**INSTRUCTIONS FOR USE OF LETTER OF MEDICAL NECESSITY TEMPLATE**

1. The text in RED FONT is information that needs to be completed.
2. When describing patient-specific medical necessity information that should appear in your Appeal Letter, make sure that the patient meets the medical necessity criteria outlined within the insurance medical policy or the Medicare LCD/Article.
3. Place the Letter of Medical Necessity on your company’s letterhead and have the physician sign.
4. Send any supporting documents, along with the completed Letter of Medical Necessity.