

[Physician's Name/Letterhead]
[Clinic Name]
[Address]
[Phone Number]
[Date]

To: [Insurance Company Name]
Attn: Medical Review/Prior Authorizations Dept
Fax: [Insurance Fax Number]

RE: Letter of Medical Necessity for Medical Grade Compression Garments

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Member ID: [ID Number]
Policy/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], who is under my care for the management of Lipedema (ICD-10 Code: Q82.8 or EF02.2).

Clinical Diagnosis and History:

The patient has been diagnosed with Stage [Stage #], Type [Type #] Lipedema. This chronic, progressive condition is characterized by symmetrical, painful accumulation of pathological adipose tissue. The patient currently experiences symptoms including: [list symptoms, e.g., chronic pain, bruising, heaviness, and persistent edema].

Treatment Plan and Necessity:

Medical-grade compression is a standard of care and a clinical necessity for the management of Lipedema. The purpose of these garments is to:

- Increase interstitial pressure to reduce fluid accumulation.
- Provide mechanical support to the painful subcutaneous tissues.
- Reduce inflammation and prevent the progression of the disease to Lipo-lymphedema.
- Improve mobility and mitigate chronic pain.

Prescription:

I am prescribing the following custom-fit or medical-grade garments:

- Type: [e.g., Flat-knit/Circular-knit, waist-high/thigh-high]
- Compression Level: [e.g., 20-30 mmHg or 30-40 mmHg]
- Quantity: [Number] sets (to allow for daily wear and hygiene/laundry)

Failure to provide these garments will likely result in a decline in the patient's functional status and an increase in secondary complications requiring more costly medical interventions.

Please contact my office at [Phone Number] if you require further clinical documentation or have questions regarding this request.

Sincerely,

[Physician Signature]

[Physician Name, Credentials]

[NPI Number]