

Date: [Date]

To: [Insurance Company Name]

Attention: [Claims/Appeals Department]

Address: [Insurance Company Address]

Fax/Phone: [Insurance Contact Info]

RE: Letter of Medical Necessity for Compression Garments

Patient Name: [Patient Full Name]

Date of Birth: [Patient DOB]

Policy ID: [Member ID Number]

Group Number: [Group Number]

To Whom It May Concern,

I am writing to formally request coverage for medical-grade compression garments for my patient, [Patient Name]. These garments are medically necessary for the treatment and management of [ICD-10 Code] [Specific Diagnosis, e.g., Stage 2 Lymphedema].

Clinical History:

The patient was diagnosed with lymphedema on [Date of Diagnosis] affecting the [Left/Right Arm/Leg]. This condition is a chronic, progressive, and incurable disease that requires lifelong management to prevent complications such as cellulitis, skin breakdown, and permanent disability.

Required Treatment:

The standard of care for lymphedema is Complete Decongestive Therapy (CDT), which includes the daily use of graduated compression garments. I have prescribed the following for this patient:

- [Quantity] [Type of Garment, e.g., Arm Sleeve/Gauntlet/Knee-High Stockings]
- [Compression Level, e.g., 20-30 mmHg or 30-40 mmHg]
- [Frequency of Replacement, e.g., Every 6 months]

Medical Necessity:

Without consistent use of these garments, the patient is at high risk for significant limb volume increase, restricted mobility, and recurrent infections requiring hospitalization. Compression garments are the primary therapeutic tool used to maintain the results of manual lymphatic drainage and prevent the re-accumulation of fluid in the interstitial tissues.

Under the Lymphedema Treatment Act (or applicable policy), these items should be recognized as durable medical equipment or prosthetic devices essential for the treatment of this condition.

Please contact my office at [Phone Number] if you require further clinical documentation.

Sincerely,

[Physician Signature]

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

NPI Number: [NPI Number]

Clinic Name: [Clinic Name]