

VQ Scan Pre-Authorization Request Template

[Your Name]

[Your Title]

[Your Facility/Practice Name]

[Facility/Practice Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Re: Pre-Authorization Request for VQ Scan

Patient Name: [Patient's Full Name]

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

Patient ID/Policy Number: [Policy Number]

Dear [Insurance Company Contact/Department Name],

I am writing to request pre-authorization for a Ventilation-Perfusion (VQ) Scan for my patient listed above. The medical necessity for this procedure is based on the following clinical information:

Diagnosis: [ICD-10 Code and Diagnosis Description]

Clinical Indications:

- [Indication 1]

- [Indication 2]

- [Indication 3]

Previous Treatments/Tests:

- [List any prior relevant treatments/tests]

Proposed Procedure:

Procedure Name: Ventilation-Perfusion Scan

CPT Code: [CPT Code for VQ Scan]

Date of Service Requested: [MM/DD/YYYY]

Attached are relevant medical records, including lab results and physician notes, supporting the necessity of this procedure.

Please let me know if you require any additional information to process this request.

Thank you for your attention to this matter. I look forward to your timely response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Title]

[Your NPI Number (if applicable)]

Attachments: [List of attached documents]
