

Date: [Date]

TO: [Insurance Company Name]

ATTN: [Appeals/Medical Review Department]

FAX: [Fax Number]

RE: Letter of Medical Necessity for Hyperbaric Oxygen Therapy (HBOT)

Patient Name: [Patient Name]

Date of Birth: [DOB]

Policy Number: [Policy ID]

Group Number: [Group ID]

Claim/Reference Number: [Reference Number, if applicable]

Dear Medical Director,

I am writing on behalf of [Patient Name] to document the medical necessity for emergent Hyperbaric Oxygen Therapy (HBOT) for the treatment of Acute Carbon Monoxide (CO) Poisoning (ICD-10 Code: T58.01XA).

Clinical Presentation:

The patient presented to [Facility Name] on [Date] following exposure to carbon monoxide. Upon admission, the patient exhibited the following clinical symptoms and diagnostic findings:

- Carboxyhemoglobin (COHb) level: [Level]%
- Neurological symptoms: [e.g., loss of consciousness, seizures, altered mental status, or cognitive deficit]
- Cardiac symptoms: [e.g., myocardial ischemia or arrhythmia]
- Pregnancy status (if applicable): [Weeks gestation]

Medical Rationale:

Carbon monoxide has an affinity for hemoglobin 200-250 times greater than oxygen, leading to cellular hypoxia and systemic inflammatory injury. While normobaric oxygen therapy (100% NBO) reduces the half-life of COHb to approximately 90 minutes, Hyperbaric Oxygen Therapy (at 2.5-3.0 ATA) reduces it to approximately 20 minutes.

HBOT is the gold standard of care for acute CO poisoning to:

1. Accelerate the dissociation of carbon monoxide from hemoglobin and cytochrome c oxidase.
2. Prevent Delayed Neuropsychiatric Sequelae (DNS), which can occur weeks after initial exposure.
3. Address severe tissue hypoxia that cannot be corrected by surface oxygen alone.

Treatment Plan:

The patient requires [Number] sessions of HBOT at [Pressure, e.g., 2.5 ATA] for [Duration, e.g., 90 minutes] to stabilize clinical status and mitigate long-term neurological damage. This

treatment is consistent with the Undersea and Hyperbaric Medical Society (UHMS) guidelines and CMS National Coverage Determinations.

Based on the severity of the exposure and the patient's clinical manifestations, HBOT is a life-saving and disability-preventing intervention. I request immediate authorization for this treatment.

Sincerely,

[Physician Name, MD/DO]

[Board Certification]

[NPI Number]

[Phone Number]