Date: [Insert Date]

To: [Insurance Company Name / Case Manager]
Attn: [Appeals/Authorization Department]
Fax/Address: [Insert Contact Information]

RE: Letter of Medical Necessity for In-Home Nursing Services

Patient Name: [Patient Full Name]
Date of Birth: [Patient DOB]
Member ID: [Insurance ID Number]
Provider: [Physician Name]

To Whom It May Concern,

I am writing to formally request authorization for in-home nursing services for the above-named patient. Based on my clinical evaluation, these services are medically necessary for geriatric fall prevention and the management of chronic conditions that place the patient at high risk for injury.

Clinical Diagnosis:
The patient is currently being treated for the following conditions:

- [Diagnosis 1, e.g., History of frequent falls]
- [Diagnosis 2, e.g., Muscle weakness / Sarcopenia]
- [Diagnosis 3, e.g., Gait and mobility abnormality]
- [Diagnosis 4, e.g., Polypharmacy / Medication mismanagement]

Medical Justification:
The patient has experienced [Number] falls within the last [Time Frame], resulting in [List injuries or ER visits]. Due to [Specific Reason, e.g., cognitive decline, severe vertigo, or advanced neuropathy], the patient is unable to perform Activities of Daily Living (ADLs) safely without clinical supervision.

Requested Services:
Skilled nursing intervention is required to:

- Conduct regular environmental safety assessments.
- Manage and monitor complex medication regimens to prevent adverse drug interactions causing dizziness.
- Provide gait training and oversight of therapeutic exercises.
- Assess vitals and neurological status to prevent syncopal episodes.

Treatment Goal:
The primary goal of this intervention is to reduce the risk of catastrophic injury, hip fractures,

and subsequent hospitalization or premature institutionalization. Without these in-home services, the patient is at imminent risk of a life-threatening fall.

Please contact my office at [Phone Number] if further documentation is required.

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[NPI Number]
[Practice Name]