

Date

To Whom It May Concern:

Patient's Name, date of birth: / / , is a patient of mine who has a complex brain disorder of uncertain etiology, leaving *him/her* with neurologic impairments interfering with normal activities of daily living. Neurologic functioning is presently inadequate for the appropriate language, social, and play skills typical of a child *Patient's first name's* age.

Patient's first name's neurodevelopmental profile is consistent with the diagnosis of Autistic Disorder, ICD-9-CM **299.00**. *He/She* requires intensive behavioral modification therapy, CPT **90801**, based on the techniques developed by Dr Ivar Lovaas at UCLA, to make optimal neurobehavioral gains in functions of daily living.

The US Surgeon General, Dr David Satcher, wrote in 1999:

*Thirty years of research demonstrated the efficacy of applied behavioral methods in reducing inappropriate behavior and in increasing communication, learning, and appropriate social behavior. A well-designed study of a psychosocial intervention was carried out by Lovaas and colleagues (Lovaas, 1987; McEachin et al, 1993). Nineteen children with autism were treated intensively with behavior therapy for two years and compared with two control groups. Follow-up of the experimental group in first grade, in late childhood, and in adolescence found that nearly half the experimental group but almost none of the children in the matched control group were able to participate in regular schooling. Up to this point, a number of other research groups have provided at least a partial replication of the Lovaas model.**

This therapy should be provided at a minimum of ___ hours per week. Periodic reevaluation at 6- to 12-month intervals is necessary to monitor ongoing progress.

Please let me know if I may be of further assistance.

Sincerely,

Doctor's Name, MD

*US Department of Health and Human Services. *Mental Health: A Report of the Surgeon General*. Rockville, MD: US Department of Health and Human Services; 1999:164.

Note: This is a sample letter that is intended for pediatricians to advocate for insurance coverage, not to advocate for specific services in the Early Intervention Program. You should rewrite the letter as needed for your clinical practice.