[Date]

[Insurance Company Name]
[Attention: Medical Review/Appeals Department]
[Insurance Company Address]
[City, State, Zip Code]

RE: Letter of Medical Necessity for Genetic Testing
Patient Name: [Patient First and Last Name]
Date of Birth: [MM/DD/YYYY]
Policy Number: [Policy ID Number]
Group Number: [Group Number]
Claim/Reference Number: [If applicable]

To Whom It May Concern,

I am writing to request coverage for [Specific Name of Genetic Test/Panel] for my patient, [Patient Name]. This patient presents with clinical symptoms and/or a family history strongly suggestive of a hereditary neurological disorder.

Clinical Presentation and History:
The patient is currently experiencing the following symptoms: [List symptoms, e.g., progressive ataxia, muscle weakness, cognitive decline, seizures]. These symptoms began at age [Age]. [Optional: Mention specific family history of similar neurological conditions].

Diagnostic Rationale:
Based on the clinical evaluation, the differential diagnosis includes [List suspected conditions, e.g., Huntington's Disease, Hereditary Ataxia, Spinal Muscular Atrophy]. Genetic testing is medically necessary to establish a definitive diagnosis, as clinical presentation alone is insufficient to distinguish between these hereditary conditions.

Impact on Clinical Management:
The results of this genetic test will directly impact the patient's management by:

- Confirming a specific molecular diagnosis and ending the diagnostic odyssey.
- Informing the selection of targeted pharmacological treatments or clinical trials.
- Guiding surveillance for associated systemic complications.
- Providing accurate risk assessment and genetic counseling for family members.

Requested Test:
[Test Name and Laboratory Name]
CPT Code(s): [Insert CPT Codes, e.g., 81406, 81443]

In summary, this testing is the most cost-effective and clinically appropriate next step in the care of [Patient Name]. Please contact my office at [Phone Number] if you require additional medical records.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]
[Specialty, e.g., Neurology/Medical Genetics]
[NPI Number]
[Institution/Clinic Name]