

[Physician Name]
[Clinic/Hospital Name]
[Address]
[Phone Number]
[Date]

[Health Insurance Company Name]
[Attn: Prior Authorization/Appeals Department]
[Address]

RE: Exception Request for Diagnostic Testing Quantity Limit

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

To Whom It May Concern,

I am writing to formally request a quantity limit exception for diagnostic testing for the above-mentioned patient. Specifically, I am requesting authorization for [Name of Test/Procedure] (CPT Code: [Code]) at a frequency of [Requested Frequency] for the duration of [Time Period].

Clinical Justification:

The patient has been diagnosed with [Diagnosis/ICD-10 Code]. The standard quantity limit is insufficient for this patient's clinical management due to: [Reason - e.g., rapid disease progression, monitoring of high-risk medication, acute exacerbation].

Medical Necessity:

[Briefly describe why more frequent testing is required than the plan allows. Mention previous results or failed alternative monitoring methods if applicable.]

Without the increased frequency of this diagnostic testing, the patient is at significant risk for [Potential Complications/Hospitalization]. Regular monitoring is essential to adjust the treatment plan and ensure patient safety.

I have attached supporting clinical documentation, including recent progress notes and lab results, for your review. Please contact my office at [Phone Number] if you require further information.

Sincerely,

[Physician Signature]

[Physician Printed Name]

[NPI Number]