



Date:

ATTN: Medical Director
Insurance Company
Street Address
City, State ZIP

Re:
DOB:
Subscriber Name:
ID#:
Group#:

Dear Medical Director:

I am writing to request coverage for specialized genetic testing for my patient with sensorineural hearing loss (SNHL) of unknown etiology. This testing provides the most comprehensive, cost effective and time efficient approach to genetic testing for this group of patients, and the results exceed those generated by the connexin-26 testing that is currently available in your network. Approximately 60% of the genetic causes of SNHL can be identified by this testing. The information generated by these tests is medically necessary to direct the further workup of my patient, to provide accurate information for genetic counseling to his parents and to plan for the future medical management of this child.

Genetic testing is recommended by the American College of Medical Genetics in the evaluation of individuals with unexplained sensorineural hearing loss. In order to minimize costs, the panel is divided into two tiers. Tier 1 testing is performed on all patients who have not had prior genetic testing. The cost of Tier 1 is \$1,066.90 and is billed using the CPT codes of 83890, 83898(x5), 83894(x3), 83891(x4), 83904(x10), 83912, and 84378. Tier 2 testing is recommended if no abnormality is detected by Tier 1 testing. The cost of Tier 2 is \$6,868.46 and will be billed using CPT codes of 83890(x2), 83898(x162), 83894(x162), 83891(x162), 83904(x324) and 83912. These prices are effective through June 30, 2010.

The Molecular Genetics Laboratory at Cincinnati Children's Hospital is the CAP and CLIA certified laboratory which offers a comprehensive testing approach to these patients. Please authorize payment for this testing at Cincinnati Children's Hospital.

Sincerely yours,

Physician's signature