



## Letter of Medical Necessity

### MEDICAL NECESSITY

Dear Insurance Representative:

My patient, \_\_\_\_\_, has several medical conditions requiring prescription drugs. Given the conditions and drugs being used, testing for drug metabolism and/or certain genetic risk factors is medically necessary. These indications are clearly documented in the paperwork and supporting documentation provided to the laboratory at the time of test requisition.

I ordered the \_\_\_\_\_ Pharmacogenomics test, performed by **GENESYS DIAGNOSTICS**, for this patient in order to understand possible dangers and risks for suboptimal outcomes for specific medications currently prescribed under consideration. Specifically, to assess:

- Identify Risk for an adverse drug reaction
- Risk of thromboembolism, hyperhomocysteinemia, and hyperlipidemia
- Efficacy of current and/or future drug therapy
- Drug therapy best matched to patient’s metabolic genotype/phenotype
- Correct dosage(s) to maximize therapeutic effect
- Other: \_\_\_\_\_

### TREATMENT PLAN STATEMENT

I plan to use the information from this test Report to improve treatment care through the following:

- Identify current medications that may be causing adverse reactions, such as \_\_\_\_\_
- Identify and prescribe new medications that will provide maximum therapeutic effect without causing harmful adverse reactions.
- Determine the optimal dosage(s) for current or potential future medications to ensure maximum effect.
- Other: \_\_\_\_\_

### MEDICAL CONSIDERATIONS

Medications that are under consideration for this patient (if applicable)

\_\_\_\_\_  
\_\_\_\_\_

- Current medication list enclosed

### SUPPORTING DOCUMENTATION

The following documents have been provided to further support the medical necessity of this testing.

- Clinical Notes (H & P)
- Problem Diagnosis List
- Medication List
- Other: \_\_\_\_\_

**REQUIRED FOR EVERY PATIENT:** Please provide a brief explanation why this test is medically/clinically necessary for the patient below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_