

[Date]

To: [Insurance Company Name]
Attn: [Claims/Appeals Department]
[Insurance Address]
[City, State, Zip Code]

RE: Letter of Medical Necessity for Biofeedback Therapy

Patient Name: [Patient Full Name]
Date of Birth: [MM/DD/YYYY]
Policy Number: [Policy ID]
Group Number: [Group ID]
Claim Number: [Reference Number, if applicable]

To Whom It May Concern,

I am writing to formally request coverage for Biofeedback Therapy (CPT Code: [90901/90875]) for my patient, [Patient Name], who is currently under my care for the treatment of Generalized Anxiety Disorder (ICD-10 Code: F41.1).

Clinical Documentation:

The patient has been diagnosed with Generalized Anxiety Disorder characterized by [list symptoms, e.g., chronic muscle tension, heart palpitations, sleep disturbances, and inability to control worry]. Despite conventional pharmacological and psychotherapeutic interventions, the patient continues to experience significant physiological symptoms that impair daily functioning.

Medical Necessity:

Biofeedback is medically necessary for this patient to provide real-time physiological data regarding [e.g., heart rate variability, electromyography, or skin conductance]. This intervention is essential for teaching the patient self-regulation techniques to mitigate the autonomic nervous system hyperarousal associated with their anxiety disorder. This treatment is expected to reduce the patient's reliance on [medication name or acute care services] and improve their overall clinical outcome.

Treatment Plan:

The recommended treatment plan includes [Number] sessions of biofeedback therapy over a period of [Number] weeks. Progress will be monitored using [Assessment Tool, e.g., GAD-7 scores].

In summary, Biofeedback is an evidence-based, non-invasive therapeutic necessity for [Patient Name]'s specific clinical presentation. I request that you approve coverage for these services.

Please contact me at [Phone Number] if you require further documentation.

Sincerely,

[Physician/Provider Signature]
[Printed Name and Credentials]
[NPI Number]
[Practice Name]