Date: [Date]

TO: [Insurance Company Name]
ATTN: [Appeals/Authorization Department]
RE: Letter of Medical Necessity for Voice Therapy

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Policy Number: [Policy Number]
Group Number: [Group Number]
Claim/Reference Number: [Reference Number (if applicable)]

To Whom It May Concern,

I am writing to formally request coverage for medically necessary voice therapy services for the above-referenced patient. [Patient Name] has been under my care since [Date] for the treatment of [Specific Diagnosis, e.g., Vocal Cord Paralysis, Muscle Tension Dysphonia, Vocal Nodules].

Diagnosis Codes: [Insert ICD-10 Codes]

Clinical Assessment:
The patient currently presents with [List symptoms, e.g., severe hoarseness, vocal fatigue, loss of range, or pain while speaking]. A laryngeal examination conducted on [Date] revealed [Clinical findings, e.g., incomplete vocal fold closure]. These impairments significantly impact the patient's ability to [Describe functional impact, e.g., communicate at work, perform daily activities, or maintain airway safety].

Treatment Plan:
I have prescribed a course of skilled voice therapy to be conducted by a licensed Speech-Language Pathologist. The treatment plan involves [Frequency, e.g., 2 sessions per week] for [Duration, e.g., 8 weeks]. The goals of this therapy include [List goals, e.g., restoring vocal fold function, reducing compensatory strain, and preventing further surgical intervention].

Medical Necessity:
Voice therapy is the standard of care for this diagnosis. Without this intervention, the patient is at high risk for [Complications, e.g., permanent vocal cord scarring, worsening dysphonia, or total loss of functional communication]. This treatment is rehabilitative in nature and is not elective or cosmetic.

Please approve this request for voice therapy services to ensure the patient receives the essential care required for their recovery.

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]

[Practice Name]
[Phone Number]
[NPI Number]