

Tips for writing successful medical necessity letters.

1. **The more individualized, the better.** While there are core deficits associated with ASD, the deficits experienced by individuals with ASD vary person to person. When writing a letter of medical necessity for a patient, it is best to be as specific to the individual patient and their symptoms as possible.

Ask yourself what symptoms a patient experiences that makes a service necessary, what the expected benefits of the service are, and why those benefits matter. Then, put that into writing.

2. **Use the insurer's language.** Most insurance plans have their own definition of "medical necessity" or "medically necessary." It is helpful to use the plan's language when asserting that a service is medically necessary.

If you have access to a patient's plan document, flip to the definitions section (usually in the back of document) and take note of the terms used by the insurer to define medical necessity. Then, if appropriate, use the terms to explain how the patient's requested service is medically necessary.

Note that if the patient is insured through Apple Health (Medicaid), the Health Care Authority ("HCA") has its own definition of medical necessity, which you may find attached.

Using the HCA's definition of medical necessity as an example, here is how you can start to formulate a letter supporting a patient's need for ABA:

"SERVICE is medical necessary for NAME to receive because it is reasonably calculated to diagnose/correct/alleviate/prevent worsening of NAME's DIAGNOSIS. Specifically, SERVICE is reasonably calculated to diagnose/correct/alleviate/prevent worsening of NAME's DIAGNOSIS because (insert patient-specific reasoning here). There is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for NAME."

If you do not have access to a patient's plan document, here is a list of common elements insurers use to determine medical necessity that may be helpful to address in your letter:

- The service is not solely for the convenience of the member, their family, or their provider(s).
- The service is the most appropriate level of service that can be safely provided to the member.

WAC 182-500-0700

Medical assistance definitions—M.

...

"Medically necessary" is a term for describing requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent worsening of conditions in the client that endanger life, or cause suffering or pain, or result in an illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction. There is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the client requesting the service. For the purposes of this section, "course of treatment" may include mere observation or, where appropriate, no medical treatment at all.