Date:

Provider’s Name:

Address:

Pre-authorization Request for:

Patient’s Name:

Date of Birth:

Issuer:

ID:

To Whom It May Concern:

We are writing to request pre-authorization of high-resolution chromosomes, FISH studies, and DNA methylation analysis of XXX. XXX is a young lady with global developmental delays, hypotonia, exotropia, and a sleep disorder.

This constellation of features is suggestive of an underlying syndrome. Additional investigation is warranted as having a diagnosis is essential to orchestrating appropriate health supervision and anticipatory guidance for XXX care. A high resolution karyotype or chromosome study is the standard of care for the medical evaluation of a child with developmental delay and multiple anomalies. We are also recommending a specialized chromosome and FISH study to look for specific diagnoses which might account for her findings. Specifically, we recommend high- resolution chromosome studies to rule out any chromosomal duplication, deletion, or rearrangement and FISH studies of chromosome numbers 15q, to evaluate for the Angelman syndrome and 17p to evaluate Smith-Magenis syndrome. Additionally, we are requesting methylation studies for additional and comprehensive evaluation of the Angelman syndrome.

* CPT codes for high-resolution chromosome studies: 88262, 88230, 88289, 88280.
* CPT codes for the FISH studies: 88230, 88271, 88273, and 88291.
* CPT codes for methylation studies: 83891, 83892, 83894, 83896, 83897, 83898, 83912

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

Sincerely,