

Sample letter to appeal denial based on health care *setting*

Situation: Your doctor ordered for you to be transferred from the hospital to a sub-acute rehab facility to receive nursing care and physician therapy services following your fall. Your insurer authorized coverage for the first 10 days of inpatient care services. You were notified by insurer on day 9 that coverage would not be provided after day 11 as the services being provided were no longer medically necessary and could be provided in an outpatient setting. Your doctor believed that you needed an additional 7 days of intense rehab before you could be discharged. You stayed the additional seven days and then was discharged and continued your rehab services on an outpatient basis as approved by your insurer. The rehab facility submitted their bill to your insurer for your entire length of stay. The insurer denied the last seven days of your inpatient stay as being not medically necessary and notified you of your right to appeal their noncertification decision.

[Your name, address]

[Member Policy Identification Number]

[Appeal Identification Number]

[Date you are writing the appeal]

[Contact information for your health insurer's appeals department]

To whom it may concern:

I'm appealing your decision to deny payment for part of my inpatient stay at ABC Rehab Facility, for dates of service May 11 – 18, 2016. Based on my medical needs, my doctor believed that continued inpatient rehab stay at a sub-acute facility was medically necessary and the best treatment option for me.

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 deemed it necessary for me to remain an inpatient at ABC Rehab Facility.
- A copy of my medical records from ABC Rehab which includes my **physical therapy records** that documents my continued compliance and steady improvement with the aggressive physical therapy program requirements for patients in a sub-acute rehab facility.
- The insurer's corporate medical policy and criteria for sub-acute rehab services and that I met the criteria for these services as documented in my medical record.
- Scientific articles to show that this is the standard of care for treatment of my injury relative to my health and ability to meet rehab requirements.

Please review this appeal and let me know if you need any further information. I look forward to hearing from you and rectifying this outstanding bill in a timely manner.

Sincerely,

[Your name]

[Your address and phone number]