Letter of Medical Necessity: Test Code 4777

<<Today’s Date>>

<<Insurance Company Name>>

<<Address 1>>

<<Address 2>>

<<City, State ZIP>>

**Regarding:** <<Patient full name>>  
**DOB:** <<MM/DD/YYYY>>

**Subscriber ID:** <<Member ID#>>

**Group ID:** <<Group ID#>>

**Re**: Request for prior authorization and coverage for PreventionGenetics’ Fetal Concerns Sequencing Panel with CNV Detection. Billing is through <<billing institution>> with testing performed at PreventionGenetics, LLC.  The CPT codes for PreventionGenetics’ NGS sequencing include 81404, 81405(x3), 81406(x9), 81407, 81479(x66). The ICD 10 code(s) associated with the patient’s diagnosis include <<ICD code(s)>>.

**Genetic Risks for Fetal and Neonatal Death**

Pregnancy and infant loss is not an uncommon occurrence. Approximately 1 in every 160 pregnancies will result in a stillbirth, which is the death of a fetus after 20 weeks of gestation1. Some families suffer the loss of an infant within the first 28 days of life, which is classified as a neonatal death2. There are a variety of factors that contribute to the incidence of stillbirth and neonatal death; however, up to 25% of stillbirths are attributed to a genetic etiologies 3. Genetic testing in the case of stillbirth or neonatal death can be vital in helping parents to make informed reproductive decisions.

There are two major categories of genetic etiologies for stillbirth and neonatal death: chromosome abnormalities and single gene disorders. Chromosome abnormalities have been associated with up to 17% of stillbirths3. Genetic testing can determine the presence and type of genetic abnormality in a fetus or infant, which refines the risk of recurrence in future pregnancies, as up to 4% of women will have a second stillbirth after their first one4. Some genetic conditions do not result in the loss of the infant but a living child with a genetic syndrome which can have expensive, lifelong implications for the child and family. Parents should be informed of the specific disorder that their future offspring are at risk of inheriting, as this may alter their reproductive decisions and could potential decrease the likelihood of having a future child affected with a genetic disease.

**Pregnancy History**

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

**Family History**

<<Family History: Include list of relevant family history information if applicable. Appropriate risk assessment models or limited history should be noted >>

Given <<Mr/Mrs/Ms/Miss patient’s last name’s>> personal history of adverse pregnancy outcomes, the most efficient and cost effective way to assess the patient’s reproductive risk and allow them to make informed decisions moving forward would be the Fetal Concerns Sequencing Panel with CNV Detection, which combines whole genome chromosome analysis and sequencing of 40 genes related to increased risk for stillbirth and neonatal death.

The laboratory providing the genetic testing is PreventionGenetics, LLC, (Tax ID: 83 0343803) who is a sponsor of Patient-Centered Lab Utilization Guidance Services ([PLUGS®](http://www.seattlechildrenslab.org/plugs.aspx)).  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. PreventionGenetics is also certified by the College of American Pathologists (CAP# 7185561), the Clinical Laboratory Improvement Amendments (CLIA ID# 52D2065132), and is an Internationally-Recognized Accredited Laboratory (ISO 15189#: 3950.01).

I am hopeful that we can work together for <<Mr/Mrs/Ms/Miss patient’s last name’s>> benefit.  Please contact me at <<Phone #>> with the result of this prior authorization and/or if you need additional information.

Sincerely,

<<Name, credentials>>

<<Title>>

<<Institution>>

References:

1. Wou K, Ouellet M-P, Chen M-F, Brown RN. Comparison of the aetiology of stillbirth over five decades in a single centre: a retrospective study. *BMJ Open*. 2014;4(6):e004635. PubMed ID: 4054626
2. Jehan I, Harris H, Salat S, et al. Neonatal mortality, risk factors and causes: a prospective population-based cohort study in urban Pakistan. *Bulletin of the World Health Organization*. 2009;87(2):130-138. PubMed ID: 2636189
3. Wapner RJ. Genetics of stillbirth. *Clinical* *Obstetrics & Gynecology*. 2010;53(3);628-634. PubMed ID: 20661047
4. McPherson E, Cold C. Minor anomalies in stillborn and second trimester miscarried fetuses. *Am J Med Genet.* Part A;170A;52-59. PubMed ID: 26373818