



# Target Coding

*Experts in Helping Chiropractors Get Properly Paid and in Audit Prevention*

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## **Sample Letter of Medical Necessity for BioMemory Foam Pillows**

Insurance Company  
Address  
City, ST 12345

Re: Mrs. Patient  
ID#: 123-45-6789

Dear Insurance Company:

The purpose of this letter is to provide you with the medical necessity for supplying Mrs. Patient with a BioMemory positioning support pillow.

Mrs. Patient has been a patient in my office for the past 4 weeks. Although she has achieved overall improvement of about 30% since undergoing care in my office, she continues to complain of (neck pain, neck stiffness). The patient related that the pain and stiffness is present about 70% of the day and is worse at night. The pain and stiffness can get so bad that she cannot sleep more than 2-3 hours per night (add additional inability to perform normal activities of daily living here).

The most recent physical examination on (date goes here) revealed a moderate amount of tightness and muscle spasm surrounding the (cervical and upper thoracic) paraspinal musculature. X-rays of the patient reveal moderate to advanced disc degeneration (osteoarthritis) at (C5-C6 and C6-C7). The patient related that she feels better and is able to sleep through the night better when she uses the BioMemory positioning support pillow.

I consider it medically necessary for this patient to be equipped with the BioMemory positioning support pillow in order to hasten the healing process. The purpose of the support pillow is to reduce pain, decrease stiffness and to increase motion and flexibility in the patients' (neck). The BioMemory positioning support pillow will also help the patient sleep through the night better and this in turn will help the patient perform her normal activities of daily living.

The most appropriate HCPCS code for positioning support pillow is E0190. Please see attached bill and feel free to contact me if any further information is needed.

Sincerely,

*Dr. Chiropractor*

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## Sample Letter of Medical Necessity for a BioPosture Mattress

Insurance Company  
Address  
City, ST 12345

Re: Mrs. Patient  
ID#: 123-45-6789

Dear Insurance Company:

The purpose of this letter is to provide you with the medical necessity for supplying Mrs. Patient with a BioPosture support mattress.

Mrs. Patient has been a patient in my office for the past 4 weeks. Although she has achieved overall improvement of about 30% since undergoing care in my office, she continues to complain of (low back pain, neck pain, low back stiffness). The patient related that the pain and stiffness is present about 70% of the day and is worse at night. The pain and stiffness can get so bad that she cannot sleep more than 2-3 hours per night (add additional inability to perform normal activities of daily living here).

The most recent physical examination on (date goes here) revealed a moderate amount of tightness and muscle spasm surrounding the (lower thoracic and upper lumbar) paraspinal musculature. X-rays of the patient reveal moderate to advanced disc degeneration (osteoarthritis) at (T11-L3). The patient related that she feels better and is able to sleep through the night better when she uses the BioPosture support mattress.

I consider medically necessary for this patient to be equipped with the BioPosture support mattress in order to hasten the healing process. The purpose of the mattress is to reduce pain, decrease stiffness and to increase motion and flexibility in the patients' (low back, neck). The BioPosture support mattress will also help the patient sleep through the night better and this in turn will help the patient perform her normal activities of daily living.

The most appropriate HCPCS code at the present time for the BioPosture support mattress is E1399. Please see attached bill and feel free to contact me if any further information is needed.

Sincerely,

*Dr. Chiropractor*

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