Date

Regarding:

Date of birth:

Associated insurance number:

To Whom It May Concern:

I am writing to request preauthorization of CGH microarray (combination chip) studies for

XXX. XXX was seen in the XXX Clinic at XXX Medical Center on XXX at the referral of his pediatrician Dr. XXX for evaluation of a possible genetic syndrome.

XXX has significant global developmental delay with acquired microcephaly, cortical visual impairment, and a seizure disorder. His physical exam demonstrates a significant number of minor anomalies. Given his overall history, it is important to pursue the highest resolution chromosome study that we can perform. I am requesting a study be performed because of his prior history of infantile spasms, his notable acquired microcephaly, multiple minor anomalies, and significant developmental delay. This constellation of features is seen in individuals who have chromosome imbalances, even small ones. In the past, XXX has had a high-resolution study, which was normal; therefore, his chromosome count is normal but it is important to look for smaller chromosomal rearrangements, which might account for his findings. I recommend a high-resolution microarray (aCGH) to detect any imbalances that may exist.

If these tests are negative, then it will be important to pursue an additional study of *UBE3A* gene mutation analysis for Angelman syndrome and duplication studies for atypical male Rett syndrome. These studies are indicated by virtue of his acquired microcephaly, his seizures, overall behavior, and appearance. A diagnosis would directly change his medical management, and it would allow us to orchestrate help, supervision, and anticipatory guidance in XXX overall care.

Comparative genomic hybridization microarray provides a broad assessment of genetic material. This test is medically indicated based on XXX medical history. CGH microarray may help us most cost effectively identify the underlying cause of XXXXX’s multiple medical problems.

# Comparative genomic hybridization microarray CPT codes: 88386 x 6, 88385, 83890

* *UBE3A* studies CPT codes: 83904x24, 83912, 83909x24, 83898, 83894, 83891

Thank you for considering our request of medical necessity for comparative genomic hybridization and *UBE3A* sequencing for XXX. Please do not hesitate to contact us at (XXX) XXX-XXXX with further questions or concerns.

Sincerely,