October 14, 2015

ATTN: <Medical Director/ Physician Name>, M.D.

 <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 this letter on behalf of my patient <patient name> to request coverage for

Monogenic Diabetes (MODY) testing. This letter documents the medical necessity for genetic testing to confirm the diagnosis of MODY and provides information about the patient’s medical history and treatment.

MODY is characterized by autosomal dominant inheritance and a failure of pancreatic β-cells to release sufficient insulin.[[1]](#footnote-1),[[2]](#footnote-2),[[3]](#footnote-3),[[4]](#footnote-4)[[5]](#footnote-5) MODY is often misdiagnosed as either type 1 or type 2 diabetes. Correct diagnosis of MODY is essential, as it can predict the clinical course of the patient and guide the most appropriate treatment.4Genetic testing should be seriously considered for certain patients to help diagnose this condition.

**Patient History and Diagnosis:**

<Patient Name> is a <age> year old <gender > with a suspected diagnosis of MODY due to the following symptoms and clinical findings.

1. <Symptom #1 with ICD code>

2. <Symptom #2 with ICD code>

3. <Symptom #3 with ICD code>

4. <Symptom #4 with ICD code>

Treatment options and prognoses for MODY subtypes differ widely from each other and from those for type 1 and type 2 diabetes.4,5 Genetic testing allows differentiation of MODY from type 1 and type 2 diabetes and can provide a definitive diagnosis of the exact MODY subtype present, allowing the physician to select the most appropriate treatment. In families of MODY patients, genetic testing can detect mutation carriers before they become hyperglycemic, identifying diabetes risk.

I am requesting that <patient name> be approved for the MODY Evaluation, test code 885, through Athena Diagnostics, Federal Tax ID #: 31-1805826 /

NPI #:1023063062with the following CPT code(s): 83891(1), 83898(42), 83900(1), 83901(42), 83904(42), 83909(43), 83912(1), 83914(44).

I am specifying Athena Diagnostics to perform the MODY test because Athena is the only laboratory in the U.S. that performs a comprehensive DNA analysis for six genes in one blood draw. Athena employs polymerase chain reaction (PCR) and DNA sequencing to detect sequence variations in six genes associated with MODY and quantitative copy number assays to detect duplications and deletions in *HNF1A/4A, GCK,* and *HNF1B*. The MODY Evaluation identifies the following genes: *HNF4A*, *GCK*, *HNF1A,* *HNF1B* sequencing and deletion and *IPF1*sequencing

I hope you will support this letter of medical necessity for <patient name>. Please feel free to contact me at <phone number> if you have additional questions.

Sincerely,

<Physician Name>, <Credentials>

NPI #: <Physician NPI#>

Contact information:

< Address if not on physician letterhead>

<City>, <State> <Zip>

Contact Phone No.: <phone number>

1. Ellard, S. et al. (2007) Diabetologia. 50: 2313-2317 [↑](#footnote-ref-1)
2. Fajans SS, et al. (2001) N Engl J Med 345:971-80 [↑](#footnote-ref-2)
3. Raeder H, et al (2006) Nat Genet 38:54-62. [↑](#footnote-ref-3)
4. Timsit J, et al (2005) Treat Endocrinol 4:9-18. [↑](#footnote-ref-4)
5. Stride A, Hattersley AT (2002) Ann Med 34:207-216. [↑](#footnote-ref-5)