Date: [Date]

To: [Insurance Company Name]
Attention: Medical Review/Prior Authorization Department
Address: [Insurance Company Address]
City, State, Zip: [City, State, Zip]

Re: Letter of Medical Necessity for Hereditary Prostate Cancer Genetic Testing

Patient Name: [Patient Name]
Date of Birth: [Date of Birth]
Policy Number: [Policy Number]
Group Number: [Group Number]
Case Reference Number: [Reference Number, if applicable]

Dear Medical Director,

I am writing to request coverage for germline genetic testing for my patient, [Patient Name], who is currently under my care for the management of prostate cancer. Based on the patient's clinical presentation and family history, I have ordered the following test: [Name of Genetic Test/Panel].

Clinical Indications:

The patient meets the criteria for hereditary prostate cancer screening based on the following (check all that apply):

- Diagnosis of prostate cancer with High-risk, Very-high-risk, Regional, or Metastatic features.
- Diagnosis of prostate cancer with Intraductal or Cribriform histology.
- Personal history of prostate cancer at age [Age] AND a family history of [Type of Cancer] in a [Degree of Relative].
- Known pathogenic germline variant in the family (e.g., BRCA1, BRCA2, HOXB13, ATM, MLH1, MSH2, MSH6, PMS2).
- Personal history of prostate cancer and Ashkenazi Jewish ancestry.

Medical Necessity:

Genetic testing is medically necessary for this patient to determine the underlying cause of their cancer and to guide clinical decision-making. The results of this test will directly impact the treatment plan in the following ways:

- Identification of eligibility for targeted therapies, such as PARP inhibitors or immunotherapy.
- Risk stratification for secondary primary cancers (e.g., male breast cancer, pancreatic cancer).
- Informing screening recommendations for at-risk family members (cascade testing).

This request is consistent with current National Comprehensive Cancer Network (NCCN) Guidelines for Genetic/Familial High-Risk Assessment.

I have attached the patient's clinical notes and family pedigree for your review. Please contact my office at [Phone Number] if you require further information.

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[NPI Number]
[Practice Name]