

Triwest Healthcare Alliance
PO Box 42049
Phoenix, AZ 85080-2049
Ph: 888-874-9378
Fx: 866-269-5892
866-312-5831

Re: Patient Name: XXX
Patient DOB: XXX
Sponsor Name:
Sponsor SSN:
Sponsor DOB:

To Whom It May Concern at Triwest Healthcare Alliance,

We are writing to request preauthorization for comparative genomic hybridization (CGH) microarray studies for XXX, who was referred to the Medical Genetics Clinic at Primary Children's Medical Center by Drs. Xxxx and yyyy for evaluation of developmental delays and multiple congenital anomalies. **This letter includes additional information as requested by Triwest Healthcare Alliance on January 3, 2008.** XXX has a unique set of findings including hypotonia, joint laxity and hip dysplasia, hypopigmented lesions on her abdomen, global developmental delays with no speech, and a normal brain MRI. This constellation of features is suggestive of an underlying syndrome. However, this syndrome is unspecified at this time and we recommend pursuing a CGH Microarray / Combination chip study to identify any chromosomal imbalances that may explain this constellation of features. Additional investigation is warranted as having a diagnosis is essential to orchestrating appropriate health supervision and anticipatory guidance for XXX care.

CPT codes for CGH Microarray studies: 88385, 88386 x 6, 83890

If you have any questions about these recommendations, please do not hesitate to call (801) 581-8943. Your assistance in approving this testing for XXX is greatly appreciated.

Sincerely,

XXXXXx, MD, PhD xxxxxxxxxxx, MS
Professor Certified and Licensed Genetic Counselor
Dept. of Pediatrics Dept. of Pediatrics