Tips for Medical Necessity Documentation

Making a good argument for coverage of medically necessary treatments requires planning and follow through. Good arguments up front can prevent lengthy and time consuming appeals later. Some tips include:

MAKE SURE RECORDS AND LETTERS MATCH. The treating physician letter and medical record notes should match as insurers will look for discrepancies. Supporting physician letters from primacy care or other specialists should be carefully reviewed for contradictions.

CONSIDER GETTING SUPPORTING REPORTS. This includes any diagnostics that support the diagnosis. For a functional deficit, have an occupational therapist do a formal functional capacity evaluation or FCE. The patient pays for the FCE out of pocket and should ensure the therapist assists people with disability claims rather documenting the ability to return to work for employers.

TELL THEM ABOUT EXPERIENCE. The treating physicians should note their experience with the treatment and results especially if there is a significant number of patients. Note any academic appointments and any relevant research that they have undertaken.

ADDRESS POTENTIAL CONCERNS FIRST. Note if a FDA approval is not required for the treatment. Be clear the particular medical society involved doesn’t address all treatments or diseases. Look for National Institutes of Health and other respected publications that describe diseases and treatment. Rather than just cite supporting journal articles and studies, provide a one sentence summary.

CITE OTHER COVERAGE POLICIES. Note other insurers who have covered the treatment and even consider attaching excerpts from their coverage policy.

Patients Rising is a nonprofit that connects patients with professional advocates. Advocates can include former nurses, billing experts and even attorneys who are experts in navigating the healthcare system.

For more information or referral to an advocate send an email to AskUsAnythingpatientsrising.org or call us at (800) 625-2654.

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