**SAMPLE LETTER OF MEDICAL NECESSITY**

The following letter is only intended as a SAMPLE Letter of Medical Necessity that outlines the information a plan may request. Use of this letter does not guarantee coverage. The prescriber is responsible for the content of this letter and should customize all bracketed information with the appropriate information.

[Provider’s Letterhead]

[Date]

[City, State, ZIP Code]

RE: Coverage for Health and Wellness Coaching (AdventHealth WholeYou)

Patient: [Patient Name]

Date of Birth: [Date]

Diagnosis: [Diagnosis], [ICD-10-CM]

Dear HSA/FSA Plan:

I am writing on behalf of my patient, [Patient Name], to document the medical necessity to treat [Patient Name]’s [Diagnosis] with a Health and Wellness Coach at AdventHealth WholeYou under Health and Wellness Coaching Taxonomy code: 71400000X. This letter serves to document [Patient Name]’s medical history and diagnosis and to summarize my treatment rationale. [Please also refer to the attachments enclosed with this letter.]

**Summary of Patient’s Medical History and Diagnosis**

[Patient Name] is [Age] years old and was initially diagnosed with [Diagnosis] [ICD-10-CM] on [Date]. [Patient Name] has been in my care since [Date].

[Insert Patient’s clinical history, current symptoms and condition, any potential contraindications, and any relevant laboratory test results, highlighting the factors leading Provider to recommend use of the service]

**Rationale for Treatment**

[Include Provider’s clinical rationale and reasons for prescribing the service]

[Patient Name’s] use of a Health and Wellness Coach at AdventHealth WholeYou is not for general good health or cosmetic purposes.

In summary, Health and Wellness Coaching with WholeYou is medically necessary and reasonable to treat [Patient Name’s] [Diagnosis], and I ask you to please consider coverage of the cost of WholeYou on [Patient Name’s] behalf. Please refer to the enclosed supporting documents for further details, and do not hesitate to call my office at [Phone Number] if you have any questions or if you require additional information.

Thank you for your attention to this matter.

Sincerely,

[Provider Signature]

[Prescribing Provider’s Name and Credentials] [NPI Number]

Enclosures: [List any Enclosures]