

Medical Necessity Documentation & Required Test Rationale

While technology assessments form the basis for medical necessity criteria, there is considerable variability among payers. Providers and institutions need to understand what evidence and other considerations were used in the development of medical necessity criteria to write a successful letter of medical necessity.

Documentation Do's and Don'ts

Submitting a preauthorization or predetermination frequently requires submission of documentation to establish medical necessity of the requested procedure. Providing the right type of information can mean the difference between having the request approved and having it denied. Here are some tips about what to submit as part of a preauthorization or predetermination.

- ✓ **Clearly indicate the exact name of the requested test, the performing laboratory, and associated CPT codes.** This will ensure an accurate review of the request. As explained previously, some codes are non-specific and can be associated with a large number of different genetic tests. If the patient's plan does not know exactly which genetic test is being requested, it may not be possible for medical necessity to be established.
- ✓ **Include medical records that are relevant to the requested procedure.** This may include a copy of the test requisition form, recent clinic notes, medical family history, and the results of previous medical procedures that are relevant to the request (for example, echocardiogram and electrocardiogram reports if a cardiovascular genetic test is being requested). Records should include patient identifiers, such as the patient's name and date of birth. Note that ICD-10 codes alone are typically insufficient clinical information for review of genetic test requests.
- ✓ **Do not submit the patient's entire medical record.** It can be tempting to provide the patient's complete chart to ensure that the health plan has all the documentation needed to review the request. However, sending a large amount of information can bury relevant details and result in processing delays. Instead, it is preferable to limit the submitted medical records to documents that are directly related to, and support the medical necessity of, the requested test.
- ✓ **Include a letter of medical necessity, when appropriate.** This letter outlines the patient's relevant clinical history and rationale for the requested test. This documentation helps draw the reviewer's attention to key information. Template letters supplied by the performing laboratory may provide a helpful starting point but tailoring the letter to the patient's specific situation usually has a greater impact and often provides more helpful information to the reviewer.

What to Include in a Letter of Medical Necessity for Genetic Testing

- ❑ The requested test name, methodology, CPT codes, and performing lab. Consider including a gene list when requesting a multi-gene panel, especially if this information is not readily available on the laboratory website.
- ❑ Details about the test indication, including relevant medical and family history.
- ❑ Previous test results related to the indication, especially any prior genetic testing.
- ❑ How the test results will be used to direct patient care (e.g., initiating or discontinuing specific treatments, surveillance for comorbid conditions, etc.).
- ❑ Why the requested test is a better option for the patient compared to traditional test methods or less costly alternatives.
- ❑ References to support the appropriateness of the test, including professional society guidelines and research articles that address the clinical validity and utility.

