

Date: [Date]

TO: [Insurance Company Name]

ATTN: Prior Authorization Department

FAX: [Fax Number]

RE: Letter of Medical Necessity

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Member ID: [Member ID Number]

Group Number: [Group Number]

Case Reference Number: [Case ID, if applicable]

Dear Medical Reviewer,

I am writing to request authorization for a **Computed Tomography Angiography (CTA) of the Chest (CPT Code: 71275)** for the above-mentioned patient. I have determined that this imaging study is medically necessary based on the patient's clinical presentation and history.

Clinical Indications/Diagnosis:

The patient presents with the following symptoms/diagnoses:

- [e.g., Chest pain, dyspnea, or hemoptysis]
- [e.g., Suspected Pulmonary Embolism]
- [e.g., Aortic Aneurysm or Dissection]
- [e.g., Congenital heart or vascular anomaly]

ICD-10 Code(s): [Insert Code, e.g., I26.99 or I71.2]

Medical Rationale:

[Briefly explain why this specific test is needed. Example: The patient has elevated D-dimer levels and clinical signs of deep vein thrombosis. A CTA is required to evaluate the pulmonary vasculature with high resolution to rule out life-threatening pulmonary embolism.]

Previous Treatments/Diagnostics:

The following assessments have already been performed:

- [e.g., Physical Exam findings]
- [e.g., Chest X-ray performed on Date with results]
- [e.g., D-dimer or Troponin laboratory results]
- [e.g., EKG results]

A standard CT scan without contrast or a non-vascular study would be insufficient for this patient because [State reason, e.g., it cannot provide the necessary detail of the arterial structures].

Please contact my office at [Phone Number] if you require further documentation to approve this request.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[NPI Number]

[Practice Name]