



The text below may be copied onto your practice letterhead and used as a letter of medical necessity when contesting a denied claim.

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*(Current Date)*

*(Insurance Company Name)*

*(Insurance Company Address)*

Re: *(Patient Name)*

To Whom It May Concern:

I am writing on behalf of my patient, *(patient name)* to document the medical necessity of *(treatment name in question)* for the treatment of *(specific diagnosis)*. This letter provides information about the patient's medical history and diagnosis and a statement summarizing my treatment rationale.

### **Patient's History and Diagnosis**

*(Include information here regarding the patient's condition and specific diagnosis. Also include the patient's history related to their condition)*

### **Treatment Rationale**

*(Include information on the treatment up to this point, course of care and why the treatment in question is necessary and how you expect that it will help the patient.)*

### **Duration**

*(Length of time treatment is necessary – not to exceed 12 months)*

### **Summary**

In summary, *(treatment in question)* is medically necessary for this patient's medical condition. Please contact me if any additional information is.

Sincerely,

*(Licensed Provider signature)*

*(Licensed Provider name)*

*(Current Date)*



## **Medical Necessity Reminder**

**Be specific in your narrative and use the following guidelines when submitting a letter of medical necessity**

- The diagnosis must be specific. For example, a diagnosis of "difficulty walking" is not specific – a diagnosis of "Osteoarthritis of the knee" is specific.
- The recommended treatment must be named and described in detail by a licensed provider. A recommended treatment described, as "quitting smoking, healthier diet and regular or daily exercise recommended" does not provide enough information. As the provider you must specifically name and describe the recommended treatment. An acceptable description of treatment would be "I recommend the patient receive acupuncture treatments at the rate of three times per week for the next two months. At that point he\she will be reassessed before proceeding any further or weaned to an appropriate level."
- As the provider you must state a specific length of treatment. Lifetime or indefinite lengths of treatment will likely be denied.