

Date: [Insert Date]

To: [Insurance Company Name]

Attention: Medical Review/Prior Authorization Department

Fax/Address: [Insert Fax Number or Address]

RE: Letter of Medical Necessity for Compression Garments

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 to formally document the medical necessity of prescription-grade compression garments for my patient, [Patient Name], who is under my care for the treatment of **Chronic Venous Insufficiency (ICD-10: I87.2)**.

Clinical Diagnosis and Presentation:

The patient presents with the following symptoms and clinical findings:

- [List symptoms: e.g., Chronic lower extremity edema, skin discoloration, aching, or heaviness]
- [Mention if there are venous stasis ulcers or history of DVT]
- CEAP Classification: [Insert Class, e.g., C3, C4, or C5]

Previous Treatments Attempted:

The patient has attempted conservative management including:

- Leg elevation: [Duration/Outcome]
- Exercise/Physical therapy: [Duration/Outcome]
- [List any other previous treatments]

Prescription:

Based on the severity of the patient's condition, I am prescribing the following:

- **Compression Level:** [e.g., 20-30 mmHg or 30-40 mmHg]
- **Style:** [e.g., Knee-high, Thigh-high, or Pantyhose]
- **Quantity:** [e.g., 2 pairs every 6 months]

Medical Justification:

Compression therapy is the standard of care for Chronic Venous Insufficiency. These garments are required to provide graduated external pressure to support vein walls, improve valvular function, and reduce venous hypertension. Without this treatment, the patient is at high risk for worsening edema, skin breakdown, and the development of recurrent venous ulcers.

I request that you approve coverage for these medically necessary items. Please contact my office at [Phone Number] if you require further documentation.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[NPI Number]

[Clinic Name]