Elements of a Letter of Medical Necessity (LMN)

Insurance information
- Provide patient name, DOB, and insurance ID and group #.

Patient health information
- Provide a clear statement about
  - the patient's clinical presentation (include ICD 10 diagnosis codes),
  - family history,
  - and differential diagnosis for underlying etiologies
    - (such as "we suspect an underlying chromosomal anomaly" or "this clinical presentation could be consistent with an underlying diagnosis of XYZ syndrome").

Test information
- Specify what test you are requesting
- Provide CPT codes for the testing you are requesting. These can be found either on the lab website or by calling the lab customer service.
- Provide laboratory name and NPI or TaxID # when possible
- Provide cost of test when possible
- If possible provide information about validity and/or utility of testing such as ACMG or NSGC policy statements or reference to scientific publications evaluating the testing methodology in this patient set.

Why testing is important to patient care
- Clearly state how test results would affect patient care including:
  - possible changes to medical management such as screenings, medications, etc.
  - avoidance of unnecessary testing, procedures, or interventions by ruling out certain conditions.
  - how it could affect health management or health planning for rest of family.
  - how it could affect psychosocial, educational, or other social/developmental planning or interventions for the patient.
  - If applicable, detail any potential harms that could occur if testing is not pursued.

Your contact information
- Provide your contact information and offer to answer any further questions.