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 . Additionally, 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,

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Enclosures:
Prescribing Information (PI)