1851 Physician Medical Necessity Letter – *(Details provided on the following page.)*

Facility Name
Facility Address
Facility City, St, Zip

Date: 01/17/2008

To: JOHN DOOLITTLE Physician Fax: 918-555-4321

From: Bill Hyde
Phone: 918-555-1212
Fax: 918-555-1000

Subject: Medicare Medical Necessity - REQUEST FOR ADDITIONAL INFORMATION

Encounter Information

Physician	Patient Name	Dates of Service	Patient Acct	Medical Rec No
JOHN DOOLITTLE	SMITH, MARY	01/07/08 - 01/07/08	111111111	123456789

Date of Birth
03/07/1971

Conflict Information

Procedure: 11042 **Description:** CLEANSING OF SKIN/TISSUE

Diagnosis: 78900 **Description:** ABDOMINAL PAIN UNSPECIFIED

Other Diagnoses: 78701,7245,496,07070,5715

Occurrence: 11, 18

ABN Amount: 687.75
Claim Charges: 4,806.50

As defined by the Local Medical Review Policy, this HCPCS/CPT-4 Code is not Medically Necessary, based on the official policy number [S-104.6]. For more detail s see: http://www.trailblazerhealth.com/lmrp.asp?ID=715&lmrptype=parta.

In reference to the encounter above, the tests(s)/procedures(s) that were ordered by the physician do not meet Medicare's Medical Necessity guidelines for the diagnosis code shown. Please review the medical record to ensure that all diagnostic information pertinent to this encounter has been noted.

Please complete the bottom part of this letter and fax to my attention within 10 days.
Thank you

Indicate any additional diagnostic information pertinent to this date of service.

Additional ICD-9 Code(s): _____

_____ Check here if NO ADDITIONAL diagnosis to support.
_____ Check here if NO ADDITIONAL diagnosis to support - ABN signed.
(If you have a signed ABN, WE NEED A COPY faxed with this document.)

Physician's signature (NO RUBBER STAMPS, please) Date

The ***Physician Medical Necessity Letters*** report generates letters that describe Medical Necessity conflicts. The letters can be sent to the ordering physician for resolution. Letters are claim-based: All conflicts ordered by the same physician on the same claim are on a single letter. Only if the claim contains conflicting procedures ordered by multiple physicians will multiple letters be generated per claim.

1. The text highlighted in yellow in this sample is the default text for the Physician Medical Necessity letters. To change any of this text, go to Reports, Report Setup, Physician MN Letter.

2. Text with the gray background is information that is read from the system.

3. The target physician is determined by a set of search rules. If all the rules fail to locate a physician, the letter is created with no physician to provide an opportunity for a claim review that determines a responsible physician.

    a. The target physician on a 1500 claim is the service line Rendering Physician. If there is no Rendering Physician on the service line, the Ordering Physician will be used.

    b. The target physician on a UB is the service line Attending Physician. If not present, the report will use the claim Attending Physician.

4. Because this products does not retain information on corrected errors, the Physician Medical Necessity Letters are a snapshot of the conflicts on the claim at the time the report is generated.

5. Overridden Medical Necessity conflicts are ignored.