

[Date]

[Insurance Company Name]  
[Prior Authorization Department]  
[Address]  
[City, State, Zip Code]

**RE: Prior Authorization Request for Rheumatology Consultation and Diagnostic Evaluation**

**Patient Name:** [Patient Name]  
**Date of Birth:** [DOB]  
**Member ID:** [ID Number]  
**Group Number:** [Group Number]

To Whom It May Concern,

I am writing to request prior authorization for a specialized rheumatology consultation and comprehensive diagnostic workup for the above-mentioned patient. This request is based on clinical suspicion of a systemic autoimmune or inflammatory rheumatic disease (SARD).

**Clinical Presentation:**

The patient presents with the following symptoms and physical findings:  
[List symptoms, e.g., persistent joint pain, swelling, morning stiffness, malar rash, Raynaud's phenomenon, unexplained fatigue].

**Preliminary Lab Findings/Diagnostics:**

Initial screening results include:  
[List abnormal labs, e.g., Elevated ESR/CRP, Positive ANA, Positive RF/CCP, or Abnormal Imaging].

**Medical Necessity:**

A specialist consultation is medically necessary to differentiate between complex autoimmune conditions such as Rheumatoid Arthritis, Systemic Lupus Erythematosus, Scleroderma, or Vasculitis. Early diagnosis and intervention are critical to preventing irreversible joint damage, organ dysfunction, and long-term disability.

**Requested Services:**

- New Patient Office Visit (CPT [99203-99205])
- Diagnostic Autoimmune Panel (if required by plan)
- Musculoskeletal Ultrasound/Imaging (if required by plan)

Thank you for your prompt attention to this request. Please contact my office at [Phone Number] if further documentation is required.

Sincerely,

[Provider Name, MD/DO]  
[NPI Number]  
[Practice Name]