

Appeal Template

Continuation of Medically Necessary Care Beyond Visit Limitations

[Date of Submission]

[Health Plan Name]

[Health Plan Address]

[City, State Zip]

Re: [Insert Patient Name and Date of Birth]

Member ID#: [Insert Member ID]

Member Name: [Insert Member Name if not patient]

Group Name: [Insert Group Name]

Group ID#: [Insert Group Number]

Dear Claims Department:

I am writing in support for ongoing coverage of medically necessary speech-language pathology services for [patient's name]. [Health Plan's] arbitrary annual benefit limit is approaching and [patient's name] requires additional treatment to meet their goals. The plan limits [insert specific plan details and limiting factors]. [Patient's name] requires additional medically necessary services due to the [insert specific case and clinical information here to make the case for additional visits]. [Treating clinician's name] states in the enclosed report that [patient's name] [insert specific evidence from the clinical note to support this treatment].

Below is an example of a statement to support the argument for additional visits.

[Patient's name] speech-language pathology treatment is medically necessary to treat his childhood verbal apraxia, a neurologically based motor speech disorder. Childhood apraxia impairs his speech production and interferes with his ability to initiate and sequence motor movements for speech. Researchers have identified a gene mutation responsible for pediatric verbal apraxia (Nature, 413,519-523).

Determination of medical necessity considers whether the service is essential and appropriate to the diagnosis and/or treatment of an illness, injury, or medical condition. Verbal apraxia is a medical condition and a disorder of body function in that speech muscles have limited control. Speech-language services are "essential and appropriate" in treating verbal apraxia. Practice standards call for more treatment sessions than 20 visits per calendar year. "Intensive services are needed for the child with apraxia of speech," according to [treating clinician's name], an expert in diagnosing and treating this disorder.]

I am requesting additional visits beyond the quoted annual limit of [insert limitations] for [patient's name] due to the ongoing medical necessity of care and in order to bring his speech to age level expectations and a level that is functional for communication of wants, needs, and/or interactions in daily routines.

Sincerely,

[Treating clinician's name]

[Practice name]

[Address]

[City, State Zip]

[Phone number]

[Email]

[NPI]

SAMPLE