



October 24, 20XX

ACC Health Plan  
Attn: Medical Review Office  
PO Box 12345  
Anytown, USA 11111

Patient Name:  
Insurance ID:  
Date of Birth:  
Facility: 123 Medical Center  
Date of Service:  
Total Charges:

Dear Sir or Madam:

The claim referenced above has been referred to us by 123 Medical Facility. We received your denial (attached) indicating clinical information was needed in order to ascertain medical necessity of admission. Our review of said claim finds the services provided documented and in accordance with care provided to the patient and support medical necessity guidelines. We request ABC Health Plan retrospectively review the admission and authorization the admission as an inpatient level of care.

#### CLINICAL SUMMARY

##### **Criteria: Medical necessity guidelines for Cardiovascular Surgery or Procedure, as well as Ambulatory Surgery Exception Criteria**

Patient is an 81-year-old male admitted with left lower extremity critical limb ischemia (CLI). Patient presented with a 4-5 month history of worsening left lower extremity intermittent claudication. This is associated with a slow-healing ulcer on the heel of his left foot. Peripheral angiography done in April 20XX showed total occlusion of distal left SFA and left popliteal artery with significant left below-the-knee arterial occlusive disease. Patient scheduled to undergo left lower extremity surgical revascularization, but this has been put on-hold pending coronary revascularization. He came in with "new" ulcers on the dorsum of his left foot (2 cm x 3 cm) and on the distal 3rd of his left leg (2 cm x 2.5 cm) associated with diffuse erythema/cellulitis.

Patient was scheduled for angiography of the lower extremity vessels +/- percutaneous endovascular intervention (PEI) if clinically indicated for limb preservation. ABI: Right - 0.8, Left - 0.8. Positive for coronary artery disease (CAD) history. Patient underwent coronary angiography in April 20XX for pre-operative evaluation. He denied having any complaint about angina pectoris; positive for hypertension (HTN); positive for diabetes (DM); positive for hyperlipidemia and positive for allergy to IV dye contrast agent - Pre-medication were given.

Cardiac Cath - Summary Reason for Study: Structural Defect (ASD/PFO/VSD) - left leg ulcer.  
Conclusions:

[REDACTED]

#### Intervention - Conclusions

[REDACTED]

08.19.XX

[REDACTED]

#### Medical necessity guidelines for Cardiovascular Surgery or Procedure Clinical Indications for Procedure

[REDACTED]

#### Medical necessity guidelines for Amputatory Surgery Exception Criteria

[REDACTED]

Regards,

XXXXX  
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