

These tools do not provide legal advice. Consultation with legal counsel may be appropriate to help identify and pursue claims that should be appealed.

For additional information, visit the Private Sector Advocacy Web site at www.ama-assn.org/go/psa.

Sample pre-appeal letter requesting additional information

Date

Attn:

Provider Appeals Department

Address

City, State, ZIP Code

Dear [*Director of Claims/Medical Director*],

On [*date denial letter received*], I received a letter from [*name/title of sender*] stating [*treatment/service*] was denied for [*patient name*] due to lack of medical necessity.

The American Medical Association (AMA) defines medical necessity as “health care services or products that a prudent physician would provide to a patient for the purpose of preventing, diagnosing or treating an illness, injury, disease or its symptoms in a manner that is: (a) in accordance with the generally accepted standards of medical practice; (b) clinically appropriate in terms of type, frequency, extent, site and duration; and (c) not primarily for the convenience of the patient, treating physician or other health care provider.

We request that [*health plan*] use the AMA definition of medical necessity when making determinations on medically necessary treatments and/or health care services.

The accompanying explanation of benefits did not provide adequate information to support this denial. Therefore, I am requesting the following information.

Please furnish the source and content of the information on which the medical necessity denial decision was based. Also, please provide a description of the information necessary for approval of the treatment/service.

We also would appreciate copies of any expert medical opinions that have been secured by your company in regards to treatment/service of this nature and its efficacy so the treating physician may respond to its applicability to this patient’s condition.

Thank you for your assistance.

Sincerely,

[*Patient Accounts Manager*]

cc: [*Patient*]

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