

Re: Request for review of unpaid claim # \_\_\_\_\_

Patient's Name

Patient DOB:

Insurance policy number:

Date of service:

Reference number:

Dear Dr. <LastName> (Medical Director of Insurance Company or Review agent)

I would like to request a reconsideration for your denial of reimbursement for \_\_\_\_\_ (penicillin or cephalosporin) testing and oral challenge on the above patient. This patient had a history of "penicillin allergy" and has been unable to be treated with any drug related to penicillin. I found that it was medically necessary to determine if this patient remains allergic to penicillin. I have followed the American College of Allergy, Asthma, and Immunology (ACAAI) recommendations as well as the guidelines in the Joint Task Force of Allergy, Asthma, and Immunology Drug Allergy Practice Parameters.

I have attached (enclosed) a referenced short document developed by the ACAAI 2015 Drug Allergy and Anaphylaxis Committee that addresses the need to evaluate patients labeled to be "penicillin allergic" as 90% of these patients carry this label in error. [Choose from either 1) ACAAI Committee Guidelines for Insurance Companies... or 2) Patient-centered.] These mislabeled patients often receive less effective or broad-spectrum antibiotics, which are more expensive and associated with more serious side effects. Increased use of broad-spectrum antibiotics is also contributing to the development of resistant organisms and increasing the total US healthcare budget. For further information please review the ACAAI "Penicillin and Cephalosporin Allergy Toolkit" developed for physicians and patients to highlight the need for evaluating and testing for penicillin allergy. ([www.acaai.org/patientportal/penicillin allergy toolkit/](http://www.acaai.org/patientportal/penicillin%20allergy%20toolkit/))

The penicillin (or cephalosporin) skin testing and oral challenge procedure I completed in the office confirmed that \_\_\_\_\_ (patient's name) is NOT (or IS if that is the case) allergic to penicillin. This drug can be used by the patient in the future as the risk of developing an allergic reaction is no greater than it is for the normal population. As a result of removing the label "penicillin allergic," my patient can be treated in a safer, more effective and more economical manner the next time an antibiotic is required.

I thank you for your reconsideration of the above medically necessary charges and reimbursement.

Sincerely,

Your name

Your contact info