Date: [Date]

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

RE: Initial Prior Authorization Request for CT Urogram

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

Provider Information:
Requesting Physician: [Physician Name]
NPI Number: [NPI Number]
Phone Number: [Phone Number]
Fax Number: [Fax Number]

Clinical Information:
Diagnosis Code (ICD-10): R31.9 (Hematuria, unspecified) or [Specific Code]
Procedure Requested: CT Urogram (CT Urography) - CPT Code: 74178

Medical Necessity:
The patient presented with [Gross/Microscopic] hematuria on [Date]. Initial evaluation includes [mention relevant labs, e.g., urinalysis, cytology]. A CT Urogram is medically necessary at this time to evaluate the upper and lower urinary tract for potential malignancy (renal cell carcinoma or urothelial carcinoma), nephrolithiasis, or structural abnormalities. This imaging is the standard of care for a hematuria workup according to AUA (American Urological Association) guidelines.

Requested Procedure:
[ ] CT Urogram (CT Abdomen and Pelvis with and without IV contrast with delayed images)

Please contact our office at [Phone Number] if further documentation is required. Thank you for your prompt review of this request.

Sincerely,

[Physician Signature]
[Physician Name, Title]