

[Date]

[Health Insurance Company Name]

[Prior Authorization Department]

[Address]

[City, State, Zip Code]

RE: Exception Request for Durable Medical Equipment Quantity Limit

Patient Name: [Patient Name]

Date of Birth: [DOB]

Member ID: [Member ID Number]

Group Number: [Group Number]

Request Type: Quantity Limit Exception

To Whom It May Concern,

I am writing to formally request a quantity limit exception for [Name of DME Item/Supply] for my patient, [Patient Name]. The current plan allowance of [Current Quantity Limit] per [Time Period] is insufficient to meet the patient's medical needs.

Clinical Justification:

The patient has been diagnosed with [Diagnosis/ICD-10 Code]. Due to the severity of the patient's condition, specifically [describe clinical reason, e.g., high output, frequent drainage, skin breakdown], the patient requires a quantity of [Requested Quantity] per [Time Period].

Previous Interventions:

[Describe why the standard quantity was unsuccessful or would lead to adverse health outcomes, such as infection or hospitalization].

I have determined that the requested quantity is medically necessary to maintain the patient's health and prevent further complications. Attached please find [supporting documentation/clinical notes/prescriptions] further detailing the medical necessity.

Please contact my office at [Phone Number] should you require additional information to approve this request.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[NPI Number]

[Practice Name]