Date

Regarding: XXX

Date of birth

Any associated insurance number

To Whom It May Concern:

The following is a letter of medical necessity regarding preauthorization of MECP2 studies for XXX. PT was evaluated by me on XXX for behavioral and developmental concerns at the XXX Clinic. The history and physical examination revealed an autistic spectrum disorder, microcephaly, and stereotypical hand movements (also possibly seizures, ataxia, regressive language delay), all of which indicate the possibility that she may have Rett syndrome.

Rett syndrome is a neurodevelopmental disorder that almost exclusively affects girls. Early intervention and comprehensive life‐long management of Rett syndrome can significantly improve the health and longevity of affected individuals. I feel it medically necessary to test XXX for the *MECP2* gene abnormality associated with Rett syndrome as her medical prognosis, proactive medical planning, and educational planning will be significantly impacted by the result.

Making a diagnosis in this setting is important for a number of reasons. It establishes the natural history, management, and health supervision of the child for the family and pediatrician. Establishing a diagnosis also allows for the avoidance of unnecessary laboratory tests and establishes the appropriate avenue of evaluation. In addition, the detection of a genetic condition, such as Rett syndrome, may greatly influence family planning decisions.

* CPT codes for MECP2 testing are 83891, 83898 x6, 83904 x5, 83909, 83912

Thank you for your assistance in approving this important testing for this patient and her family. Please do not hesitate to contact us at (XXX) XXX-XXXX with any questions.

Sincerely,