

Date: ***

Dear Insurance Carrier,

One of your enrolled members, ***, has been referred by ***, who is a ***, to *** for Comprehensive Patch Testing. Comprehensive patch testing is medically necessary for this patient.

COMPREHENSIVE PATCH TESTING IS INDICATED FOR PATIENTS WHO HAVE CHRONIC DERMATITIS THAT HAS NOT IMPROVED AFTER RECEIVING AGGRESSIVE TREATMENT BY DERMATOLOGISTS AND/OR ALLERGISTS AND WHICH SEVERELY IMPACTS THE INDIVIDUAL'S HEALTH AND QUALITY OF LIFE.

This patient meets the above criteria and thus requires comprehensive patch testing. This is likely to entail more than 80 units of CPT code 95044. In addition, Dr. *** will spend a substantial amount of time working to determine the cause of the dermatitis and then is able to more precisely develop a personalized treatment plan.

This Comprehensive Patch Testing cannot be performed by most allergists or dermatologists, who are only able to perform limited patch testing, which is inadequate or inappropriate for the diagnosis of ***.

Please see the following document for additional information and many peer reviewed references on the medical necessity of Comprehensive Patch Testing.

Sincerely,

Director of Patch Testing