Date

Regarding:

Date of birth:

Insurance number:

To Whom It May Concern,

We are writing to request preauthorization for comparative genomic hybridization (CGH) microarray studies for XXX, who was referred to the XXX Genetics Clinic at XXX Children’s Medical Center by Drs. XXX and XXX for evaluation of developmental delays and multiple congenital anomalies. **This letter includes additional information as requested by XXX insurance company on XXX.**

XXXhas a unique set of findings including hypotonia, joint laxity, hip dysplasia, hypopigmented lesions on her abdomen, global developmental delays with no speech, and a normal brain MRI. This constellation of features is suggestive of an underlying syndrome. However, this syndrome is unspecified at this time, and we recommend pursuing a CGH Microarray / Combination Chip Study to identify any chromosomal imbalances that may explain this constellation of features. Additional investigation is warranted as having a diagnosis is essential to orchestrating appropriate health supervision and anticipatory guidance for XXXcare.

* CPT codes for CGH Microarray studies: 88385, 88386 x 6, 83890

If you have any questions about these recommendations, please do not hesitate to call (XXX) XXX1-XXXX. Your assistance in approving this testing for XXXis greatly appreciated.

Sincerely,