<Date>

ATTN: <Medical Director/ Physician Name>, MD

<Institution/Insurance Company>

<Street Address>

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

RE: <Patient Name>

DOB: <MM/DD/YYYY>

Member ID: <Insurance ID Number>

Group #: <Enter Group #>

Dear Medical Director:

I am writing on behalf of my patient <Patient Name> to request coverage for the Hereditary Spastic Paraplegia (HSP), Common Dominant Evaluation (sequencing of *SPAST [SPG4], ATLN, REEP1, KIF5A* and deletion testing of *SPAST [SPG4]*). . <ADD THE FOLLOWING STATEMENT IF APPLICABLE> I have determined that this test is medically necessary because of the following aspects of my patient’s history.

<Patient Name> is a <age> -year-old <gender > with a suspected diagnosis of spastic paraplegia due to the following symptoms and clinical findings:

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

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

3. <Symptom #3 with ICD-10 code>

< Add additional details if relevant >

The patient’s family history of spastic paraplegia is <negative or unknown; add additional details that suggest autosomal dominant inheritance if relevant>.

Additionally, the following testing has previously been performed: <testing previously performed, and how it rules out other etiology - IF APPLICABLE. Add what suggests dominant inheritance here>.

<INCLUDE THE FOLLOWING STATEMENT IF APPLICABLE>These symptoms, as well as my clinical examination, are indicative of HSP. The only way to confirm a diagnosis of HSP is to perform genetic testing. An accurate diagnosis of HSP is useful in clinical management of patients and results in modified clinical endpoints. Genetic testing for HSP provides the following benefits to the patient:

1. Determines effective therapeutic strategies such as:

a. Type of physical therapy, exercise, and assistive devices required to maximize patient quality of life. Affected individuals are evaluated and managed by a multidisciplinary team that includes neurologists, physiatrists, orthopedic surgeons, and physical and occupational therapists. Exercise is encouraged within the individual's capability and many individuals remain physically active (<http://www.sp-foundation.org/treatment.html>).

b. Use of medications to reduce muscle tightness and clonus, such as baclofen, benzodiazipines, tizadine, dantrolene, and botulin toxin injections.1

2. Assessment of inheritance implications that may aid in family planning.

3. May help avoid costly diagnostic odysseys and treatments and eliminate repeated investigations using expensive imaging.

This testing is based on the testing guidelines published and reviewed by the European Federation for Neurological Societies.2 I am specifying Athena Diagnostics to perform the genetic testing for HSP because Athena Diagnostics offers the most comprehensive testing for HSP.

In summary, I am requesting that <Patient Name> be approved for the HSP, Common Dominant Evaluation (test code 6611) offered by Athena Diagnostics. The CPT codes for this test are 81405(2), 81406(2), 81479(1). I hope you will support my decision to perform HSP genetic testing for this patient. Please feel free to contact me at <Physician Phone> if you have additional questions.

Sincerely,

<Physician Name>, MD

NPI #: <Physician NPI#>

References:

1. Fink JK. Hereditary Spastic Paraplegia Overview. In: Pagon RA, Bird TD, Dolan CR, Stephens K, Adam MP, eds. *GeneReviews*. Seattle (WA); 1993.

2. Gasser T, Finsterer J, Baets J, et al. EFNS Guidelines on the Molecular Diagnosis of Ataxias and Spastic Paraplegias. *European Journal of Neurology: The Official Journal of the European Federation of Neurological Societies* 2010;17:179-88.