

[Your Practice Letterhead]

[Date]

[Insurance Company Name]

[Insurance Company Address]

Re: [Your Patient Name] (Reference the name of the policy holder if different from your patient)

DOB:

Member ID:

Group ID:

To whom it may concern:

First paragraph: Use this paragraph to describe your patient. Who are they? Why were they referred to you? What are you trying to do for them? What issues do they have that are applicable to the test you are trying to authorize? Include as many relevant ICD-9 codes as possible. Be brief yet thorough. For example:

“Patient X (DOB: xx/xx/xx) is a X-year-old male that has been evaluated in our clinic in an attempt to determine an underlying genetic etiology behind his primary diagnosis of autism (ICD-9: 299.0). Patient X was diagnosed with autism at age X. He displays several characteristic features of autism, including...”

*\*\*The next three sections may be used interchangeably, depending on the flow of your specific letter.\*\**

Next section: Use this paragraph to discuss *why* finding an underlying genetic etiology for your patient’s issues is important. How will the results of this testing directly affect THE PATIENT’s medical management? Possible suggestions include: determining risk for other associated health problems, determining overall prognosis, informing future treatment plans, access to services, etc. Other benefits could include appropriate recurrence risk calculations and genetic counseling for other family members as well as the possibility for prenatal diagnosis. While these are important benefits to mention, the main focus should be on benefit to the actual patient. You might also include information about how long the patient has been seeking a diagnosis, and what other tests have been done.

Next section: What genetic tests are you recommending to try to find this underlying genetic etiology? Why are you choosing these? Why are these appropriate? What kind of information could these tests provide? Cite relevant literature substantiating your claims. Include practice guidelines from professional societies if available/appropriate (see the “Literature Resources” section on our website for relevant statements/articles).

Next section: Use this section to discuss the *specifics* about what you are requesting. Include the name of the test and the relevant CPT codes. Include the name of the laboratory as well as their Tax ID number. Be sure to explicitly state any other relevant requests, such as whether or not you are requesting that an out-of-network laboratory be covered at an in-network rate, and the reasons why.

Closing: Close with a courteous thank-you line. Include your direct contact information and encourage them to contact you with any questions. You may also offer to send copies of any relevant literature you have cited.

*\*\*Try to keep the letter to one page in length, if possible.\*\**

Sincerely,

[Your signature]