

## FORM LETTER B

(Name)  
(Street Address)  
(City, State Zip)

(Date)

(Medical Provider)  
(Hospital)  
(Street Address)  
(City, State Zip)

Dear (Medical Provider),

As you know, the Department of Social and Health Services (DSHS) has denied coverage for my request for calcium deposit (tori) removal because they do not cover this dental procedure. I am trying to get the most complete and accurate medical information to show that this dental procedure is “medically necessary” and would qualify under an Exception to Rule (ETR) request.

“Medically necessary” is a service or equipment “...reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent worsening of conditions in the client that endanger life, or cause suffering or pain, or result in an illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction. There is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the client requesting the service.”

### **To qualify for an ETR, I must show the requested service:**

- ✓ **Falls within accepted standards of good medical practice.**
- ✓ **Results in a lower overall cost of care.**
- ✓ **My clinical condition is different from the majority and no equally effective, less costly covered service meets my needs.**
- ✓ **Covered medical services indicated for me have been medically ineffective or inappropriate.**

Please let me know if my request for tori removal is consistent with the “medically necessary” definition and the standards for an ETR request. An administrative hearing is approaching soon. I am hoping you can give me a written statement addressing the issues above, and any supporting medical records, as soon as possible.

Sincerely,

(Name)