

[Date]

[Insurance Company Name]
[Attn: Appeals/Authorization Department]
[Address]
[City, State, Zip Code]

RE: Letter of Medical Necessity for Whole Body PET Scan

Patient Name: [Patient First and Last Name]
Date of Birth: [MM/DD/YYYY]
Policy ID Number: [ID Number]
Group Number: [Group Number]
Claim/Reference Number: [Reference Number, if applicable]

To Whom It May Concern,

I am writing on behalf of my patient, [Patient Name], to request authorization for a **Whole Body Positron Emission Tomography (PET) Scan (CPT Code: [Insert Code, e.g., 78813 or 78816])**. This procedure is medically necessary for the management of the patient's [Diagnosis/Condition Name] (ICD-10 Code: [Insert Code]).

Clinical History and Findings:

[Patient Name] was diagnosed with [Condition] on [Date]. Current clinical status includes [Briefly describe symptoms, physical findings, or laboratory results]. To date, the patient has undergone the following diagnostic tests: [List previous tests like CT, MRI, or Biopsy] on [Date], which showed [Briefly state results].

Medical Necessity:

A Whole Body PET scan is required at this time for the following reason(s):

- [Initial staging of a newly diagnosed malignancy]
- [Evaluating response to ongoing therapy (Chemotherapy/Radiation)]
- [Detecting suspected recurrence based on rising tumor markers or clinical symptoms]
- [Differentiating between suspicious lesions and post-treatment fibrosis]

Based on the patient's clinical presentation, conventional imaging has proven [Inconclusive/Insufficient] for accurate treatment planning. The results of this PET scan will directly impact the patient's treatment plan by [State how it changes management, e.g., determining surgical candidacy or changing chemotherapy regimen].

In summary, the Whole Body PET scan is the most appropriate and medically necessary diagnostic tool for this patient. I request that you approve this request promptly to avoid delays in care.

Please contact my office at [Phone Number] if you require further clinical documentation.

Sincerely,

[Physician Name, MD/DO]

[Physician Specialty]

[NPI Number]

[Practice/Hospital Name]