

<<Today's Date>>

<<Insurance Company Name>>

<<Address 1>>

<<Address 2>>

<<City, State ZIP>>

Subscriber: <<Patient Full Name>>

DOB: <<MM/DD/YYYY>>

Subscriber ID: <<Member ID#>>

Group ID: <<Group ID#>>

Dear Insurance Team:

I am writing this letter on behalf of my patient, <<Patient Name>>, to request prior authorization and coverage for <<Gene Name>> genetic testing. The patient is being evaluated for <<Condition Name>> due to <<his/her personal history of X and/or family history of X>>.

Genetic testing in these circumstances is standard of care and is medically indicated for the reasons listed below. This testing is neither experimental nor investigational as it will directly impact the patient's medical care.

<<Personal Medical History: Include details of patient's relevant medical history>>

<<Family History: Include relevant family history information if applicable>>

This <<medical and/or family history>> confirms the necessity of molecular testing in making a definitive diagnosis. An accurate diagnosis is crucial for appropriate medical management for reasons as follows.

<<Include justification of medical necessity and benefit of diagnosis to patient; [Prevention Articles](#) can be utilized if available & appropriate>>

The cost of the <<Test Name>> is <<Price>> and will be performed under the CPT code(s) <<List CPT codes (see Methods & Pricing Tab of Test Description for CPT codes)>>. The ICD10 code(s) associated with this diagnosis is/are <<List ICD9 codes>>. The ordering physician is <<Doctor's Name>>, NPI#: <<NPI#>>.

The laboratory providing the genetic testing is PreventionGenetics, LLC, (Tax ID: 83 0343803) who is a sponsor of Pediatric Lab Utilization Guidance Services ([PLUGS®](#)). PreventionGenetics is committed to providing comprehensive, high quality, and affordable genetic testing that adds value to patient care. Through utilization management strategies at PreventionGenetics, over 1.3 million healthcare dollars are saved annually.

I am hopeful that we can work together for <<Patient Name>>'s benefit. Please contact me at <<Phone #>> with the result of this prior authorization and if you need additional information.

Sincerely,

<<Name, Credentials>>

<<Title>>

<<Institution>>