

Sample letter of medical necessity

Disclaimer: This sample is provided for informational purposes only. Use of the information in this template letter does not guarantee that the insurance company will provide coverage and is not intended to be a substitute for, or an influence on, the independent medical judgment of the physician.

[Physician letterhead]

[Date]

[Payer name]

ATTN: [Contact name/medical director]

[Insurance company]

[Insurance address]

Re:

[Patient first and last name]

[Patient DOB: MM/DD/YYYY]

[Insurance policy number]

[Insurance group number]

Dear [Contact name/medical director]:

I am submitting this letter on behalf of my patient, [Patient name], to document the medical necessity for [DRUG NAME[®] (generic name)].

[DRUG NAME] is indicated for [Drug's indication].

Included below are [Patient name]'s medical and treatment history and other supporting information that confirm the medical necessity and appropriateness of [DRUG NAME].

Patient medical and treatment history

- [Diagnosis including ICD-10-CM code and date of diagnosis]
- [Description of current medical condition including prognosis, severity, etc]
- [A list of current and previous treatments]
- [The patient's experience with treatments including the clinical outcome, adverse drug reactions, and the length of therapy]
- [If treatment is discontinued, please include the reason for discontinuation]
- [Any other relevant information affecting the prior/current treatment decision, such as underlying health issues]

Treatment rationale

Based on the patient's medical and treatment history listed above and the supporting documentation enclosed, I strongly believe that [DRUG NAME] is indicated and medically necessary for this patient.

Enclosed are the following documentation:

- [List each enclosed documentation; suggested enclosures: excerpts of medical and treatment records, full prescribing information of drug and note that use is within labeled indication, payer medical policy, relevant medical literature, and/or patient history prior to physician care]

If you have any questions, please contact me at [Physician phone number] or via email at [Physician email]. Thank you for your time and consideration.

Sincerely,

[Physician name and credentials]