

SAMPLE LETTER OF MEDICAL NECESSITY/APPEAL OF CLAIM DENIAL

<date>

<Insurance company name>

<insurance company address>

Re: Payment for Intravascular Ultrasound Evaluation of <insert diagnosis>

Patient Name: <patients name>

Insurance ID: <patient's insurance ID number>

Dear Sir or Madam,

I am requesting professional fee payment for clinical services described by CPT 37252: *Intravascular ultrasound during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial non-coronary vessel* <if used, also insert **"and CPT 37253: Intravascular ultrasound during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional non-coronary vessel"**>.

My patient.....<<insert case notes as appropriate to support diagnosis and treatment>

The published clinical literature supports the use of Intravascular Ultrasound (IVUS) as follows. IVUS may overcome the limitations of angiography and CTA by providing real-time cross-sectional images of the vessels before and after intervention¹. IVUS may be used to allow accurate depiction of the dimensions of the endograft necessary to exclude the aneurysm and to assess the success of the procedure. In another clinical study², intravascular ultrasound scanning results provided accurate and reproducible measurements of abdominal aortic aneurysms. The longitudinal reconstruction of IVUS images provided additional knowledge on the anatomy of the aneurysm and its proximal and distal neck. In a retrospective study³, 112 consecutive patients underwent EVAR to treat abdominal aortic aneurysms. Of these, 33 patients were assigned to the IVUS group because of renal failure, a suspected allergy to contrast agents or anatomical difficulties; the remaining 79 patients were assigned to the non-IVUS group. Patients in the IVUS group required fewer intra-arterial contrast agents (IACAs) than those in the non-IVUS group (67±34ml vs. 123±50ml; p<0.01). Blood loss and operation time were comparable between the two groups. No patients died within 30 days of the operation. Three major renal complications occurred in the non-IVUS group. Renal deterioration evaluated by chronic kidney disease (CKD) stage was found to a greater extent in the non-IVUS group. The authors concluded that IVUS is a powerful auxiliary method in EVAR for reducing the required volume of contrast agents. The combination of IVUS and IACA usage showed good overall performance thus the authors proposed the routine use of IVUS in EVAR procedures.

I hope the information in this letter has clarified why, based on published scientific evidence and in my clinical opinion, the use of IVUS was medically necessary for appropriately diagnosing and guiding the treatment of my patient's <insert diagnosis>. I respectfully request that this claim be approved for payment. If you require any additional information, please feel free to contact me at the address and telephone number below.

Best Regards,

<Treating Physicians Name>

<Treating Physicians Address>

<Treating Physicians Telephone>

¹Van Essen JA, Validation and Application of Intravascular Ultrasound in Endovascular Treatment of Abdominal Aortic Aneurysm. The Interuniversity Cardiology Institute of the Netherlands. June 28, 2000. Retrieved: repub.eur.nl/pub/.../000628_ESSEN,%20Jeroen%20Anne%20van.pdf

² Van Essen JA, et al. Accurate assessment of abdominal aortic aneurysm with intravascular ultrasound scanning: validation with computed tomographic angiography. *J Vasc Surg* 1999;29(4):631-8.]

³ Hoshina K, Kato M, Miyahara T, Mikuriya A, Ohkubo N, Miyata T. A retrospective study of intravascular ultrasound use in patients undergoing endovascular aneurysm repair: its usefulness and a description of the procedure. *Eur J Vasc Endovasc Surg* 2010;40(5):559-63.]

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