

## 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>

There is a growing body of clinical research published on the use of IVUS in iliac vein compression syndrome (IVCS). Additional prospective studies are indicated; however, current literature supports the use of IVUS as a diagnostic tool, a guide to therapy, and a way to assess completeness of therapy in the endovascular treatment of IVCS. This is reflected in the 2011 SVS and AVF Clinical Practice Guidelines <sup>1</sup> which includes the following statement regarding IVUS: “Intravascular ultrasonography (IVUS) has been used successfully to evaluate iliac vein compression or obstruction and to monitor patients after venous stenting. For patients with varicose veins, IVUS should be used selectively in those with suspected or confirmed iliac vein obstruction. IVUS is important in assessing the morphology of the vessel wall, identifying lesions such as trabeculations, frozen valves, mural thickness, and external compression that are not seen with conventional contrast venography, and it provides measurements in assessing the degree of stenosis. In addition, IVUS confirms the position of the stent in the venous segment and the resolution of the stenosis.”

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>

<sup>1</sup> Gloviczki P, Comerota AJ, Dalsing MC, et al. The care of patients with varicose veins and associated chronic venous diseases: clinical practice guidelines of the Society for Vascular Surgery and the American Venous Forum. J Vasc Surg 2011;53:2S-48S.