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Letter of Medical Necessity Template

Version 1: Therapy services · clinicframe.com/note-templates/letter-of-medical-necessity-template

REPLACE EVERY [BRACKETED] FIELD. REMOVE WHAT DOES NOT APPLY.

[Practice name] · [Address] · [Phone] · [NPI]

[Date]

To: [Health plan name], [Utilization review or appeals department], [Address]

RE: Letter of medical necessity for [patient name], date of birth [DOB], member ID [ID]

I am writing to request coverage of [service, for example individual psychotherapy, 53 minutes] for my patient, [patient name]. I have treated [him, her, or them] since [date].

[Patient name] has [diagnosis, with the code your plan requires]. Current symptoms include [symptoms, with scores from a standard measure when you have them]. These symptoms affect [work, school, self-care, relationships] in these ways: [specific examples].

Treatment so far: [what was tried, for how long, and the result]. The requested service is [frequency] for [duration], with these goals: [measurable goals].

Without this treatment, I expect [specific clinical risk, such as hospitalization, relapse, or loss of function]. This service is medically necessary and consistent with accepted standards of care for this condition.

Records that support this request are enclosed. Please contact me at [phone] with any questions.

Sincerely,

[Clinician name, credentials] · [License number] · [Signature]

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Letter of Medical Necessity Template

Version 2: Medical equipment ·
clinicframe.com/note-templates/letter-of-medical-necessity-template

REPLACE EVERY [BRACKETED] FIELD. REMOVE WHAT DOES NOT APPLY.

[Practice name] · [Address] · [Phone] · [NPI]

[Date]

To: [Health plan name or supplier], [Address]

RE: Letter of medical necessity for [patient name], date of birth [DOB], member ID [ID]

I am requesting coverage of [equipment, model, and quantity] for my patient, [patient name], who has [diagnosis, with the code your plan requires].

[Patient name] needs this equipment because [functional limitation it addresses, measured where possible]. [He, she, or they] will use it [how often and where] for an expected [length of need].

Less costly options were considered: [alternatives tried or ruled out, and why they do not meet the need].

Without this equipment, [patient name] is at risk of [falls, hospitalization, loss of independence, or another specific outcome].

The prescription and supporting records are enclosed. Please contact me at [phone] with any questions.

Sincerely,

[Clinician name, credentials] · [License number] · [Signature]

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Letter of Medical Necessity Template

Version 3: HSA or FSA purchase ·
clinicframe.com/note-templates/letter-of-medical-necessity-template

REPLACE EVERY [BRACKETED] FIELD. REMOVE WHAT DOES NOT APPLY.

[Practice name] · [Address] · [Phone]

[Date]

To: [HSA or FSA plan administrator]

RE: Letter of medical necessity for [patient name], date of birth [DOB]

I am the treating clinician for [patient name]. I recommend [item or service, for example a standing desk, a weight loss program, or massage therapy] to treat [diagnosis].

This [item or service] is needed to treat or relieve [specific condition and symptoms]. It is not for general health or comfort. Without it, I expect [specific clinical effect].

Recommended use: [frequency] for [duration, for example 12 months from the date of this letter].

Sincerely,

[Clinician name, credentials] · [License number] · [Signature]

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Letter of Medical Necessity Template

Completed sample (fictional)

FICTIONAL EXAMPLE. NOT A REAL PATIENT. FOR ILLUSTRATION ONLY.

Harbor Street Counseling · 214 Harbor Street, Portland, ME 04101 · (207) 555-0148 · NPI 0000000000

November 20, 2026

To: Example Health Plan, Utilization Review Department, PO Box 1000, Portland, ME 04101

RE: Letter of medical necessity for Casey Morgan (fictional), date of birth 03/14/1990, member ID EX123456

I am writing to request coverage of 12 additional individual psychotherapy visits, 53 minutes each, for my patient, Casey Morgan. I have treated Casey since June 2, 2026.

Casey has post-traumatic stress disorder after a car crash in April 2026. At intake the PCL-5 score was 52. Today it is 38. Casey still avoids driving, which has caused three missed shifts at work this month, and wakes from nightmares four nights a week.

Casey has completed 20 visits of trauma-focused cognitive behavioral therapy, the plan's yearly limit. The scores show steady progress. I am requesting 12 more weekly visits to finish the driving exposure work, with the goals of a PCL-5 below 33 and driving to work alone five days a week.

Stopping treatment now risks a return of avoidance and further lost work. This service is medically necessary and consistent with accepted standards of care for this condition.

Progress notes and PCL-5 scores are enclosed. Please contact me at (207) 555-0148 with any questions.

Sincerely,

Jordan Lee, LCPC · License 00000 · [signature]