordinarily effective for her, she was referred to radiation oncology for SBRT to this single site of disease in her right lung so that she can stay on immunotherapy which has been so effective.

The goal of SBRT is to definitively ablate the single site of disease that has developed resistance to immunotherapy. Because of the melanoma histology, high dose ablative radiotherapy as is possible with SBRT is the only viable radiotherapeutic option.

A peer to peer was performed last week during which the above was discussed. The physician completing the peer to peer on behalf of **(insert payer/ROBM)** stated that she agreed with the treatment plan as submitted but that she could not approve it. She advised submission of an appeal and advised that it would be approved on appeal. She also stated that **(insert payer)** coverage policies for radiotherapy were in need of an update and that several recently hired radiation oncologists were “working on it.”

The alternative treatment approach, 3-D CRT, which she was authorized to approve in our phone call is not appropriate in this setting as it would expose the patient to side effects without effectively ablating the site of progression.

Given the above, we will proceed with SBRT as outlined above and XXX will approve it either after this appeal or later.

If this denial is not approved on expedited appeal, I am prepared to file a complaint against XXX with the Department of Insurance in the State of XXXX which has direct jurisdiction over XXX privilege to operate in this state and with the NCQA (and/or Utilization Review Accreditation Commission, as appropriate) given the delay in patient care generated by XXX case review process.

I have interacted with both of these entities on dozens of cases of the denial of cancer therapies with and I have advised the state on determinations regarding the cases of others, and I can assure that both entities, but especially the Department of Insurance in this state, take a particular dim view of commercial payors withholding standard of care cancer therapies for arbitrary reasons. Furthermore, the Department of Insurance in this state has assumed a more active role in dealing with payers who deny these services in response to my council and that of other oncologists.

A copy of this letter will be placed in the patient’s medical record and shared directly with her. This letter will be forwarded to the offices of senators XXXX as well as that of Governor XXXX with the patient’s consent.

Sincerely yours,