Single Site BRACAnalysis® - SAMPLE LETTER OF MEDICAL NECESSITY
Known BRCA mutation in family

[NOTE TO THE HEALTHCARE PROVIDER: If, in your judgment, testing is medically indicated for this patient, then this is provided for your consideration as an example of a letter of medical necessity. This may not include all the information necessary to support your coverage request. You are entirely responsible for ensuring the accuracy and supportability of all information provided.]

[Physician Letterhead]
[Date]

ATTN: ***[Physician Name, M.D.]***
[Medical Director]
[Insurance Company/Institution]
[Street Address]
[City, State, Zip]

Re: ***[Patient Name, Date of Birth, ID Number]***

Dear Medical Director:

I am writing to request coverage for genetic testing of a known familial mutation in the **[choose one]** *BRCA1/BRCA2* gene for the above patient. Based on the presence of this mutation in the family, this patient is at significantly increased risk ***[choose one or insert number if known]*** (50%/25%/12.5%) to have Hereditary Breast and Ovarian Cancer.

Women who carry a *BRCA1* or *BRCA2* mutation have lifetime risks of up to 87% for breast cancer and up to 44% for ovarian cancer. Men with mutations have up to an 8% risk of breast cancer and 20% risk of prostate cancer by age 80. In addition, mutation carriers who have already been diagnosed with cancer have a significantly increased risk of developing another primary cancer. Because medical society guidelines recommend an aggressive approach to medical management for individuals identified as having a genetic mutation, test results are necessary in choosing the most appropriate course of treatment and/or surveillance.

The National Comprehensive Cancer Network, the American College of Obstetricians and Gynecologists, the Society of Gynecologic Oncologists, and other professional societies have published guidelines for testing and managing patients with Hereditary Breast and Ovarian Cancer. The American Society of Clinical Oncology recommends that genetic testing be offered to individuals with suspected inherited cancer risk in whom test results will aid in medical management decision-making. For this patient in particular, the genetic test results are needed in order to consider:

[Please check all that apply]

_____ Salpingo-oophorectomy
_____ Risk-reducing mastectomy
_____ Intensive breast surveillance
_____ Tamoxifen treatment
_____ Prostate cancer screening ***[male patients only]***
_____ Other ***[describe]*** _____

If the patient is found not to carry the familial mutation, the use of aggressive preventive and surveillance measures can be avoided.

The patient has provided informed consent to pursue genetic testing, based on my discussion of the personal and/or family history, the potential test results, and the implications for medical management.

Please do not hesitate to contact me if I can provide you with any additional information.

Sincerely,

[Physician Signature and Name]