

Date: [Date]

To: [Insurance Company Name]

Attention: [Department Name / Appeals Department]

Address: [Insurance Company Address]

City, State, Zip: [City, State, Zip]

RE: Letter of Medical Necessity for Compression Therapy

Patient Name: [Patient Full Name]

Date of Birth: [Patient DOB]

Policy Number: [Policy 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 of graduated medical compression garments for the treatment of Orthostatic Hypotension (ICD-10 Code: I95.1).

The patient has been diagnosed with symptomatic Orthostatic Hypotension, a condition characterized by a significant drop in blood pressure upon standing. This condition results in symptoms including [List Symptoms: e.g., syncope (fainting), pre-syncope, dizziness, blurred vision, and increased fall risk].

To manage this condition and ensure patient safety, I have prescribed the following medical-grade compression therapy:

- **Type:** [e.g., Waist-high stockings, Thigh-high stockings, or Abdominal Binder]
- **Compression Level:** [e.g., 20-30 mmHg or 30-40 mmHg]
- **Quantity:** [e.g., 3 pairs every 6 months]

Compression therapy is a standard of care for Orthostatic Hypotension. By applying external pressure to the lower extremities and/or abdomen, these garments minimize peripheral venous pooling and increase venous return to the heart. This is essential to maintaining adequate cerebral perfusion and preventing falls and related injuries.

Without the use of these medical garments, the patient remains at high risk for recurrent syncopal episodes and physical trauma. This treatment is not for elective or aesthetic purposes; it is a vital component of the patient's medical management plan.

Please approve coverage for these prescribed medical supplies. If you require further clinical documentation, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[NPI Number]

[Practice Name]