

Writing the Letter of Medical Necessity or the Cover Letter for the Appeals Packet

The following template was created by Family Voices Colorado to assist providers and families in crafting expert letters of medical necessity and/or appeals packets to be able to use to get funding sources to cover necessary, medical services and supports. Please use the term and appropriate language for a *letter of medical necessity* versus the term and language of *the appeals packet*, depending on the type of document you are preparing.

Your name
Your address
City, State, Zip
Phone

Name of Health Plan
Attention: Appeals Department/Personnel
Health Plan Address

RE: Patient's Name :
Employee's Name :
ID# :
Group :
Group # :
Claim # :
Record # :

To Whom It May Concern:

Section 1 – The purpose of the message; to make an appeal.

Thank you for the opportunity to have (re)consideration made about coverage of my child's _____(service, treatment, equipment, test, etc.) that was denied by _____ (the name of health plan) letter (or in a verbal statement made by _____) dated (or on the date you got the verbal answer) _____2005. (You may include **a copy** of the letter in the appeals package or copy the reason for the denial into this section of the letter.)

Section 2 – The research of the policy that justifies the reconsideration

A. Medical Necessity – Does the definition match the need?

In reviewing our policy handbook, page _____, paragraph ____ (*You can make a copy of the page or paragraph and enclose it in the appeals packet*) we perceive that with our doctor's concurrence (please see attached letter from Dr. _____) our child's need for this service would appear to fall in line with that the definition of medical necessity

B. Service/treatment/equipment is a covered benefit

The description of covered benefits in our health policy handbook would appear to include the services we are seeking for our child. According to the plan _____ is a covered benefit. (*copy the exact language of the policy handbook or attach is to the appeals package if it is long*) The reason we believe this is true for our child is _____. (*The reason corresponds with the language of the policy and does not concretely argue with the Exclusions or Non-covered Services also described in the policy handbook*)

B. Service/treatment/equipment is not a covered benefit

We clearly understand that this service/treatment/equipment is not considered a covered benefit in our health policy. We are seeking this appeal to ask for a consideration of an exception to be made to this benefit. Given that the consequence of our child not having access to this _____, could result in _____ (*safety, risk, later expense to the health plan, liability of any kind*) we are imploring you to consider covering this service.

Section 3 – Expert evidence – (Particularly helpful if you are seeking an exception to the benefit limitations.)

A. Your Expert Evidence *For example -*

The attached letter from Dr. _____ from The Children's Hospital (*or wherever*) substantiates evidence that autism may very well be categorized as a congenital anomaly. Please notice within the letter (*journal article, etc.*) the highlighted content that states:

“There is clear evidence from brain pathology specimens that Autism is indeed a congenital anomaly. Autism is a neurological disorder that a child is born with. Symptoms such as language and communication cannot be diagnosed until the age when children without neurological disorders have emerging language.”

A legal statute breach may also be a means to justify coverage of a denied benefit. For example –

Colorado Revised Statute, Section 10-1-103 states:

The interpretation of an insurance contract is a matter of law. An insurance contract should be construed to carry of the intention of the parties, and that intention should be ascertained, if possible, from the language in the policy alone; however, if there is an ambiguity, uncertainty, or conflict as to

coverage, courts should construe the policy in favor of the insured. (Board of County Commissioners v. Colorado, 888P.2d 352 (Colo. App.1994))

B. Their Expert Evidence

We would like to know of the qualifications of the physician and/or other medical personnel that the health plan perceives are equipped to make (or have made) this benefit decision on behalf of our child. Please inform us in writing as to these providers' experience/competencies in knowing the needs of this population of children.

Section 4 - Outcomes of the Requested benefits (What will happen and what will be prevented if child gets this service)

In conferring with our child's _____ (health care practitioner) and with our child's _____ (specialist or other health services/supports provider) the intention of the service for the achievement of the following outcomes.

- Increased oral motor control, including chewing and swallowing, to reduce problematic gagging, choking, and aspiration
- Decreased tone and constriction in the jaw, throat, and tongue areas when foods and liquids are presented for nourishment
- Child able to eat normally reducing the need for potential gastrostomy and G-tube feeding measures

Section 5 – Scope and Duration of the Treatment/Service/ or Life of Product or Equipment

The request is for the coverage of the recommended treatment by _____ (name of health care provider). Speech therapy of 45 minutes duration, one time weekly, for six months, is recommended. The therapy should be provided by a licensed, pediatric, speech language provider qualified in treating feeding and swallowing problems as well as competent in the speech developmental needs of children.

Section 6 – Funding streams not able to help with this need

Example -

The health plan representative we spoke to on _____2005 named _____, advised us to seek speech therapy services through the developmental disabilities service system (Community Centered Board or CCB). The CCB in our community has no early intervention specialists equipped to deal with the level of need required for the outcomes being sought. Furthermore, they have a nine to 12 month waiting list for new infants and toddlers seeking assistance through their programs. Please see attached letter from the CCB and the school district's Childfind office indicating this information.

Section 7 – Supplemental Documents that may be necessary to describe the treatment or service

Example –

In addition to the letters from our child’s providers we are enclosing in this packet a product description for the recommended mobility equipment that our physical therapist would like him to utilize. The product is manufactured in _____ and has a warranty on it of _____. We are also enclosing a copy of our plan’s necessary prior authorization document, dated _____2005.

Section 8 – Cordial, but assertive summary

We believe it is in the best interest of the health plan and the insured for the health plan to reconsider the denial, with the current understanding that the denial position is in direct conflict with the *(one or more of these)* –

- laws of the State of Colorado
- with professional health care standards and current research
- plan’s description of medical necessity and/or mission statement

Or -

We believe it is in the best interest of the health plan and the insured for the health plan to make an exception to the policy and fund this treatment/service/other because

- it will reduce the liability of injury or harm to the insured
- it will reduce the possibility for needed surgery or other costly intervention later and thus, save costs to the health plan later.

Sincerely:

Your name

Cc: Health care providers involved in this case
Division of insurance (?)
Human Resources Department of the Employer