

Date: [Date]

TO: [Insurance Company Name]

ATTN: Claims/Appeals Department

FAX: [Insurance Fax Number]

RE: Letter of Medical Necessity for Compounded Bioidentical Hormone Pellets

Patient Name: [Patient Full Name]

Date of Birth: [Patient DOB]

Member ID: [Insurance ID Number]

Group Number: [Group Number]

To Whom It May Concern,

I am writing on behalf of my patient, [Patient Name], to document the medical necessity for bioidentical hormone replacement therapy (BHRT) administered via subcutaneous compounded pellets.

Diagnosis:

- [ICD-10 Code] - [Diagnosis Name, e.g., Hypogonadism / Postmenopausal Atrophic Vaginitis]
- [ICD-10 Code] - [Diagnosis Name, e.g., Endocrine Disorder, Unspecified]

Clinical Justification:

The patient presents with severe symptoms including [List symptoms: e.g., extreme fatigue, vasomotor symptoms, mood instability, bone density loss]. Laboratory results dated [Date] confirm [List deficiency: e.g., Testosterone level of X, Estradiol level of Y].

Failure of Standard Therapy:

The patient has previously trialed and failed the following commercially available FDA-approved therapies:

- [Medication Name/Type]: [Reason for failure: e.g., skin irritation, inconsistent absorption, gastrointestinal issues].
- [Medication Name/Type]: [Reason for failure: e.g., sub-therapeutic blood levels, return of symptoms].

Necessity of Compounded Pellets:

Due to the patient's [Specific clinical need, e.g., inability to maintain steady-state hormone levels with daily applications], I have prescribed a customized dosage of [List hormones, e.g., Testosterone/Estradiol] in pellet form. This delivery method is medically necessary for this

patient to ensure consistent physiological hormone levels, improved compliance, and avoidance of first-pass metabolism issues.

I request that you provide coverage for this essential treatment. Please contact my office at [Phone Number] if you require further clinical documentation.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO/NP/PA]

[NPI Number]

[Practice Name]

[Practice Address]