

[Physician Name]  
[NPI Number]  
[Practice/Hospital Name]  
[Address]  
[Phone Number]  
[Date]

[Insurance Company Name]  
[Claims/Appeals Department]  
[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 ID]

**ICD-10 Code:** [e.g., M72.6 Necrotizing Fasciitis]

Dear Medical Director,

I am writing to formally request coverage for Hyperbaric Oxygen Therapy (HBOT) for the above-referenced patient. This treatment is medically necessary for the management of a life-threatening Necrotizing Soft Tissue Infection (NSTI).

**Clinical History:**

The patient presented on [Date] with [describe symptoms, e.g., rapidly spreading erythema, crepitus, severe pain out of proportion to exam]. Diagnosis of NSTI was confirmed via [surgical exploration/imaging/culture results]. The patient has undergone [number] surgical debridements and is currently receiving broad-spectrum intravenous antibiotics: [list antibiotics].

**Medical Necessity:**

Despite aggressive surgical and antimicrobial intervention, the patient remains at high risk for further tissue necrosis, limb loss, and systemic sepsis. HBOT is an essential adjunctive therapy for NSTI because it:

- Inhibits the production of alpha-toxins produced by Clostridium species.
- Restores white blood cell bacterial killing capacity in hypoxic tissues.
- Promotes angiogenesis and accelerates wound healing in ischemic areas.
- Reduces the number of surgical debridements required and significantly lowers mortality rates.

**Treatment Plan:**

I am prescribing HBOT at [Pressure, e.g., 2.5 ATA] for [Duration, e.g., 90 minutes]. We anticipate an initial course of [Number] sessions, to be reassessed daily based on clinical response. This treatment aligns with the Undersea and Hyperbaric Medical Society (UHMS) guidelines for the treatment of necrotizing soft tissue infections.

Delay in HBOT treatment significantly increases the risk of morbidity and mortality for this patient. Please expedite the approval of this request.

Sincerely,

[Physician Signature]

[Physician Printed Name]

[Board Certification]