Date: \*\*\*

RE: Letter of Medical Necessity for Whole [Exome/Genome] Sequencing by \_\_\_\_\_\_\_\_\_\_ (lab)

Patient: \*\*\*

DOB: \*\*\*

Insurance Company: \*\*\*

Member ID: \*\*\*

Group ID: \*\*\*

To Whom It May Concern:

I am writing this letter to request full coverage for whole [exome/genome] sequencing to be performed by \_\_\_\_\_\_\_\_ (lab) for my patient, [patient name]. I recommend this testing to pursue molecular diagnosis of an underlying genetic etiology for [patient name]’s clinical presentation. It is my professional determination that testing is medically necessary and will directly impact this patient’s care.

Testing is being requested due to this patient’s [personal/family] history of [relevant clinical history, previous testing, etc].

The American College of Medical Genetics (ACMG) strongly recommend in their July 2021 Practice Guidelines for Exome and Genome Sequencing that exome/genome sequencing be considered as a first-line test in patients with congenital anomalies, developmental delay and/or intellectual disability. This evidence-based practice guideline also states: “Exome/genome sequencing demonstrates clinical utility for the patients and their families with limited evidence for negative outcomes and the ever-increasing emerging evidence of therapeutic benefit.”1

Furthermore, when compared with traditional genetic testing (CMA, panels, single gene), exome/genome sequencing has a higher diagnostic yield and is more cost effective, especially when ordered early in the diagnostic evaluation. An analysis included in the recent ACMG Practice Guidelines notes a diagnostic yield of [43% for genome sequencing, 34% for exome sequencing], compared to a diagnostic yield of 21% for traditional genetic testing.1, 2

Whole [exome/genome] sequencing offered by \_\_\_\_\_\_\_\_\_\_\_(lab) will allow me to provide my patient with the best medical care by guiding appropriate medical management and treatment. Without this testing, the establishment of a clinical diagnosis will be delayed, further testing via expensive and/or invasive diagnostic procedures may be necessary, and this patient’s diagnostic odyssey will continue.

The procedure code for the requested testing is [CPT code]. The diagnosis code(s) for this patient is/are [ICD-10 code(s)].

CPT codes:

WGS proband-only: 81425 WGS trio: 81425, 81426 x2

WES proband-only: 81415 WES trio: 81415, 81416 x2

If you have any questions about the information included in this letter, please do not hesitate to contact me directly at [direct/office phone]. If I am not available, please contact our clinic at [office phone].

Thank you for your consideration and time in reviewing this case.

Sincerely,

[signature]