

Date: [Date]

TO: [Insurance Company Name]

ATTN: [Department/Appeals Division]

FAX/ADDRESS: [Fax Number or Address]

RE: Letter of Medical Necessity for Continuation of Cardiology Monitoring

Patient Name: [Patient First and Last Name]

Date of Birth: [Patient DOB]

Policy ID: [Member ID Number]

Group Number: [Group Number]

Claim/Reference Number: [Reference Number if applicable]

To Whom It May Concern,

I am writing to formally request the approval for continued cardiology monitoring for the above-referenced patient. [Patient Name] has been under my care for the management of [Specific Diagnosis, e.g., Atrial Fibrillation, Syncope, Chronic Heart Failure] (ICD-10 Code: [Code]).

Clinical History and Current Status:

The patient has a documented history of [Brief Medical History]. Current symptoms include [List Symptoms, e.g., palpitations, dizziness, shortness of breath]. Despite [Current Treatment/Medication], the patient remains at risk for [List Risks, e.g., stroke, sudden cardiac arrest, worsening heart failure].

Necessity for Continued Monitoring:

Continued monitoring is medically necessary to:

- Evaluate the effectiveness of current pharmacological therapy.
- Detect asymptomatic or paroxysmal arrhythmias that require immediate intervention.
- Provide objective data to guide upcoming surgical or procedural decisions.
- Prevent avoidable hospitalizations and emergency room visits.

Proposed Plan of Care:

The requested monitoring period [Specify Duration, e.g., 30 days, 12 months] using [Specific Device/Service, e.g., Mobile Cardiac Telemetry, Holter Monitor, Remote Device Interrogation] is essential for the ongoing management of this patient's cardiac health.

Failure to provide this continued monitoring may result in an inability to accurately assess life-threatening cardiac events. Please contact my office at [Phone Number] if you require additional clinical documentation or have further questions.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO/NP/PA]

[Practice Name]
[NPI Number]