

Date: [Date]

To: [Insurance Company Name]

Attention: [Claims/Authorization Department]

Fax/Address: [Fax Number or Address]

RE: Letter of Medical Necessity for Post-Operative In-Home Nursing Care

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Policy Number: [Policy #]

Group Number: [Group #]

Date of Surgery: [Date]

To Whom It May Concern,

I am writing to provide formal documentation of the medical necessity for skilled in-home nursing care for the above-named patient following their [Name of Surgical Procedure] performed on [Date].

Clinical Justification:

The patient's post-operative recovery requires professional medical monitoring and intervention that cannot be safely managed by non-medical personnel. Skilled nursing care is required to address the following:

- [Example: Complex wound care and dressing changes to prevent infection]
- [Example: Management and titration of intravenous (IV) medications]
- [Example: Monitoring for post-surgical complications such as DVT or pulmonary embolism]
- [Example: Assessment of vital signs and surgical site integrity]
- [Example: Assistance with limited mobility to prevent falls during early recovery]

Requested Services:

I am prescribing skilled nursing visits [Number] times per [Day/Week] for a period of [Number] weeks. The patient is currently homebound due to [Reason, e.g., surgical trauma and restricted weight-bearing status].

Expected Outcome:

The provision of in-home nursing care is essential to avoid hospital readmission, minimize the risk of post-operative infection, and ensure the patient reaches their recovery milestones safely.

Please contact my office at [Phone Number] if you require additional clinical documentation or have further questions regarding this request.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[NPI Number]

[Practice Name]