

Sample letter for a “not medically necessary” denial

Situation:

Your doctor has ordered for you to have lumbar spine fusion surgery based on your medical condition. Your insurance company has denied the procedure as being not medically necessary. In the notice of denial, the insurer’s clinical rationale states why your procedure was not approved. The insurer also references its corporate medical policy for Lumbar Spine Fusion Surgery which outlines the criteria for coverage.

[Your name, address]

[Member Policy Identification Number]

[Appeal Identification Number]

[Date you are writing the appeal]

[Contact information for your insurer’s appeals department]

To whom it may concern:

I’m appealing your company’s decision to deny coverage for my lumbar spine fusion surgery order by Dr. Davis. The reason listed on the denial notice is “NOT MEDICALLY NECESSARY.”

Attached you’ll find the letter from my doctor describing:

- Why he has determined that this procedure is medically necessary for my condition.
- Evidence that my medical condition meets the insurer’s criteria to have this procedure.
- The insurer’s corporate medical policy (CPR) for Lumbar Spine Fusion Surgery and evidence in the literature to show this is standard of care for treatment of my condition.
- The chart notes from my office visits.

- My statement outlining why I believe the procedure was medically necessary.
- Recent scientific articles explaining that lumbar spine fusion surgery is standard-practice in the medical community for people with my condition.

Please let me know if you need any other information to review my case (via phone: 123-555-7890).

I look forward to resolving this denial in a timely manner so that I can proceed with my surgery.

Sincerely,

[Your name]

[Your phone number]