

SAMPLE LETTER OF MEDICAL NECESSITY

Payers may require prior authorization or supporting documentation in order to process and cover a claim for the requested therapy. A prior authorization allows the payer to review the reason for the requested therapy and to determine medical appropriateness. A patient-specific letter of medical necessity will help to explain the physician's rationale and clinical decision making in choosing a therapy. Please see page 2 for a sample letter of medical necessity with fillable fields that can be customized based on your patient's medical history and demographic information and then printed. *Please note that some payers may have specific forms that must be completed in order to request prior authorization or to document medical necessity.*

Re: Letter of Medical Necessity for

Patient:
Group/policy Number:
Date(s) of service:
Diagnosis:

Dear _____ :

I am writing on behalf of my patient, _____, to _____ for treatment with _____. _____ is indicated for treatment of _____. This letter serves to document that _____ has a diagnosis of _____ and needs treatment with _____, and that _____ is medically necessary for _____ as prescribed. On behalf of the patient, I am requesting approval for use and subsequent payment for the treatment.

Patient Medical History and Diagnosis

_____ is a _____-year-old _____ diagnosed with _____. _____ has been in my care since _____. As a result of _____, my patient _____ has tried _____ and _____. The attached medical records document _____'s clinical condition and medical necessity for treatment with _____.

Based on the above facts, I am confident that you will agree that _____ is indicated and medically necessary for this patient. The plan of treatment is to start the patient on _____, monitor platelet count and response to therapy and adjust dose accordingly.

Please consider coverage of _____ on _____'s behalf, and approve use and subsequent payment for _____ as planned. Please refer to the enclosed Prescribing Information for _____. If you have any questions regarding this matter, please do not hesitate to call me at _____. Thank you for your prompt attention.

Sincerely,

Enclosures:
Prescribing Information (PI)