

{DATE}

LETTER OF MEDICAL NECESSITY

RE: [patient name]

DOB: ***

Member ID #: ***

To Whom It May Concern:

This letter is to request pre-approval for diagnostic genetic testing for ***, a ***-year-old patient receiving care at ***. Specifically, *** needs DNA analysis of hereditary neutropenia and related bone marrow failure genes to inform treatment decisions.

*** has been diagnosed with neutropenia. I have determined that genetic testing on an inborn errors of immunity and cytopenias gene panel is medically necessary for *** due to the diagnosis of severe chronic neutropenia (ICD10 CODE: D70).

MEDICAL NECESSITY:

Hereditary neutropenia DNA testing panel. There are multiple different genetic conditions that cause severe congenital neutropenia. Genetic testing for a multi-gene panel is standard of care for individuals with this conditions, as treatment and management is directly dependent on the cause of neutropenia. For example, some conditions are treated well with medications such as filgrastim, while others require targeted therapy such as empagliflozin or even bone marrow transplant. The identification of a genetic condition would provide important information for his providers regarding the best therapies and would inform the selection of a bone marrow donor, if needed. Furthermore, genetic testing takes at least 2-4 weeks for results to return, and treatment decisions are needed as soon as possible.

Identification of a specific gene responsible for ***'s neutropenia is also essential for genetic counseling of the family, as inheritance of congenital neutropenia can follow an autosomal dominant, autosomal recessive, or X-linked recessive pattern, depending on the specific gene responsible for the disease.

*****'s immediate and long-term medical decisions depend on the results that this test will provide.** Given the high *a priori* risk of having an identifiable genetic condition, the fact that the test results can be adequately interpreted in this well-established test, and the impact of results on medical management, **genetic testing is consistent with the published statement of the American Society of Clinical Oncology.**

Please do not hesitate to contact me at *** if any additional information would be helpful to your consideration of this this test request. Thank you for your time and consideration.

Sincerely,

{signature}