

## INSURANCE VERIFICATION OF COVERAGE for GENETIC TESTING: WHOLE EXOME SEQUENCING

NAME INSURANCE COMPANY

SUBSCRIBER NAME

POLICY NUMBER

Dear Claims Specialist,

This is a request for verification of insurance coverage and pre-authorization on behalf of patient PATIENT NAME for genetic testing and includes a description of the medical necessity for such testing. Whole Exome Sequencing (WES) has been ordered by the patient's physician to be completed by the **Center for Precision Diagnostics (CPD)**, a CLIA certified laboratory at the University of Washington Department of Pathology.

### Justification of Test Choice:

The purpose of WES testing is to identify the underlying molecular basis of a genetic disorder in this patient in whom we have been unable to identify a disease cause by conventional medical testing. There are a large number of potential genes that could be causing this condition. Rather than testing each potential gene sequentially, WES allows us to test all genes (including those we have not imagined). This is a necessary next step in testing due to the heterogenous nature of rare genetic disorders. WES allows us to sequence more quickly and at reduced cost to the patient and insurer relative to picking and choosing the next considered gene. **Results of WES will allow the physicians who care for the patient to learn the mechanism of the identified disease and will guide them in making recommendations for medical care of their patient.** If a gene mutation is confirmed, it will also assess the risk for the subscriber's family members who may have the same condition.

### Benefit of WES testing to the Patient:

An accurate diagnosis by WES provides the following benefits to the patient.

- Eliminates expensive repeated evaluations by various specialists
- Eliminates the need for further expensive and invasive diagnostic testing
- Allows accurate counseling regarding recurrence risk, prognosis, involvement with other organs and treatment

### Necessity of familial WES testing:

Testing of the patient includes a request for identical testing of affected or unaffected family members. \* Comparing this individual's exome sequence to exome data from family members will **significantly increase the accuracy of the test result and increase the likelihood of identifying a disease-causing gene mutation.** Without parent testing the number of gene sequence variants of "unknown" significance rises.

\*Even for individuals when no one else in the family is similarly affected, the WES data is used to focus in on genes that are not shared with unaffected family members. In a family with similarly affected relatives the gene variant of interest would be expected to be present in only affected individuals. The exact expected pattern depends on the mode of inheritance of the disorder.

Thank you for your review and determination of the test request. I hope you will support this request for genetic testing coverage for [PATIENT\_FIRST\_NAME] [PATIENT\_LAST\_NAME]. If you have questions please feel free to call contact me at [PHYSICIAN\_PHONE\_NUMBER].

Sincerely,

PHYSICIAN

Cc: SUBSCRIBER/PATIENT