Letter of Medical Necessity – Cancer Whole Exome Sequencing and Transcriptome Analysis

Molecular Testing

Dear To Whom It May Concern;

I’m writing this letter on behalf of my patient, Patient Name________________________ to request coverage for the Cancer Whole Exome Sequencing and Transcriptome Analysis, a molecular test offered through Columbia University Laboratory of Personalized Genomic Medicine. Please find attached a copy of my medical note, explaining the patient’s condition and previous testing performed.

This additional molecular testing of the tumor may help determine targeted treatment for this patient and will guide my recommendations for care.

I am specifying Columbia University Laboratory of Personalized Genomic Medicine because this laboratory has a highly sensitive and cost-effective test that simultaneously scans the entire cancer exome while also confirming modified mRNA expression.

Laboratory Information:

Laboratory of Personalized Genomic Medicine
Columbia University Medical Center
630 W 168th St. PS17-401
New York, NY 10032

Phone: (212)305-9706
Fax: (212)342-0420

CLIA: 33D0939927

CPT Codes Requested: 81201, 81216*, 81292, 81295, 81298, 81321, 81275, 81235, 81210, 81245, 81310, 81403, 81404, 81405, 81406, 81407, 81408

*BRCA – For female patients only.

Thank you for your review and consideration and I hope you will support this request for molecular testing. If you have any questions or require further clarification, please call feel free to call me at Your Phone Number.

Sincerely,

Your Name & Signature