



It Matters

Empowerment Pathways



For Physicians: How to Write an Effective Letter of Medical Necessity

Because most insurers implement a prior-authorization process for coverage of certain prescribed medications or medical procedures, it's important that providers are aware of what constitutes successful support when that prior authorization or a claim gets denied. A strong Letter of Medical Necessity is vital to appealing denied services for your patients.

Here are some steps necessary to writing an effective Letter of Medical Necessity for your patient:

MAKE SURE YOU CLEARLY STATE WHO YOU ARE AND YOUR RELATIONSHIP TO THE PATIENT

Simply stating that he or she is a patient of yours is not enough. Think more along the lines of: "My name is John Doe, and I have been Susie Smith's neurologist treating her for chronic migraine for 8 years."

MAKE IT UNIQUE

Make sure the letter is individualized. Use the patient's name whenever possible versus the generic use of client or patient. That kind of language helps the reviewer picture your patient as an individual and not just a nameless file. It also lends the letter a greater sense of authenticity versus a generic template. It suggests that you've established a relationship with the patient and the treatment you're recommending is exclusive to them.

PROVIDE THE PATIENT'S MEDICAL HISTORY AND BE SPECIFIC

In your letter, review previous treatments you have tried, what results they produced, and what led you to prescribe something different. Be sure to provide as much detail as possible. If the insurer has suggested alternatives, address each one and why they won't work. If they seem possible but you consider them to be second or third choice after your recommendation, acknowledge that and explain why.

INCLUDE RELEVANT EVIDENCE FROM THE MEDICAL RECORD THAT SUPPORTS YOUR CLAIM

Be sure to include all recent and pertinent lab tests, scans, or office visit notes that provide evidence to your prescription being the right call for this patient. Note them in your letter and provide them as enclosures for evidence.

PROVIDE ANY RESEARCH ARTICLES OR PEER-REVIEWED JOURNALS TO BACK UP YOUR POSITION.

If there have been successes in clinical trials or other patient settings, it is further support that your prescription should be necessary or effective for your patient. Be sure to include these with the other documents you send with the appeal and feel free to highlight specific sections in your letter or on the actual documents.

DOCUMENT ANY PREVIOUS SUCCESSES WITH THIS SERVICE OR TREATMENT IN PATIENTS WITH SIMILAR DIAGNOSES AND SITUATIONS

The more evidence you can provide as it relates to the efficacy of the prescribed test or service in other patients you have treated, the better chance you will have at getting the denial overturned by the insurance company.

CONCLUDE YOUR LETTER BY REPEATING YOUR PRESCRIPTION AND THE MEDICAL IMPLICATIONS YOU BELIEVE WILL RESULT IF THE PRESCRIPTION FOR MEDICATION OR SERVICES IS NOT APPROVED BY THE INSURANCE PLAN

Ensure the health plan knows exactly what you are looking for and why it will bring benefit to your patient. Be specific about any complications that may arise if the patient does not obtain access to the prescribed test or service.

LASTLY, OBTAIN PROPER AUTHORIZATION TO SUBMIT THESE DOCUMENTS ON BEHALF OF YOUR PATIENT

A lot of insurers require that their members certify or give permission before accepting appeals from parties other than their insured, so you may want to ask your patient to give their insurance plan a call to verify if this step is required before submission.

While it may sometimes seem like a tremendous burden to carve out time to write tailored Letters of Medical Necessity, your patients will thank you for taking a few extra minutes to ensure you are being thorough and personalized, especially when that means the difference between them getting their prescribed care or not.