**[LMN Template for Chromosomal Microarray]**

Patient: \*\*\*

Insurance Company: \*\*\*

Subscriber Name: \*\*\*

Policy #:\*\*\*

Reference Number: \*\*\*

Dear Claims Specialist,

I am writing this letter of medical necessity on behalf of my patient [Patient Name] to request coverage for chromosomal microarray offered through [Lab Name], a high complexity CLIA certified laboratory located in [Lab Location].

**Information on Patient’s Condition:**

[Patient Name] is a [age][sex] with [symptoms, family history information]. [Patient Name]’s clinical symptoms and results of the routine diagnostic tests suggest a genetic diagnosis. However, the only way to confirm a specific diagnosis is to perform genetic testing on this patient. Results from this genetic test may have a direct impact on this patient’s treatment and management.

**This patient's family has had pre-test counseling regarding the potential outcomes of this test, and a certified genetic counselor will be involved in discussion of any abnormal results.** [Remove if inapplicable]

**Information on Microarray:**

The microarray looks for subtle deletions or duplications of genetic material at thousands of chromosomal regions. This testing can pick up small deletions or duplications while traditional high-resolution karyotyping can miss such changes at the size of less than 5.0 MB. The current testing platform used to perform microarray testing is not investigational or experimental and is a very highly accurate and reliable method for the detection of small genomic imbalances that cannot be diagnosed using other technologies. Therefore the microarray procedure is considered to be the standard of care for the evaluation of the types of problems seen in this patient. Please review the following articles regarding the utility of microarray.

* Saam J, Gudgeon J, Aston E, Brothman AR. "How physicians use array comparative genomic hybridization results to guide patient management in children with developmental delay." *Genetics in medicine* 2008;10(3):181-186.
* Pickering Dl et al. Array-based comparative genomic hybridization analysis of 1176 consecutive clinical genetics investigations. *Genetics in Medicine 2008;10:2626-266.*
* Bejjani BA, Shaffer LG. Clinical Utility of contemporary molecular cytogenetics, *Annu. Rev. Genomics Hum Genetics.*2008;9:71-86
* Edelmann L, Hirschorn K. Clinical utility of array CGH for the detection of chromosomal imbalances associated with mental retardation and multiple congenital anomalies,  *Annals of the New York Academy of Science* 2009;1151:157-166.

**Clinical Utility of Chromosomal Microarray Testing:**

* **A specific diagnosis may influence the treatment for this patient.** For example, certain medications may be more effective based on the diagnosis and some may be contraindicated.
* **Proper diagnosis will help the physician in managing the patient more efficiently, while limiting doctor visits and insurance claims**
* **A specific genetic diagnosis will allow for family members to be tested for the specific mutation for a drastically lower cost**

**We request your review of the following testing for preauthorization:**

Test Requested:  \*\*\*

Test Code: \*\*\*

Lab Name: \*\*\*

Lab Phone: \*\*\*

CPT codes: \*\*\*

**ICD10 Codes:** \*\*\*

The blood draw would be completed at [Lab/Hospital] for the family’s convenience. Billing would be coordinated by [Billing Institution/Provider]. Ordering provider would be [Ordering Provider].

Thank you for your review and consideration. I hope you will support this request for genetic testing coverage for [Patient Name]. If you have questions, or if I can be of further assistance, please do not hesitate to contact me at [Clinician Contact Info].

Sincerely,

\*\*\*