Date of letter

Insurance Company Name

Insurance Company Address

Insurance Company City/State/Zip

Re: Request for reconsideration of coverage denial for anal HSIL care

Your Name

Type of Insurance

Group/Policy Numbers

Subscriber ID Number

Claim Number

Dear [name of representative] or Claims Review Department,

After consulting with my physician, [doctor’s name], I have decided to appeal your decision to deny coverage of [his/her] recommended treatment plan for the following procedures that were denied by your company:

|  |  |
| --- | --- |
| **Evaluation or Procedure**[Delete/update rows as necessary, providing the information from the Explanation of Benefits for the denied procedure(s)] | **Procedure Code** |
| Anoscopy; diagnostic, with high-resolution magnification (HRA) (e.g., colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed | 46601 |
| Anoscopy; with high-resolution magnification (HRA) (e.g., colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple | 46607 |
| Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation | 49010 |
| Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery | 46917 |
| Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision | 46922 |
| Destruction of lesions, anus (condyloma, molluscum) by any method (laser, cryosurgery, chemically, electrodesiccation) | 46924 |
| Other procedure on the anus | 46999 |
| Surgical pathology level 3 complex microscopic and report | 83304 |
| Surgical pathology level 4 gross, microscopic, and special stains | 83305 |
| Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, amplified probe technique | 87624 |
| Infectious agent detection by nucleic acid (DNA and RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed | 87625 |
| Cytopathology, selective cellular enhancement technique with interpretation (e.g., liquid based slide preparation method), except cervical or vaginal | 88112 |

Your letter dated [date of letter] stated that “[quote the exact reasons for denial from the letter]”. On [date], Dr. [name] diagnosed me with anal high grade squamous intraepithelial lesion (anal HSIL) and recommends my continued screening for recurrent anal HSIL, and treatment of anal HSIL if found for anal cancer prevention. Anal cancer screening is recommended for my medical care based on my medical history and current medical guidelines.[[1]](#footnote-1) As a person with factors for increased risk of anal cancer, it is extremely important to me that I take proven measures to reduce my cancer risk, which includes treatment of anal HSIL if found. Anal HSIL can recur after initial treatment in 60-75% of people after the initial treatment.[[2]](#footnote-2),[[3]](#footnote-3),[[4]](#footnote-4) The cost and burden of anal HSIL screening, follow-up, and treatment is far less than what I would experience from the cost, and physical and emotional side effects of chemoradiotherapy if my condition were to worsen to cancer. [If desired, add any further information to describe any anal HSIL symptoms you have, or how anal HSIL may affect your quality of life, and ongoing care is for anal cancer prevention is important to you.].

Treatment of anal HSIL has been proven to prevent anal cancer in people with anal HSIL at a rate of nearly 60%, as demonstrated by the ANCHOR Study.[[5]](#footnote-5) The Centers for Disease Control (CDC) is updating its guidelines for preventing opportunistic infections in people with HIV[[6]](#footnote-6) to include a recommendation for treating anal HSIL in PWH age 35 and older. I am greatly encouraged that my doctor believes I will benefit from anal HSIL screening and treatment. [He/she] also believes I will have significant relief from [name any symptoms you are experiencing from your anal HSIL] after HSIL treatment. Please read Dr. [name]’s Letter of Medical Necessity, which is included in this packet. In this letter, Dr. [name] describes my medical history, diagnosis and the rationale used in determining that I should have continued anal HSIL screening and treatment for anal cancer prevention.

I am confident in Dr. [name]’s experience in performing (recommending) this care. [He/she] is [doctor’s credentials, such as board certification in a given specialty field of medicine, any professional titles such as medical director, any special training in this specific procedure] and has performed this procedure since [date] in more than [number - hundreds or thousands] of patients.

Please contact Dr. [name] or me if you need more information about the safety and effectiveness of anal HSIL treatment for anal cancer prevention, and the need for continued follow-up for anal HSIL due to the high recurrence rate. For your information, I have attached peer review studies, clinical studies, and articles from scientific journals regarding this procedure.

I look forward to hearing from you regarding this request. My contact information is listed below.

Sincerely,

Your Name

Street Address

E-mail Address

Phone Number

Cell Phone Number

cc: Doctors’ Names and Practice Names

Enclosures:

List each document in your appeals packet

Include a Statement of Medical Necessity from your medical provider

1. Stier EA, Clarke MA, Deshmukh AA, et al. International Anal Neoplasia Society's consensus guidelines for anal cancer screening. Int J Cancer. 2024; 1-9. Epub 2024 Jan 31. PMID: 38297406. [↑](#footnote-ref-1)
2. Stier EA, Abbasi W, Agyemang AF, Valle Álvarez EA, Chiao EY, Deshmukh AA. Brief Report: Recurrence of Anal High-Grade Squamous Intraepithelial Lesions Among Women Living With HIV. J Acquir Immune Defic Syndr. 2020 May 1;84(1):66-69. PMID: 31977596; PMCID: PMC7138737. [↑](#footnote-ref-2)
3. Goldstone SE, Lensing SY, Stier EA, Darragh T, Lee JY, van Zante A, Jay N, Berry-Lawhorn JM, Cranston RD, Mitsuyasu R, Aboulafia D, Palefsky JM, Wilkin T. A Randomized Clinical Trial of Infrared Coagulation Ablation Versus Active Monitoring of Intra-anal High-grade Dysplasia in Adults with Human Immunodeficiency Virus Infection: An AIDS Malignancy Consortium Trial. Clin Infect Dis. 2019 Mar 19;68(7):1204-1212. PMID: 30060087; PMCID: PMC6588032. [↑](#footnote-ref-3)
4. Gaisa MM, Liu Y, Deshmukh AA, Stone KL, Sigel KM. Electrocautery ablation of anal high-grade squamous intraepithelial lesions: Effectiveness and key factors associated with outcomes. Cancer. 2020 Apr 1;126(7):1470-1479. 24. Epub 2020 Jan PMID: 31977082; PMCID: PMC7069772. [↑](#footnote-ref-4)
5. Palefsky JM, Lee JY, Jay N, Goldstone SE, Darragh TM, Dunlevy HA, Rosa-Cunha I, Arons A, Pugliese JC, Vena D, Sparano JA, Wilkin TJ, et al. Treatment of Anal High-Grade Squamous Intraepithelial Lesions to Prevent Anal Cancer. N Engl J Med 2022;386: 2273-82. [↑](#footnote-ref-5)
6. Panel on Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV. Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV. National Institutes of Health, Centers for Disease Control and Prevention, HIV Medicine Association, and Infectious Diseases Society of America. 2024. Available at <https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-opportunistic-infection>. Section on Human Papillomavirus Disease. [↑](#footnote-ref-6)