Month DD, YYYY

Insurance Company Name

Insurance Company Address

Insurance Company City, State ZIP

Re: Provider Letter of Medical Necessity in Support of [Patient’s Name]

Type of Insurance

Group/Policy Numbers

Subscriber ID Number

Dear [name of contact person at insurance company],

It is my understanding that [patient’s name] has received a denial for the following procedure(s) performed on [date of service] because the procedure is [state specific reason for the denial, i.e. not medically necessary, experimental, etc.].

|  |  |
| --- | --- |
| **Evaluation or Procedure**  [Delete/update rows as necessary] | **CPT Code** |
| Anoscopy; diagnostic, with high-resolution magnification (HRA) (e.g., colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed | 46601 |
| Anoscopy; with high-resolution magnification (HRA) (e.g., colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple | 46607 |
| Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation | 49010 |
| Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery | 46917 |
| Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision | 46922 |
| Destruction of lesions, anus (condyloma, molluscum) by any method (laser, cryosurgery, chemically, electrodesiccation) | 46924 |
| Other procedure on the anus | 46999 |
| Surgical pathology level 3 complex microscopic and report | 83304 |
| Surgical pathology level 4 gross, microscopic, and special stains | 83305 |
| Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, amplified probe technique | 87624 |
| Infectious agent detection by nucleic acid (DNA and RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed | 87625 |
| Cytopathology, selective cellular enhancement technique with interpretation (e.g., liquid based slide preparation method), except cervical or vaginal | 88112 |

As you know, [patient’s name] has been under my care since [date] for [HIV infection and/or monitoring and treatment of anal high-grade squamous intraepithelial lesions (anal HSIL), the precursor lesion for anal cancer. Add detail about the duration of HIV infection, recent cytology or histology results, and anal HSIL treatment history].

Guidelines have recently published by the International Anal Neoplasia Society[[1]](#footnote-1) and are pending from the Centers for Disease Control[[2]](#footnote-2) recommending screening for anal HSIL and anal cancer. Treatment of biopsy-proven anal HSIL is recommended for anal cancer prevention, based on the results of the ANCHOR Study, which demonstrated that anal HSIL treatment using electrosurgical and ablative therapies reduces the risk of progression to anal cancer by 57%.[[3]](#footnote-3) Anal HSIL treatment is particularly advisable among people with HIV due to the high risk of anal cancer progression, with incidence in these groups ranging from over 25 to over 100 per 100,000 based on gender and age, and the severe morbidity, mortality, and cost associated with progression to anal cancer.[[4]](#footnote-4)

[Patient name] is [give a brief medical history emphasizing the most recent events that directly influence your decision to recommend the denied therapy, e.g., a XX-year-old person with HIV infection, who was diagnosed with anal HSIL on MM/DD/YYYY, and is within accepted medical practice {cite CDC guidelines once released} to receive anal cancer screening and treatment of anal HSIL if diagnosed.]

As the denied procedures are now recommended medical practice for [patient name], I am writing to provide you with this information regarding anal HSIL screening and treatment for anal cancer prevention, to support coverage of these procedures for [patient’s name]’s anal HSIL screening and/or treatment. The cost of the denied procedure(s) is nominal in comparison to the estimated cost of anal cancer care, estimated in 2018 at $51,200 in the first year after diagnosis among a Medicare-insured population.[[5]](#footnote-5)

I ask that you reconsider your previous decision based on the information above. Should you have any questions, please do not hesitate to contact me at the addresses or phone number(s) provided herein.

Sincerely,

Your Name

Your Street Address

E-mail Address

Phone Number

Fax Number

Cell Phone Number

References:

[attach as necessary—access copies via hyperlinks in footnotes]

1. Stier EA, Clarke MA, Deshmukh AA, et al. International Anal Neoplasia Society's consensus guidelines for anal cancer screening. Int J Cancer. 2024; 1-9. doi:10.1002/ijc.34850. <https://onlinelibrary.wiley.com/doi/10.1002/ijc.34850>. [↑](#footnote-ref-1)
2. Panel on Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV. Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV. National Institutes of Health, Centers for Disease Control and Prevention, HIV Medicine Association, and Infectious Diseases Society of America. 2024. Available at <https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-opportunistic-infection>. Section on Human Papillomavirus Disease. [↑](#footnote-ref-2)
3. Palefsky JM, Lee JY, Jay N, Goldstone SE, Darragh TM, Dunlevy HA, Rosa-Cunha I, Arons A, Pugliese JC, Vena D, Sparano JA, Wilkin TJ, et al. Treatment of Anal High-Grade Squamous Intraepithelial Lesions to Prevent Anal Cancer. N Engl J Med 2022;386: 2273-82. <https://www.nejm.org/doi/full/10.1056/NEJMoa2201048>. [↑](#footnote-ref-3)
4. Clifford GM, Georges D, Shiels MS, et al. A meta-analysis of anal cancer incidence by risk group: toward a unified anal cancer risk scale. Int J Cancer. 2021; 148: 38-47. <https://pubmed.ncbi.nlm.nih.gov/32621759/>. [↑](#footnote-ref-4)
5. Wu CF, Xu L, Fu S, Peng HL, Messick CA, Lairson DR. Health Care Costs of Anal Cancer in a Commercially Insured Population in the United States. J Manag Care Spec Pharm. 2018 Nov;24(11):1156-1164. doi: 10.18553/jmcp.2018.24.11.1156. PMID: 30362917; PMCID: PMC10397580. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10397580/> [↑](#footnote-ref-5)