

[Date]

To: [Insurance Company Name]

Attention: Utilization Management/Appeals Department

Fax/Address: [Fax Number or Address]

RE: Letter of Medical Necessity for Psychiatric Residential Treatment

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Member ID: [Insurance ID Number]

Reference/Authorization Number: [If applicable]

Dear Medical Director,

I am writing to formally recommend and provide medical necessity for the admission of [Patient Name] to a Psychiatric Residential Treatment Center (RTC). I have been treating this patient since [Date] for the following diagnoses:

- [Primary Diagnosis Name/ICD-10 Code]
- [Secondary Diagnosis Name/ICD-10 Code]

Clinical Presentation and History:

[Patient Name] currently presents with [List symptoms such as severe depression, emotional dysregulation, or psychosis]. Despite consistent outpatient intervention, the patient's symptoms have remained refractory and continue to significantly impair their daily functioning in the following ways: [Detail functional impairments at home, school, or work].

Previous Lower Levels of Care:

The patient has attempted and failed to stabilize at the following levels of care:

- [Example: Intensive Outpatient Program (IOP) from Date to Date]
- [Example: Partial Hospitalization Program (PHP) from Date to Date]
- [Example: Individual Therapy/Medication Management for X months]

These interventions were unsuccessful because [Reason why lower levels of care were insufficient, e.g., persistent safety concerns or inability to engage in treatment].

Safety Concerns:

Currently, [Patient Name] poses a risk to [Self/Others] as evidenced by [Recent incidents of self-harm, suicidal ideation, or aggressive behaviors]. The patient requires 24-hour nursing supervision and a structured therapeutic environment to ensure safety that cannot be provided in a community setting.

Treatment Plan and Goals:

At the Residential level of care, the patient will receive intensive individual, group, and family

therapy, along with 24/7 clinical monitoring. The goals of this placement include [List goals, e.g., medication stabilization, development of coping skills, and reduction of self-harming behaviors].

Recommendation:

Based on the ASAM/LOCADTR criteria and the patient's acute clinical needs, it is my professional opinion that Psychiatric Residential Treatment is the most appropriate and least restrictive level of care that can safely manage the patient's condition at this time.

Please contact my office at [Phone Number] if you require additional documentation.

Sincerely,

[Signature]

[Provider Name, Credentials]

[Clinic/Facility Name]

[NPI Number]