

Sample letter for a “not medically necessary” and “investigational” denial

Situation:

Your doctor has ordered a Bilateral Digital Breast Tomosynthesis, a screening mammogram, given your family history of breast cancer. Your insurance company denied the test as being not medically necessary and investigational (experimental) because there is insufficient evidence in the medical literature to show that this procedure can improve the sensitivity, specificity or overall accuracy of breast cancer detection, above and beyond that achieved without this technology. You have decided to appeal your insurer’s denial of payment.

[Your name, address]

[Member Policy Identification Number]

[Appeal Identification Number]

[Date you are writing this appeal]

[Contact information for your insurer’s appeals department]

To whom it may concern:

I’m appealing your company’s decision to deny payment for the Bilateral Digital Breast Tomosynthesis ordered by my doctor, and that I received on 3/14/13 – Claim No. 2596BG. The reason listed on the denial notice is “NOT MEDICALLY NECESSARY.” Additionally, under your clinical rationale, you further state that based on the insurance company’s criteria that Digital Breast Tomosynthesis is considered investigational.

Attached to this letter you will find the following supporting documents as to why this claim should be paid.

- A letter from my physician stating why he found it medically necessary for me to have this procedure.
- The insurer’s corporate medical policy (CPR) for Bilateral Digital Breast Tomosynthesis and recent scientific articles to show this is standard of care for my health and family history.
- The chart notes from my office visit.
- My statement outlining why I believe the procedure was medically necessary.

Please let me know if you need any other information to review my case (via phone: 123-555-7890).

I look forward to rectifying this outstanding bill in a timely manner.

Sincerely,

[Your name]

[Your phone number]