SAMPLE LETTER OF MEDICAL NECESSITY

The following letter is only intended as a SAMPLE Letter of Medical Necessity that outlines the information a payer/plan may request. Use of this letter does not guarantee coverage for the service. The prescriber (physician) is responsible for the content of this letter and should customize all bracketed information in blue with the appropriate information.

SAMPLE Letter of Medical Necessity
[Physician's Letterhead] [Date]
[City, State, ZIP Code]

RE: Coverage for Health and Wellness Coaching
Patient: [Patient Name]
Date of Birth: [Date]
Diagnosis: [Diagnosis], [ICD-10-CM]

Dear HSA/FSA Plan:
I am writing on behalf of my patient, [Patient Name], to document the medical necessity to treat their [Diagnosis] with [Coach name, a National Board Certified Health and Wellness Coach at (Coach Business LLC Name / NPI: xxxxxxxxx / EIN: xx-xxxxxxx/ Health and Wellness Coaching Taxonomy code: 71400000X)].
This letter serves to document my patient's medical history and diagnosis and to summarize my treatment rationale. Please refer to the [List any Enclosures] enclosed with this letter.

Summary of Patient's Medical History and Diagnosis
[Patient Name] is [Age] years old and was initially diagnosed with [Diagnosis] [ICD-10-CM] on [Date]. [Patient Name] has been in my care since [Date].
[Provide a discussion of the patient's clinical history, current symptoms and condition, any potential contraindications, and any relevant laboratory test results, highlighting the factors leading you to recommend use of the service]

Rationale for Treatment
[Include your clinical rationale and reasons for prescribing the service]

In summary, [Service Name] is medically necessary and reasonable to treat [Patient Name's] [Diagnosis], and I ask you to please consider coverage of [Service Name] on [Patient Name's] behalf. Please refer to the enclosed supporting documents for further details, and do not hesitate to call me at [Phone Number] if you have any questions or if you require additional information.

Thank you for your attention to this matter.

Sincerely,

[Provider Signature]

[Prescribing Physician Name and Credentials] [NPI Number]
Enclosures: [List any Enclosures]