

**Date:** [Date]

**TO:** [Insurance Company Name]

**ATTN:** [Appeals/Authorization Department]

**FAX:** [Fax Number]

**RE:** Letter of Medical Necessity for Intensive Behavioral Therapy (IBT)

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

**Date of Birth:** [Patient DOB]

**Member ID:** [Member ID Number]

**Group Number:** [Group Number]

To Whom It May Concern,

I am writing to formally recommend and request authorization for Intensive Behavioral Therapy (IBT) for the above-mentioned patient. [Patient Name] has been under my care since [Date], and was diagnosed with [Diagnosis/ICD-10 Code, e.g., Autism Spectrum Disorder F84.0] on [Diagnosis Date].

**Clinical Assessment:**

The patient currently presents with significant deficits in the following areas:

- [List deficit, e.g., Expressive and receptive communication]
- [List deficit, e.g., Social interaction and engagement]
- [List deficit, e.g., Maladaptive behaviors such as self-injury or aggression]
- [List deficit, e.g., Activities of daily living and safety awareness]

**Treatment Plan:**

Based on standardized assessments and clinical observation, I am prescribing Intensive Behavioral Therapy at a frequency of [Number] hours per week. This intensity is medically necessary to achieve the following goals:

- [Goal 1]
- [Goal 2]
- [Goal 3]

**Medical Necessity:**

Intensive Behavioral Therapy is the evidence-based gold standard for treating the patient's condition. Without this level of intervention, the patient is at high risk for [List risks, e.g., developmental stagnation, institutionalization, or injury]. Previous lower-intensity interventions have been [briefly describe outcomes, e.g., insufficient for significant progress].

I certify that the requested treatment is medically necessary, clinically appropriate, and essential to the patient's long-term health and development. Please contact my office at [Phone Number] if you require additional documentation.

Sincerely,

[Physician Signature]

[Physician Name, Title]

[Medical Practice Name]

[NPI Number]