

# LETTER OF MEDICAL NECESSITY

## PHARMACOGENOMIC (PGX) TESTING

Patient Name: \_\_\_\_\_ Patient Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Service: \_\_\_\_/\_\_\_\_/\_\_\_\_ ICD-10 Diagnosis Codes: \_\_\_\_\_

### DEAR CLAIMS SPECIALIST:

Please consider this Letter of Medical Necessity a formal request for full coverage of the pharmacogenomic testing services that I have prescribed for your subscriber (Patient Name Listed above). Pharmacogenomic testing laboratory services that have been performed by **PRO-GENEX LABORATORIES, INC**, a CLIA-certified laboratory (NPI# 1427610674), and the results will assist me in making patient- specific clinical decisions regarding the medical management of your subscriber.

To provide the safest, most effective, and affordable medical care possible, the requested genetic testing is medically necessary for my patient for several reasons. The primary reason(s) for my request apply specifically to the patient listed above:

- Determine Drug-Gene interactions, better predicting how the patient will metabolize medications
- Determine Drug-Drug interactions based on the patient's genetic-determined phenotype
- Reduce the number of medications that my patient is currently taking
- Determine the potential effectiveness of medications prescribed to my patient
- Determine the best course of therapy for my patient
- Acquire specific dosing recommendations to avoid toxicity and adverse drug reactions (ADR's)
- Patient has a family history of thrombosis
- Patient is not responding to the drugs he/she has been prescribed
- Patient has suffered recent or previous Severe Adverse Drug Reactions (SADR)
- Other (please specify): \_\_\_\_\_

### ADDITIONAL CLINICAL INFORMATION:

Previously failed medication(s): \_\_\_\_\_

Currently failing medication(s): \_\_\_\_\_

Proposed new medication(s): \_\_\_\_\_

SADR symptoms/presumed associated medication: \_\_\_\_\_

### SEE ATTACHED CLINICAL NOTES FROM DATE OF SERVICE

**Progress notes for date of service include clinical reason for ordering PGX test and medication list as well as other various notes.**

The FDA recommendations for genetic testing are currently listed on the labels of over 150 prescription medications. Please visit (<http://www.fda.gov/drugs/scienceresearch/researchareas/pharmacogenetics/ucm083378.htm>) for more information. Recommendations typically include pharmacologic treatment contraindications and dose-selection strategies based on patient genetic status. As a health-care prescriber, I am obligated to provide the best medical care possible for my patients. Medical management based on patient-specific pharmacogenomic testing can improve clinical outcomes and PREVENT unnecessary suffering and costs.

Billing for genetic testing services will be initiated upon completion of services. As completion of genetic testing can take several months, **I am requesting your authorization for claims payment be valid for 12 months.**

Best regards,

**Name of Practice:** \_\_\_\_\_

**Ordering Clinician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

MD/DO, Clinical Nurse Specialist, Nurse-Midwives, Nurse Practitioner, Physician Assistant, Genetic Counselor  
(Clinician prescribing requirements vary by state)