

[Physician Name/Practice Name]
[NPI Number]
[Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Insurance Company Name]
[Prior Authorization Department]
[Address]
[City, State, Zip Code]

RE: Amendment to Prior Authorization #[Existing Authorization Number]

Patient Information:

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

To Whom It May Concern,

I am writing to request an amendment to the existing prior authorization referenced above. This request is for the addition of an outpatient surgical procedure to be performed concurrently with the already approved procedure.

Approved Procedure: [Name of Original Procedure] ([CPT Code])

Additional Procedure Requested: [Name of New Procedure] ([CPT Code])

Scheduled Date of Service: [Date]

Facility Name: [Facility Name]

Clinical Justification:

The additional procedure is medically necessary because [Provide brief clinical reason, e.g., intraoperative findings, progression of symptoms, or efficiency of combined surgical intervention]. Performing these procedures simultaneously reduces the patient's exposure to repeated anesthesia and decreases the overall recovery period.

Attached please find updated clinical notes and diagnostic reports supporting this addition. Please update the existing authorization to include the additional CPT code(s) listed above.

If you require further information, please contact my office at [Phone Number]. Thank you for your prompt attention to this matter.

Sincerely,

[Physician Signature]

[Physician Printed Name]