

## APPEAL LETTER OF MEDICAL NECESSITY AFTER DENIAL OF GENETIC TESTING

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**INSURANCE COMPANY ADDRESS**

**SUBSCRIBER NAME**

**SUBSCRIBER ID**

**PATIENT NAME**

**BIRTHDATE**

Date:

To whom it may concern,

I am writing this letter on behalf of my patient, PATIENT NAME, to appeal the denial of coverage for genetic testing offered through the Center for Precision Diagnostics, a CLIA certified laboratory located at the University of Washington in Seattle, Washington. This letter documents the medical necessity for this test to identify the genetic cause of NAME OF DISORDER condition and provides information about PATIENT NAME medical and family history, and treatment to date.

PATIENT NAME is an AGE year old SEX with a diagnosis of NAME OF DISORDER (ICD-9 XXXXXX)  
DESCRIBE DISORDER

PATIENT NAME has been evaluated by numerous specialists at INSTITUTION, INSTITUTION. PATIENT NAME has had extensive medical testing including, but not limited to, DESCRIBE PERTINENT TESTING TO DATE. None of these physicians or tests has provided NAME OF PATIENT with a diagnosis.

The fact that HE/SHE has PARTICULAR FEATURES OF THE DISORDER (E.G. BILATERAL, WIDESPREAD, MULTIPLE SYSTEMS) is strongly indicative of a genetic etiology, since they did not occur following medication or infection or other exogenous cause. This personal and family history, as well as PATIENT NAME's examination, are not consistent with any known DISEASE CATEGORY conditions, but are indicative of an underlying genetic cause.

The most efficient and cost effective way to confirm a genetic diagnosis in this patient is to perform LIST GENES genetic testing. **Results from this genetic test will have a direct impact on this patient's treatment and management and will provide prognostic information that will assist in clinical management.**

As mentioned above, knowledge of this patient's genetic information is important for me to more accurately assess her prognosis and will guide my recommendations for care.

To summarize, I am requesting to appeal XXXs denial for genetic testing through the Collagen Diagnostic Laboratory, Federal Tax ID #: 91-1220843/NPI #: 102 304 1159 with the following CPT code(s):[CPT CODES AVAILABLE AT [www.uwcdl.org](http://www.uwcdl.org)]. Thank you for your review and consideration. I hope you will support this letter of medical necessity for XXX. Please feel free to contact me at XXXXXX if you have additional questions.

Sincerely,

Doctor NPI Number

Genetic Counselor contact phone