

Date: [Date]

To: [Insurance Company Name]

Attention: Medical Review/Prior Authorization Department

Fax/Address: [Fax Number or Address]

RE: Letter of Medical Necessity for Multiparametric MRI (mpMRI) of the Prostate

Patient Name: [Patient Name]

Date of Birth: [Patient DOB]

Member ID: [Insurance ID Number]

Group Number: [Group Number]

Case/Reference Number: [If applicable]

Dear Medical Director,

I am writing to request prior authorization and provide medical necessity for a Multiparametric Magnetic Resonance Imaging (mpMRI) of the prostate (CPT 72197) for the above-referenced patient.

Clinical Documentation:

The patient presents with the following clinical indicators (check all that apply):

- Elevated Prostate Specific Antigen (PSA) level: [Current PSA Value] ng/mL
- Abnormal Digital Rectal Examination (DRE) findings: [Describe findings]
- Rising PSA/PSA Velocity despite previous negative biopsy
- Active Surveillance for known low-risk prostate cancer
- Staging and treatment planning for confirmed prostate cancer
- Suspected local recurrence following [Surgery/Radiation]

Rationale for mpMRI:

In this patient's case, a standard ultrasound-guided biopsy may be insufficient. Multiparametric MRI is medically necessary to provide high-resolution anatomical and functional imaging (T2-weighted, Diffusion-weighted, and Dynamic Contrast-Enhanced sequences). This imaging is critical to:

- Identify and localize suspicious lesions to guide a targeted MRI-ultrasound fusion biopsy.
- Reduce the risk of missing clinically significant cancer (False Negatives).
- Avoid unnecessary repeat biopsies or over-treatment of indolent disease.
- Assess for extraprostatic extension or seminal vesicle involvement.

Based on current clinical guidelines (including NCCN and AUA), mpMRI is the established gold standard for the diagnosis and management of prostate cancer in patients with these clinical parameters.

Please contact my office at [Phone Number] if you require additional clinical notes or pathology reports. I look forward to your timely approval.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[NPI Number]

[Practice Name]