[Date]
[Insurance Company Name]
[Attn: Medical Director / Claims Review Department]
[Insurance Company Address]
[City, State, Zip Code]

RE: Letter of Medical Necessity for Whole Exome Sequencing (WES)

Patient Name: [Patient Name]
Date of Birth: [DOB]
Member ID: [ID Number]
Group Number: [Group Number]
Case/Reference Number: [Reference Number, if applicable]

To Whom It May Concern,

I am writing to request coverage for Whole Exome Sequencing (WES) (CPT Code: [Insert Code, e.g., 81415]) for my patient, [Patient Name].

Clinical History and Diagnosis:
The patient presents with a complex clinical picture including [List symptoms, e.g., global developmental delay, intractable epilepsy, dysmorphic features, etc.]. To date, the following diagnostic evaluations have been performed with inconclusive results: [List previous tests, e.g., Brain MRI, Microarray, Single Gene Panels].

Rationale for Whole Exome Sequencing:
Given the patient's [heterogeneous/atypical] presentation, a specific genetic etiology cannot be identified through targeted single-gene or panel testing. WES is medically necessary for this patient because:

- The patient's symptoms are suggestive of a genetic disorder.
- Current standard diagnostic evaluations have failed to provide a diagnosis.
- A definitive molecular diagnosis will significantly impact the patient's clinical management, including [e.g., changes in medication, avoidance of unnecessary procedures, or monitoring for known comorbidities].
- WES is more cost-effective than a sequential "diagnostic odyssey" of multiple individual genetic tests.

Request:
Based on the clinical necessity detailed above, I request that you approve the authorization for Whole Exome Sequencing. Should you require additional clinical notes or medical records, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]
[Physician Name, MD/DO/Geneticist]
[NPI Number]
[Facility Name]