

[Date]

To: [Insurance Company Name]
Attn: [Claims/Appeals Department]
[Insurance Address]
[City, State, Zip Code]

RE: Letter of Medical Necessity for Continuation of Therapy

Patient Name: [Patient First and Last Name]

Date of Birth: [MM/DD/YYYY]

Member ID: [Insurance ID Number]

Group Number: [Group Number]

Provider: [Clinic/Provider Name]

To Whom It May Concern,

I am writing to formally request the authorization for continued [Occupational/Physical/Speech] therapy services for [Patient Name]. [Patient Name] has been under my care since [Start Date] with a diagnosis of [Diagnosis Name and ICD-10 Code].

Clinical Progress and Current Status:

Since beginning treatment, the patient has demonstrated progress in [List 1-2 functional improvements]. However, [Patient Name] continues to exhibit significant developmental delays in the areas of [List specific areas, e.g., fine motor skills, expressive language, mobility]. Current assessment data indicates that the patient is performing at a [Number]-month developmental level, which is significantly below their chronological age.

Necessity for Continued Care:

Continuation of skilled therapy is medically necessary to [prevent regression / achieve functional independence / reach developmental milestones]. Without ongoing intervention, [Patient Name] is at high risk for [list risks, e.g., loss of gained skills, secondary complications, or decreased functional safety].

Treatment Plan:

The proposed treatment plan includes [Frequency, e.g., 2 sessions per week] for a duration of [Number of months]. The specific goals for this period include:

1. [Goal 1]
2. [Goal 2]
3. [Goal 3]

Based on the patient's clinical presentation and the functional gains observed to date, it is my professional opinion that continued pediatric developmental therapy is essential for this child's health and development. Please contact my office at [Phone Number] if you require further documentation.

Sincerely,

[Signature]

[Physician/Therapist Printed Name]

[Title/Credentials]

[NPI Number]

[Clinic Name]