

[Date]

[Insurance Company Name]

[Insurance Address]

[City, State, Zip Code]

**RE: Letter of Medical Necessity for Residential Treatment**

**Patient Name:** [Patient Full Name]

**Date of Birth:** [DOB]

**Member ID:** [ID Number]

**Group Number:** [Group Number]

**Requested Facility:** [Name of Residential Center]

To Whom It May Concern,

I am writing to formally recommend and request authorization for immediate admission to a residential treatment center for my patient, [Patient Name]. Based on my psychiatric evaluation and clinical assessment, it is my professional opinion that the patient requires a 24-hour supervised therapeutic environment to ensure safety and clinical stabilization.

**Clinical Diagnosis:**

[List Primary and Secondary ICD-10 Diagnosis Codes and Names]

**Clinical Summary and Symptoms:**

[Describe current psychiatric symptoms, severity, and functional impairment. Include details regarding suicidal ideation, self-harm, psychosis, or severe mood dysregulation.]

**Treatment History and Failed Interventions:**

[Patient Name] has attempted lower levels of care without success, including:

- [List outpatient therapy frequency and duration]

- [List medication trials and results]

- [List Intensive Outpatient (IOP) or Partial Hospitalization (PHP) dates and outcomes]

**Rationale for Residential Level of Care:**

Lower levels of care are currently insufficient because [provide specific reasoning, e.g., patient is unable to maintain safety at home, lack of progress in outpatient settings, or need for 24/7 medication monitoring]. Residential treatment is necessary to [specific goals, e.g., prevent acute hospitalization, stabilize medications, develop coping skills].

**Estimated Length of Stay:**

[Provide estimated timeframe, e.g., 30-90 days, pending clinical progress].

Please contact my office at [Phone Number] if you require additional documentation or a peer-to-peer review.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO/NP]

[Board Certification/Specialty]

[NPI Number]

[Practice Name]