

**Date:** [Date]

**TO:** [Insurance Company Name]

**ATTN:** Prior Authorization/Utilization Management Department

**FAX:** [Fax Number]

**RE: Amendment to Existing Prior Authorization**

**Patient Name:** [Patient First and Last Name]

**Date of Birth:** [MM/DD/YYYY]

**Member ID Number:** [ID Number]

**Group Number:** [Group Number]

**Existing Authorization Reference #:** [Original Auth Number]

Dear Medical Reviewer,

I am writing to request a formal amendment to the existing prior authorization referenced above. We are requesting the addition of concurrent behavioral health therapy to the patient's current treatment plan, effective [Start Date].

**Requested Addition:**

- **Service Type:** Concurrent Behavioral Health Therapy
- **CPT/HCPCS Codes:** [e.g., 90834, 90837]
- **Frequency/Duration:** [e.g., Once weekly for 12 weeks]
- **Provider Name:** [Name of Therapist/Facility]
- **NPI Number:** [Provider NPI]

**Clinical Justification:**

The patient is currently receiving [Current Treatment/Service]. However, a clinical reassessment indicates that the addition of behavioral health therapy is medically necessary to address [Specific Symptoms or Diagnosis, e.g., co-occurring depression, treatment-resistant anxiety]. Adding concurrent therapy is expected to improve treatment outcomes by [Reason, e.g., increasing medication compliance, developing coping mechanisms].

Supporting clinical documentation, including updated progress notes and the revised treatment plan, is attached for your review.

Please process this amendment to ensure there is no disruption in the patient's care. If you require additional information, please contact my office at [Phone Number].

Sincerely,

[Provider Signature]

[Provider Name, Credentials]

[Facility/Practice Name]  
[Tax ID Number]