



An example letter of medical necessity:

[Office letterhead]

[Date]

[Contact name or department]

[Name and address of payer]

Re: Letter of Medical Necessity for [Patient]

Patient: [Patient name]

Patient DOB: [Patient birth date]

Insurance ID: [Insurance ID]

Group number: [Group number]

Diagnosis: [Code with description]

Dear [Contact name or department]:

I am writing on behalf of my patient [Patient name] who was diagnosed with [diagnosis code and description] on [date of service].

Due to the nature of this illness, [Name] needs to be treated with [product/procedure description and CPT codes]. I am requesting approval of this treatment for payment.

Patient History and Diagnosis

[Patient name] was diagnosed with [diagnosis] on [date of diagnosis]. This patient has been under my care since [Date]. [Enter description of previous therapies and outcomes].

The attached medical records document that previous attempts to treat this condition have been unsuccessful. Therefore, I have recommended treatment with [procedure/drug and CPT codes]. I have included a recent article from [journal or website] that supports this medical decision. The treatment plan is to administer [procedure/drug] on [date] and follow-up as needed.

Please consider coverage of this important [procedure/therapy/drug] and approve its [use/administration]. Please refer to the information enclosed for your review. If you have any questions or require additional information, please call me at [telephone number].

Thank you for your attention to this matter.

Sincerely,

[Physician signature]

[Physician name and degree initials]

[Individual or practice NPI number]