

**Date:** [Date]

**To:** [Insurance Company Name]

**Attention:** Medical Review/Prior Authorization Department

**Fax/Address:** [Fax Number or Address]

**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 Number]

**Case Reference Number:** [Reference Number, if applicable]

To Whom It May Concern,

I am writing to formally request authorization for Hyperbaric Oxygen Therapy (HBOT) for the above-referenced patient, who is currently diagnosed with **Severe Exceptional Blood Loss Anemia (ICD-10: [Insert Code, e.g., D62])**.

**Clinical Presentation:**

The patient presented with [briefly describe cause of blood loss, e.g., acute hemorrhage, surgical complication]. Current clinical findings include:

- Hemoglobin (Hgb) Level: [Value] g/dL
- Hematocrit (Hct) Level: [Value]%
- Signs of end-organ ischemia: [List symptoms, e.g., tachycardia, ST-segment changes, altered mental status]

**Medical Necessity:**

This patient has reached a critical level of anemia where oxygen delivery to vital tissues is severely compromised. HBOT is medically necessary in this case because:

- Blood transfusion is not currently an option due to [State reason: e.g., religious objection/Jehovah's Witness, multiple alloantibodies, or lack of compatible blood].
- HBOT increases the amount of physically dissolved oxygen in the plasma, independent of hemoglobin, providing immediate life-saving oxygenation to ischemic tissues.
- Standard medical management (iron, EPO, volume expanders) is insufficient to maintain acute tissue viability.

**Treatment Plan:**

I am prescribing HBOT at [Atmospheres Absolute, e.g., 2.0 or 2.5 ATA] for [Duration, e.g., 90 minutes] sessions. We anticipate a total of [Number] treatments, administered [Frequency, e.g., twice daily], until the patient's hemoglobin levels rise or clinical stability is achieved.

Under the Undersea and Hyperbaric Medical Society (UHMS) guidelines and CMS National Coverage Determinations, Severe Exceptional Blood Loss Anemia is an approved indication for HBOT when transfusion is not possible.

Please contact me at [Phone Number] if further clinical documentation is required for this urgent request.

Sincerely,

[Physician Signature]

[Physician Printed Name]

[Medical License Number / NPI]

[Facility/Clinic Name]