

**LETTER OF MEDICAL NECESSITY**

**Ataxia Comprehensive Evaluation**

**Instructions for Healthcare Provider:**

1. This letter template is being provided as a tool for clinicians to assist communication with payers.
2. Include specific patient information in the letter for this tool to be effective. The areas that must be edited/deleted are indicated in gray on the template
3. Print the template on the physician’s letterhead, **NOT** Athena letterhead. There should be no Athena branding on the letter.

[LMN: Ataxia Comprehensive Evaluation (10.26.2021)]

<Date>

ATTN: <Medical Director/ Physician Name>, MD

 <Institution/Insurance Company>

  <Street Address>

 <City>**,** <State> <zip code>

RE: <Patient Name>

DOB: <MM/DD/YYYY>

Member ID: <Insurance ID Number>

Group #: <Enter Group #>

Dear Doctor <Medical Director/ Physician Name>:

I am writing this letter on behalf of my patient <Patient Name> to request coverage for the Ataxia, Comprehensive Evaluation offered by Athena Diagnostics®. This test analyzes 42 genes for pathogenic variants or repeat expansions associated with hereditary ataxias exhibiting an autosomal dominant (AD; 1 copy of a pathogenic alteration causes disease) or autosomal recessive (AR; 2 copies of a pathogenic alteration are required for disease) mode of inheritance. This letter documents the medical necessity for Ataxia, Comprehensive Evaluation, in light of my patient’s medical history. Results from the test will be used to guide appropriate medical care for my patient.

I have determined that this test is medically necessary because of the following aspects of this patient’s history:

<Patient name> is a <age> -year-old <gender> with a suspected diagnosis of hereditary ataxia. Symptoms and clinical findings are consistent with this diagnosis:

1. <Symptom #1 with ICD-10 code>

2. <Symptom #2 with ICD-10 code>

<Symptoms should support diagnosis or risk of genetic disease. Relevant information may include results of prior testing, such as an MRI scan and tests for hypothyroidism, and results of a physical examination and patient consultation.>

<Note family or other personal history, or lack therof, if relevant. Consider including information on both neurological and non-neurological problems, such as movement disorders, spasticity, peripheral neuropathy, intellectual impairment, etc.>

**Rationale for testing**

Hereditary ataxias compose a group of diseases characterized by incoordination of speech and movement.1{Jayadev, 2013 #942} Obtaining a specific diagnosis is complex because genetic causes are highly heterogeneous and clinical symptoms frequently overlap among these diseases.1-3 Hereditary ataxias are broadly classified by mode of inheritance, predominantly as AD or AR ataxias, but confirming a diagnosis for a specific type of ataxia is difficult without a molecular diagnosis obtained through genetic testing.1

Genetic testing is particularly important for establishing a diagnosis in patients who have an inaccurate or unknown family history, indeterminate clinical features, or a *de novo* mutation.3-5 Nucleotide repeat expansions cause the most common types of hereditary ataxia. Many patients initially undergo genetic testing for 6-8 of the most common repeat expansions, but an estimated 40% of those patients still lack a diagnosis after this standard genetic testing is completed.1-3 One reason for this is that the PCR-based methods for detecting repeat expansions are unable to detect other conventional variants, which are instead detected by sequencing methods (next generation sequencing, whole exome sequencing). Sequencing methods that test for at least 42 genes have been shown to detect pathogenic variants in an additional 12% to 25% of cases beyond testing of the 6-12 most common repeat expansions.6-10

Diagnostic rate can vary widely because commercially available tests differ in the genes tested and testing methods. This places the onus on the clinician to identify the most suitable test to obtain a diagnosis, which may contribute to delays in diagnosis and burden to the patient.5,6 The diagnostic odyssey can significantly decrease a patient’s psychological well-being and quality of life since it generally entails many visits to a succession of physicians and other health professionals, during which time the patient is suffering from distressing and disabling symptoms without knowing the cause.11 A study reported a mean delay of 18.1 years (range 3-35 years) from disease onset to molecular diagnosis.6 Prompt diagnosis can provide resolution and allow for genetic counseling, determination of prognosis, life and family planning, and enrollment in support groups and research activities.4,11 By using both PCR and sequencing detection methods, expanded genetic testing, such as the 42-gene Ataxia, Comprehensive Evaluation, increases the likelihood that a patient with ataxia will receive a prompt, specific diagnosis instead of a prolonged and/or unsuccessful diagnostic odyssey that often results from a tiered testing approach.

Obtaining a genetic diagnosis for a specific type of ataxia is also important because certain treatments are indicated for specific types of ataxia.12-14 For instance, ataxia with vitamin E deficiency (AVED) and Friedreich’s ataxia, both AR ataxias, have similar clinical presentations, but the recommended treatment for AVED is high-dose vitamin E. Thus, a misdiagnosis of Friedreich’s ataxia instead of AVED could prevent patients from receiving appropriate treatment.3,12,14 Genetic diagnosis also informs patient prognosis. Similar presentations between ataxias may hide notable differences in disease characteristics and progression that impact patient management.1,3 For instance, spinocerebellar ataxia (SCA) types 1, 2, 3, and 7 are associated with shorter life spans than SCA types 5, 6, and 14.1 Furthermore, genetic diagnosis allows for the prevention or treatment of potential complications (eg, cardiac, neurologic, or ocular) that are associated with various hereditary ataxias.1

Given the importance of a specific diagnosis for ataxia, professional and patient support organizations have issued guidelines that recommend expanded genetic testing in the diagnostic work-up.12,14 For patients with suggestive family history, the European Federation of Neurological Societies (EFNS) recommends expanded genetic testing after testing negative for more common AD or AR ataxias. For patients without family history, EFNS recommends expanded genetic testing after standard testing for the most common AD and AR ataxias.12 Similarly, Ataxia UK, a patient support organization that developed guidelines in consultation with >30 health professionals, recommends expanded gene panels as second-line tests for patients who remain without a diagnosis after initial testing for the most common ataxias.14 Therefore, current guidelines recommend expanded genetic testing within a tiered diagnostic approach, but extended gene panels are acknowledged as new tools that are expected to further improve diagnosis of ataxia.12,14

In summary, extended genetic testing with Ataxia, Comprehensive Evaluation can improve the diagnostic yield for ataxia patients beyond that provided by standard testing of common genes, which provides valuable information to both the patient and clinician for appropriate clinical management and life planning. I am requesting that <Patient Name> be approved for the Ataxia, Comprehensive Evaluation (test code 6930; see CPT codes below\*) offered by Athena Diagnostics.

I hope you will support this letter of medical necessity for <Patient Name>. Please feel free to contact me at <Physician Phone> if you have additional questions.

Sincerely,

<Physician Name>, MD

NPI #: <Physician NPI#>

Contact information:

< Address>

<City>**,** <State>, <Zip>

Contact phone no.: <phone number>

\*CPT codes: 81177(1), 81178(1), 81179(1), 81180(1), 81181(1), 81182(1), 81183(1), 81184(1), 81185(1), 81284(1), 81286(1), 81344(1), 81343(1), 81403(1), 81404(1), 81405(2), 81406(4), 81407(1), 81408(2), 81479(1). The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

**References**

**1.** Jayadev S, Bird TD. Hereditary ataxias: overview. *Genet Med*. 2013;15(9):673-683. doi:10.1038/gim.2013.28

**2.** Sailer A, Houlden H. Recent advances in the genetics of cerebellar ataxias. *Curr Neurol Neurosci Rep*. 2012;12(3):227-236. doi:10.1007/s11910-012-0267-6

**3.** Sandford E, Burmeister M. Genes and genetic testing in hereditary ataxias. *Genes (Basel)*. 2014;5(3):586-603. doi:10.3390/genes5030586

**4.** Ashizawa T, Xia G. Ataxia. *Continuum (Minneap Minn)*. 2016;22(4 Movement Disorders):1208-1226. doi:10.1212/CON.0000000000000362

**5.** Wallace SE, Bird TD. Molecular genetic testing for hereditary ataxia: what every neurologist should know. *Neurol Clin Pract*. 2018;8(1):27-32. doi:10.1212/CPJ.0000000000000421

**6.** Németh AH, Kwasniewska AC, Lise S, et al. Next generation sequencing for molecular diagnosis of neurological disorders using ataxias as a model. *Brain*. 2013;136(Pt 10):3106-3118. doi:10.1093/brain/awt236

**7.** Fogel BL, Lee H, Deignan JL, et al. Exome sequencing in the clinical diagnosis of sporadic or familial cerebellar ataxia. *JAMA Neurol*. 2014;71(10):1237-1246. doi:10.1001/jamaneurol.2014.1944

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**9.** Kang C, Liang C, Ahmad KE, et al. High degree of genetic heterogeneity for hereditary cerebellar ataxias in Australia. *Cerebellum*. 2019;18(1):137-146. doi:10.1007/s12311-018-0969-7

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**11.** Orengo JP, Murdock DR. Genetic testing in neuromuscular disorders. *Pract Neurol*. 2019;July/August:35-41.

**12.** van de Warrenburg BP, van Gaalen J, Boesch S, et al. EFNS/ENS Consensus on the diagnosis and management of chronic ataxias in adulthood. *Eur J Neurol*. 2014;21(4):552-562. doi:10.1111/ene.12341

**13.** Zesiewicz TA, Wilmot G, Kuo SH, et al. Comprehensive systematic review summary: treatment of cerebellar motor dysfunction and ataxia: report of the Guideline Development, Dissemination, and Implementation Subcommittee of the American Academy of Neurology. *Neurology*. 2018;90(10):464-471. doi:10.1212/WNL.0000000000005055

**14.** de Silva R, Greenfield J, Cook A, et al. Guidelines on the diagnosis and management of the progressive ataxias. *Orphanet J Rare Dis*. 2019;14(1):51. doi:10.1186/s13023-019-1013-9