Letter of medical necessity: a draft for your doctor

A structure for the letter many plans want before they approve scleral lenses or reconsider a denial. It has a box for each thing the plan's reviewer looks for.

Who fills it in: your eye doctor. You can fill in your own details (name, date of birth, plan, member ID) and what you're asking for, then give it to the practice. Only your doctor can complete the clinical parts and sign it, usually on practice letterhead.

How to use it

- Type into the boxes in a PDF reader (Adobe Acrobat Reader, Preview on a Mac, your phone's Files app, or your browser), then save or print. Or print it and write in pen.
- Leave blank anything you don't know yet. Cross out or delete anything that doesn't fit your situation, and add what's missing.
- **The letter starts on page 2.** Print only the pages you need.
- What a strong letter includes: sclerallensguide.com/insurance/letter-of-medical-necessity/
- For practices: the clinical boxes are deliberately blank. No codes are pre-filled.

This isn't legal advice

These letters are general starting points, written for US health plans. Plans, rules and deadlines differ and change. Your denial letter and plan documents set out the process that applies to you. If you need help, your state's Consumer Assistance Program or Department of Insurance may be able to help with an appeal or external review.

> **Draft for the eye doctor to review, complete and sign on practice letterhead.** Remove this note before sending.

Date

To: plan name

Department and address

Patient

Date of birth

Member ID

Group number (optional)

Re: Letter of medical necessity: scleral contact lenses

To whom it may concern:

I am writing on behalf of my patient, named above, to document the medical necessity of the services and lenses requested below.

Diagnosis, each eye, with diagnosis codes:

Clinical findings: test results that document the diagnosis, for example corneal topography or tomography, with dates. Reports attached.

Vision: best corrected visual acuity with spectacles, each eye, compared with visual acuity achieved or expected with scleral lenses, each eye.

Treatments already tried: lenses and treatments, with dates, and why each was not sufficient.

Why scleral lenses: clinical reasoning for each eye.

Services and lenses requested, with procedure and lens codes, per eye:

Plan criteria: address each of the plan's written criteria and say where it is documented in the enclosed records.

Please contact my office with any questions.

Sincerely,

_____

Signature

Doctor's name and credentials

License number and NPI

Practice

Phone and fax