

Date

Regarding: Patient's name

Date of Birth:

To Whom It May Concern:

The following is a letter for requesting preauthorization for diagnostic testing for (PT NAME, date of birth). (Pt) has been followed in the (clinic) since (20xx) for concerns, including macrocephaly, verbal apraxia, and features of pervasive developmental disorder, not otherwise specified.

These features are often seen in individuals with fragile X and other genetic syndromes. I feel it is medically necessary to test (PT) for fragile X syndrome by performing Fragile X DNA diagnostic studies since proactive medical planning will be affected by the result.

The American College of Medical Genetics recommends that individuals of either sex with intellectual disability, developmental delay, or autism should undergo diagnostic testing for Fragile X syndrome. Fragile X syndrome is characterized by learning disability, or moderate intellectual disability in males and mild intellectual disability in females, hyperactivity, perseverative speech, social anxiety, poor eye contact, hand flapping or biting, autism spectrum disorders behavioral phenotype, and connective tissue anomalies. Adult males may have physical findings including macro-orchidism, a long narrow face, prominent ears and jaw, and a single palmar crease.

These tests are necessary for this patient to determine the nature of his/her condition and provide appropriate medical management and therapies in a timely fashion. In the absence of testing, we will not be able to provide a diagnosis or appropriate management recommendations for this patient's care. A diagnosis will also help prevent unnecessary testing and services in future, and help determine recurrence risk.

Thank you very much for your assistance in authorizing these tests.

Sincerely,