

Checklist for filing a letter of medical necessity

This resource is intended to assist providers who would like to file a letter of medical necessity. This is not an instructional guide. **Some health plans require a letter of medical necessity along with additional documentation.**

Keep in mind that patient authorization (PA) requirements may vary according to health plan. Providers must ensure they accurately complete and submit necessary information to payers. Use of these tips does not guarantee that the health plan will provide reimbursement for medication, and is not intended to be a substitute for, or an influence on, your independent medical judgment.



Write the letter of medical necessity & gather important supporting documents



Prepare written letter of medical necessity

- **You can use the sample letter provided [here](#).** As a reminder, the sample letter only serves as a guide. As the patient's prescriber, you can modify the content based on your medical judgment or you can write your own letter



Provide patient information and insurance information

- Provide the patient's insurance ID number and member group number from his or her insurance card
- Provide correct ICD-10-CM diagnosis code(s) for the condition/diagnosis



Be aware of deadlines and understand health requirements

- Prepare in advance and collect any required documents to meet all deadlines for PA submission
- Be sure to follow any plan-specific guidelines and/or requirements for authorizing treatment



Review the letter of medical necessity & send



Include all supporting documents

- Submit all required supporting documents with the PA request. For example, a health plan may require documentation showing the results from any laboratory testing
- Include a copy of the patient's health plan prescription card (front and back)



Send the written letter of medical necessity to the health plan for review

- Depending on the health plan, some patients may have to submit the documentation themselves



Follow up with patient's health plan



Follow up with your patient's health plan if you have not received a decision in 5-7 days

- Be sure to save copies of all documents you have submitted and keep a log of all phone calls with the health plan for your records, including dates and the names of the people with whom you spoke