*Medical necessity letter – template*

*On clinician letterhead*

Date

To Whom It May Concern:

This letter describes my clinical assessment and the medically necessary treatment for my patient [patient]. I have been treating [patient] since approximately [date].

**[Provider credentials and practice]**—include a brief summary of your training, medical or other professional school, residency, fellowship and internship training, hospital affiliations, years in practice, peer-reviewed publications in the area in question, relevant specialties relevant to the specific patient, and any other description of your qualifications that inform your professional judgment.

**[Substantiated clinical assessment]**—include a brief summary of your diagnosis/assessment, focusing on the particulars relevant to the medically necessary treatment that you have determined is appropriate, including:

* Related observations that informed your determination of the treatment plan.
* Peer-reviewed standards and medical treatment guidelines that informed your judgment. (Guidelines may include LOCUS,8 CALOCUS,8 ASAM,9 DSM-5,13 Psychiatry Online guidelines,10 AACAP primary case guidelines,11 Nice (UK) guidelines,12 and institutional guidelines.) To the extent that this particular patient’s needs vary from or are atypical vis-à-vis standards and guidelines, it would be helpful to include relevant commentary.
* Considerations related to standards of care and other references based on the **Wit v United Behavioral Health lawsuit**; include any/all relevant statements from the selections below; these references may also be included in the **course of treatment** section below
  + “My treatment plan considers treatment of [patient’s] underlying condition, not merely alleviation of symptomology.”
  + “My treatment plan considers co-occurring symptomatology relevant to a determination as to level and type of care.”
  + “The appropriate level of care for [patient] reflects my professional assessment for its treatment efficacy, patient safety, and overall management of their medical needs.”
  + “My treatment decision regarding the level of care reflects appropriate medical caution after having evaluated [patient’s] individual requirements.”
  + “Certain services I have determined are required include those needed for [patient] to maintain day-to-day functioning and to prevent deterioration.”
  + “My determination of the treatment duration is based on [patient’s] individual needs.”
  + “My treatment plan reflects particular care for the unique needs of [children/adolescents] that may be different from those of adults.”
  + “My determination as to the medically appropriate level of care reflects an overall assessment of the patient, based on my [days/weeks/months/years] of observation.”
  + My determination of the medically appropriate level of care is consistent with that recommended using the LOCUS (of ASAM or other professional society criteria for determining level of care.
* *In this medical necessity letter, it is neither necessary nor appropriate:*

1. to speculate on the probability of success with any particular course of treatment,
2. to explore any “what ifs” regarding the potential evolution of the treatment,
3. to assess whether or not the insurance policy will cover the treatment. Your current assessment is sufficient.)

**[Course of treatment]**—description of the course of treatment that you have determined to be medically necessary, including:

* Summary rationale for your medical decision-making.
* When possible, link your recommendation for medically necessary treatment to a professional society multidimensional assessment instrument, such as the Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS)8 or the Child and Adolescent Level of Care Utilization System (CALOCUS)8 developed by the American Association of Community Psychiatrists or the American Society of Addiction Medicine (ASAM) criteria.
* Also include reference to the relevant elements of effective treatment from the **Wit lawsuit** (see suggestions in the “**substantiated clinical assessment** section above]
* Be sure to use the words “**determined to be medically necessary**”; leave no doubt that “medically necessary” is the standard for your treatment decision.
* Identify (a) specific harms that could occur, (b) avoidable risks that could be mitigated, and/or (c) clinical gains that could be lost absent your planned course of treatment.

Sincerely,

[signature]