**Please include the patient information noted and place on letterhead.**

**[Insert Date Here]**

**[Insert Name of Payer/Health Plan]**  
**[Insert Mailing Address**]  
**[Insert Fax (or Email)**]

RE: Letter of Medical Necessity

Patient Name: [Insert Patient Name Here]  
Subscriber #: [Insert Subscriber # Here]  
Diagnosis: [Insert Diagnosis]  
Procedure: [Insert Procedure Code(s) Here]  
Anticipated Date of Service: [Insert Date Here]

To whom it may concern:

This correspondence is in reference to a prior authorization request [made/denied]. I would like authorization before scheduling an *Upper GI esophagoscopy or esophagogastroduodenoscopy (EGD)* for this patient. I would like confirmation that your plan will cover the service(s). The following CPT coding apply:

[Insert anticipated procedures and CPT codes that may apply here]

**Medical Necessity:** This is a gender/age child/adult with (Diagnosis, e.g., Eosinophilic Esophagitis (EoE)). The patient’s medical record is provided (attached) to support the prior authorization request. Current complaints include [LIST, e.g., failure to thrive, feeding difficulties, nausea, vomiting, GERD, and weight loss]. You will note that conservative medical management including [Describe all over the past TIME e.g., 6 months] has failed. This patient continues to suffer with daily GI distress and a [repeat] procedure exam is needed. This patient’s current symptoms warrant a(n) (EGD or esophagoscopy). A biopsy may be indicated but I will not know this until I have direct visualization. I plan to employ a transnasal approach which provides the opportunity to perform the procedure without sedation. In my medical opinion, it is the preferred method for my [pediatric] patient who may require frequent endoscopies with a treatment plan consistent with AGA practice guidelines which state that the use of [repeat EGD with biopsy/other presenting symptoms or diagnoses] to assess disease activity after a change in therapy is reasonable. The recommended frequency for repeat procedures during clinical follow-up is dependent upon the severity of the patient’s clinical presentation. References to the AGA guidelines and other peer-reviewed literature follow this request.

[Insert for patient cases with diagnosed or suspected EoE]

[By way of background, eosinophilic esophagitis (EoE) is a chronic immune-mediated inflammatory disease of the esophagus. It affects approximately 1 in 2,000 people (adults and children) in the United States. The clinical presentation of EoE varies depending on age. Infants and young children are more likely to present with nonspecific symptoms, such as failure to thrive, feeding difficulties and vomiting. Additional indications include Dysphagia, GERD, Abdominal Pain, Odynophagia, Vomiting, Food Intolerance, and/or Weight Loss. Adolescents and adults typically have symptoms associated with esophageal fibrosis, with over 70% of adults presenting with dysphagia. Diagnosis is made with an esophageal biopsy demonstrating at least 15 eosinophils/high powered field in the absence of other conditions associated with esophageal eosinophilia, such as gastroesophageal reflux disease or achalasia. Treatment consists of proton pump inhibitors, topical steroids, elemental diet, and empiric food elimination, with esophageal dilation reserved for patients with symptomatic esophageal narrowing. Longer periods of untreated inflammation are associated with a higher prevalence of esophageal fibrosis, dysphagia, and food impaction.]

I would welcome an opportunity for a peer-to-peer review to fully discuss this patient’s case and clarify any questions you may have regarding this treatment and my patient’s care. Please let me know if we can schedule this. I am happy to provide any additional documentation for further consideration.

Sincerely,

[Insert Doctor Name]   
[Insert Contact Information]   
CC: [Insert Patient Name]

Enclosures:   
Society Practice Guideline   
Recent Peer-Reviewed PublicationsPatient Medical Record Documentation

# Society Practice Guideline

Hirano I et al. AGA Institute and the Joint Task Force on Allergy-Immunology Practice Parameters Clinical Guidelines for the Management of Eosinophilic Esophagitis. Clinical Practice Guideline, May 2020, Volume 158; Issue6, p1776-1786. <https://www.gastrojournal.org/article/S0016-5085(20)30265-1/fulltext>

# Recent Peer-Reviewed Publications

* Smadi Y, Thomas J, Bittar K, Norton H, Friedlander JA, Bornstein J. Office-based sedation-free transnasal esophagogastroduodenoscopy with biopsies using single-use gastroscopes: a pediatric single-center experience. JPGN Rep. 2023; 1-6
* Bronswijk M. Transnasal Endoscopy: Seeing is Believing. Gastroenterol. Hepatol. 2023 Jan;21(1):240-241
* Huibertse LJ et al. Unsedated transnasal endoscopy for the detection of Barrett’s esophagus: systematic review and meta-analysis Diseases of the Esophagus, 2023. Volume 36, Issue 2, February 1-11.
* Venkatesh RD et al. Pediatric unsedated transnasal endoscopy. Gastrointest Endosc Clin NA, 2023 Apr;33(2):309-321.
* Grant RK, Unsedated Transnasal Endoscopy: A Safe, Well-Tolerated and Accurate Alternative to Standard Diagnostic Peroral Endoscopy. Dig Dis Sci. 2022; 67(6): 1937–1947.
* Nguyen N, Lavery WJ, Capocelli KE, et al. Transnasal Endoscopy in Unsedated Children with Eosinophilic Esophagitis Using Virtual Reality Video Goggles. Clinical Gastroenterology and Hepatology. 2019;17(12):2455–2462. doi:10.1016/j.cgh.2019.01.023 [PubMed: 30708107]

*Reprints are available upon request.*