**Medical Necessity Appeal Letter Template**

[Your Name]

[Your Address]

[City, State Zip]

[Your Phone Number]

[Your Email]

[Your NPI]

[Date of Submission]

[Health Plan Name]

[Health Plan Address]

[City, State Zip]

Re: Emma Johnson

Date of Birth: 05/15/2019

Member ID#: 123456789

Member Name: John Johnson

Group Name: ABC Manufacturing

Group ID#: 987654321

Dear Claims Department:

I am writing to advocate for the approval of payment by BlueHealth Insurance for speech-language pathology services for our patient, Emma Johnson. BlueHealth Insurance denied payment for these essential services, citing coverage limitations. (See enclosed documentation from the payer). The denial letter dated 08/25/2023 stated that "speech-language pathology services are not covered under the current plan."

I would like to present the case for why Emma Johnson's speech-language pathology treatment should be covered. These services are medically necessary to evaluate and treat her diagnosed condition of Childhood Apraxia of Speech, a medical condition that I, Dr. Sarah Adams, have detailed in the attached report. In the report, I provide specific evidence from clinical notes to support the necessity of these treatments.

For instance, BlueHealth Insurance's coverage guidelines require a demonstration of previous speaking ability. However, this criterion is not reasonable when applied to infants and young children. Emma's speech-language impairment is due to neurological damage, and benefits should be available without the added requirement of demonstrating previous speaking ability, especially for a child of her age. The denial letter also incorrectly indicates that Emma's speech-language needs are due to developmental delay and are considered educational in nature. In reality, her speech-language impairment is neurologically based and not a result of developmental delay. Emma requires treatment for a medical condition.

I kindly request that you review the additional documentation provided and reconsider your coverage decision regarding speech-language pathology services for Emma Johnson. Thank you for your prompt attention to this matter. I anticipate your prompt reconsideration. If you require any further information, please do not hesitate to contact me using the information provided below.

Sincerely,

Dr. Sarah Adams

Adams Speech & Language Clinic

[Your Address]

[City, State Zip]

[Your Phone Number]

[Your Email]

[NPI: XXXXXXXX]