Letter of Medical Necessity

PHILADELPHIA COORDINATED HEALTH CARE
1601 Market Street, 5th Floor
Philadelphia, PA 19103

For more information please visit
www.medicare.gov.
1-800-MEDICARE

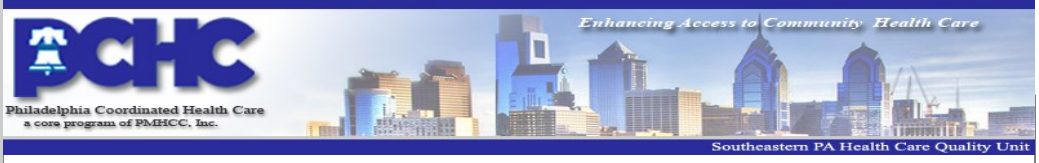
Enhancing Access to Community Health Care

Please visit us on our website at www.pchc.org

Community Outreach Department
Phone: 215-546-0300
Fax: 215-790-4976

Nicole Williams
Outreach Projects Coordinator
Ext. 3230
E-mail: nwilliams@pmhcc.org

Julio Nieves
Individual, Family & Community Outreach Specialist
Ext. 3387
Email: jnieves@pmhcc.org



Through Medical Assistance there are standards that have been set to determine whether something is medically necessary or not. The three standards to assess one's need are as follows:

- " The service or benefit will, or is reasonably expected to prevent the onset of an illness, condition or disability
- The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental, or developmental effects of an illness, condition or disability.
- The service or benefit will assist the individual to achieve or maintain the maximum functional capacity in performing daily activities taking into account both the functional capacity of the individual and those functional capacities that are appropriate for individuals of the same age."

(*Health Choices RFP*)

When planning to write a letter of medical necessity there are key components that are necessary to include in order to provide a proficient argument for the requested denied services. Things to be sure to include in the letter are as follows:

- Name of the insured
- Insurance identification numbers
- Date of birth
- Diagnosis
- Description of the condition
- Description of possible extenuating circumstance
- Description of preventative qualities of service or equipment requested

(*Health Choices RFP*)

For a sample letter of medical necessity to use as a guide, please go to **www.pchc.org > Resources> Publications> Individuals and Families** or visit the PA Health Law Project website listed below for another example. To ensure your letter is not denied it is vital to include all pertinent medical information within your letter. Letters lacking information to support medical claims are typically denied. But, if your letter is denied and includes all adequate medical information you can file an appeal, which is also known as a grievance. You may also request to have a hearing, which can include an Administrative Law Judge or DPW representative to be involved.

If there is urgency for a patient to have certain services that are being denied, it is important to file the grievance or hearing expediently as it would need to be resolved within 72 hours. In an expedited case it is important that the patient's practitioner is included in the process in order to provide medical notes that give insight into the needs of the patient.

If the patient, provider and support's continue to face difficulties with the appeals process you can contact the **Pennsylvania Health Law Project** at 1-800-274-3258 or go to their website http://www.phlp.org/ for more information. They will provide you with further assistance through their Legal Advocates, which can advise or provide representation as needed.