

Example for Composing a Letter of Medical Necessity

This sample letter is provided for your guidance only. It provides an example of the types of information that may be provided when responding to a request from a patient's insurance company to provide a letter of medical necessity. Use of the information in this letter does not guarantee that the health plan will provide reimbursement for the medication and is not intended to be a substitute for or to influence the independent medical judgment of the physician.

Tips for drafting a Letter of Medical Necessity

- To avoid denials when you submit the prior authorization request to the payer, familiarize yourself with the plan's specific guidelines.
- Be sure to know and meet all deadlines for submitting the prior authorization form and other required documents. If your prior authorization is approved, check with the payer to determine the length of the authorization.
- Recommended information for a Letter of Medical Necessity includes:
 1. Patient Information:
 - Full name
 - Date of birth
 - Insurance ID number
 - Insurance group number
 - Case ID Number
 2. A summary of the patient's diagnosis and the indication for the medication being prescribed. Be sure to include: The diagnosis code(s), the severity of the patient's condition, prior treatment(s) including the duration of each and the patient's response to each treatment.
 3. The clinical rationale for treatment, including clinical trial data supporting the FDA approval of the drug, administration, and dosing information.
 4. A summary of your recommendation.
 5. Additional enclosures, which may include, where applicable:
 - Letter of medical necessity
 - Prescribing Information
 - Relevant peer-reviewed articles
 - Clinical practice guidelines
 - Clinical notes/medical records
 - Diagnostic test results
 - FDA approval letter

It is also helpful to keep complete records, including a copy of the materials that you send, and a log of telephone calls made to the patient's health insurance plan.

SAMPLE LETTER OF MEDICAL NECESSITY

[Date]

[Payer Name]

ATTN: [Contact Title/Medical Director]
[Contact Name (if available)]
[Payer address]
[City, State, Zip]

Re: Appeal for Denial of [Product name]

Patient: [Patient First and Last name]
Date of Birth: [MM/DD/YYYY]
Subscriber ID Number: [Insurance ID Number]
Subscriber Group Number: [Insurance Group Number]
Case ID Number: [Case ID Number]
Dates of Service: [Dates]

Dear: [Contact Name/Medical Director],

I am writing on behalf of my patient, [patient First and Last name] to document the medical necessity for treatment with [product name]. This letter provides information about the patient's medical history, diagnosis and a summary of the treatment plan.

Patient's clinical history

[Patient name] has been diagnosed with [condition] as of [date]. They have been in my care since [date], having been referred to me by [referring physician name] for [reason].

[Brief summary of rationale for treatment with [product name]. This includes a brief description of the patient's diagnosis, the severity of the patient's condition, prior treatments, the duration of each, responses to those treatments, the rationale for discontinuation, as well as other factors (eg underlying health issues, age) that have affected your treatment selection].

Treatment rationale

Given my patient's medical history, [the lack of response to other medications/contraindications] current condition and prognosis, I strongly believe that the use of [product name] for [patient's name] is medically necessary, appropriate and coverage should be approved. [Include any relevant clinical guidelines, such as NCCN guidelines]

Please call me or my office staff [physician phone number or practice phone number] if I can provide you with any additional information. I look forward to receiving your timely response and approval for treatment with [product name] for [patient name]

Sincerely,
[Physician Name and Credentials]

Enclosures

[List enclosures, which may include: the letter of medical necessity, prescribing information, clinical notes/medical records, diagnostic test results, relevant peer-reviewed articles, clinical practice guidelines, FDA approved letter for the prescribing medication]