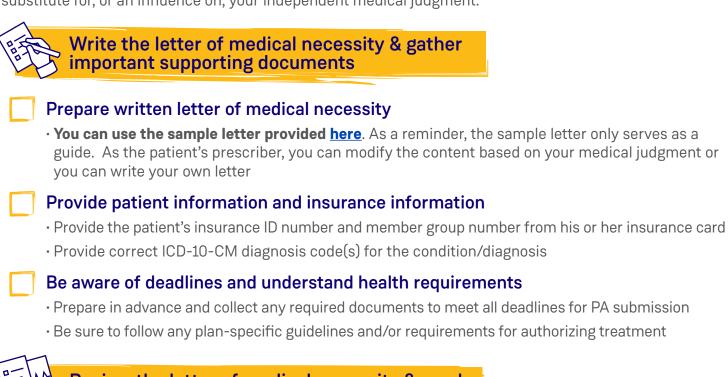
Checklist for filing a letter of medical necessity

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.



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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

