Date: [Date]

To: [Insurance Company Name]
Attention: Prior Authorization Department
Fax/Phone: [Fax/Phone Number]

RE: Initial Prior Authorization Request for High-Resolution Computed Tomography (HRCT) of the Lungs

Patient Name: [Patient Name]
Date of Birth: [DOB]
Member ID: [Insurance ID Number]
Group Number: [Group Number]
Case/Reference Number: [If applicable]

To Whom It May Concern,

I am writing to request a prior authorization for a **High-Resolution Computed Tomography (HRCT) of the Lungs (CPT Code: 71250 or 71270)** for the above-mentioned patient. This procedure is medically necessary to evaluate the patient's current respiratory status and guide the clinical management of their condition.

Clinical Documentation:

- **Primary Diagnosis:** [ICD-10 Code and Description]
- **Symptoms:** [e.g., Chronic cough, dyspnea on exertion, unexplained chest pain]
- **Duration of Symptoms:** [Length of time]
- **Physical Findings:** [e.g., Bibasilar crackles, digital clubbing, abnormal pulse oximetry]

Medical Necessity Rationale:

The HRCT is required because [Provide specific reason, e.g., suspicion of Interstitial Lung Disease (ILD), evaluation of bronchiectasis, or follow-up on abnormal findings from a standard chest X-ray dated (Date)]. Standard imaging is insufficient for this patient because HRCT is the gold standard for visualizing fine parenchymal detail necessary for an accurate diagnosis.

Previous Treatments/Tests:

- **Chest X-Ray:** [Results and Date]
- **Pulmonary Function Tests (PFTs):** [Results and Date]
- **Conservative Management:** [e.g., Course of antibiotics or inhalers tried and failed]

Please review this request for medical necessity. If you require further information, please contact my office at [Phone Number].

Sincerely,

[Physician Name, MD/DO]
[NPI Number]
[Practice Name]
[Address]
[Phone/Fax Number]