First-Level Appeal - AETNA TX HMO

ACCOUNT	ACT-102
PROCEDURE	70553
DIAGNOSES	G43.909
DENIAL	CARC 50 (medical necessity)
SPECIALTY	neurology

RE: First Level Appeal -- Account ACT-102 -- Procedure 70553 -- Denial CARC 50

To the Appeals Department, AETNA TX HMO:

Basis for appeal: We request reconsideration of the above denial (medical necessity). Clinical appeal mapping documentation to payer medical policy criteria; strongest overturn class. The determination is not supported by the documented record ([DOC-1]).

Clinical and factual support:

The record documents the following ([DOC-1] -- Neurology consult): Chronic migraine with new focal neurologic deficit on exam; MRI brain with and without contrast indicated to exclude structural lesion per documented red-flag symptoms.

The record documents the following ([DOC-2] -- Treatment history): Documented 12-week trial of two preventive agents (topiramate, propranolol) with inadequate response and escalating frequency.

Criteria alignment: The documentation cited above addresses the stated denial reason ("MRI brain not deemed medically necessary.") for this neurology service. [REVIEWER: confirm payer-specific policy citation if available.]

Request: We ask that the denial be overturned and the claim reprocessed for payment, with a written determination within the timeframe required for first level appeals.

Sincerely,
[REVIEWER: signer name and credentials]

Please overturn the denial and approve the requested service based on the attached evidence packet and documented medical necessity.

Attachment manifest

The following items accompany this appeal. Confirm each is enclosed before submission.

[ ] 1. Clinical summary

[ ] 2. Prior treatment history

[ ] 3. Diagnostic reports

[ ] 4. Evidence: neurology consult

[ ] 5. Evidence: treatment history

Certification of human review

APPROVED BY	admin@pilot.local
APPROVED AT	2026-07-22T11:40:17.067622Z
VALIDATION	PASSED
CITATIONS	2 evidence citation(s) verified against the case record
DRAFTED BY	offline_fallback

This appeal letter was prepared with software assistance and reviewed in full by the approver named above prior to release. Automated validation confirmed that every citation in the letter refers to a document present in the case record and that no clinical assertion appears without a supporting citation. The approver attests that, to the best of their knowledge, the statements herein accurately reflect the patient's documented clinical record.

admin@pilot.local

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