

## **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)