

Date: [Insert Date]

To: [Insurance Company Name]

Attn: Utilization Management/Prior Authorization Department

Fax/Address: [Insert Fax Number or Address]

RE: Exception Request for Wound Care Material Quantity Limits

Patient Name: [Patient Name]

Date of Birth: [MM/DD/YYYY]

Member ID: [Insert ID Number]

Claim/Reference Number: [If applicable]

Dear Medical Review Tim,

I am writing to formally request a quantity limit exception for wound care supplies for the above-mentioned patient. The standard plan limitations are insufficient to manage the patient's current clinical condition.

Clinical Diagnosis: [Insert Diagnosis, e.g., Stage IV Pressure Ulcer]

Wound Location: [Insert Location]

Wound Dimensions: [Insert Length x Width x Depth]

Requested Supplies:

- **Item Name:** [e.g., Foam Dressing] - **Requested Quantity:** [e.g., 30 per month]
- **Item Name:** [e.g., Gauze Sponges] - **Requested Quantity:** [e.g., 100 per month]

Clinical Justification:

The patient requires more frequent dressing changes than the standard allowance due to: [Insert reason: e.g., heavy exudate, frequent soiling, necessity of daily debridement, or secondary infection]. Failure to provide these additional supplies increases the risk of wound deterioration, infection, and potential hospitalization.

Treatment Plan:

The current treatment plan requires dressing changes [Insert frequency, e.g., twice daily]. This frequency is medically necessary to maintain a moist wound environment and protect the periwound skin.

Please expedite this request to ensure continuity of care. If you require further documentation, please contact my office at [Insert Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[NPI Number]

[Facility Name]