<Physician Name>, MD

<Institution>

<Address 1>

<Address 2>

<City>, <State>

<ZIP>

<Date>

<Medical Director/Physician Name, M.D>

<Insurance Company Name>

<Address 1>

<Address 2>

<City>, <ST>

<ZIP>

Re: <Patient Full Name> DOB: <MM/DD/YYYY>

Member ID: <Enter Member ID> Group ID: <Enter Group ID>

Dear Medical Director:

I am writing this letter on behalf of my patient <Patient Name> to request coverage for additional testing for Peripheral Neuropathy. This letter documents the medical necessity for autoimmune antibody testing to establish a specific diagnosis and provides information about the patient’s medical history and treatment.

As you know, peripheral neuropathy refers to a group of disorders that present with damage to the peripheral nervous system. Unfortunately, there are more than 100 different types of peripheral neuropathy due to a variety of causes. Acquired neuropathies can be caused by systemic diseases, toxins, infections or autoimmune disorders, but it is often difficult to determine an exact etiology as it is not apparent from routine testing. In fact, in up to 50% of cases, the cause of neuropathy remains elusive even after a thorough clinical work up. In these cases, autoimmune antibody testing offers the additional means to pinpoint the precise cause of this disorder.[[1]](#endnote-1)

**Patient History and Diagnosis:**

<Patient Name> is a <Age> year old <Gender > with a suspected diagnosis of
peripheral neuropathy due to the following symptoms and clinical findings.

1. <E.g. Weakness in legs and then arms, ICD code: >

2. <E.g. Loss of sensation in legs and then arms, ICD code: >

3. <E.g. Slow degeneration of peripheral muscles, ICD code: >

4. <E.g. Burning sensation in hands and then feet, ICD code: >

These symptoms suggest that an autoimmune peripheral neuropathy is still part of the differential diagnosis and immune testing is the only way to test this possibility and treat the patient appropriately.

Athena Diagnostics’ autoimmune antibody testing provides the following benefits to the patient:

* An accurate diagnosis for prognostic information.
* Presents appropriate immune treatment options.
* Avoid treatment by excluding some forms of immune neuropathy like CIDP.[[2]](#endnote-2)
* Initiates treatment early in the course of disease progression which may allow the patient to improve their quality of life.1

I am requesting that <Patient Name> be approved for the SensoriMotor Neuropathy Profile – Complete, PUC # 287 through Athena Diagnostics, Federal Tax ID #: 31-1805826 / NPI #: 1023063062 with the following CPT code(s): 83520(11). I am specifying Athena Diagnostics to perform the test as Athena’s superior lab methodology, high specificity and sensitivity for antibodies causing peripheral neuropathy provide accurate results. The SensoriMotor Neuropathy Profile identifies the following antibodies: Co-GM1, Asialo-GM1, GD1a, GD1b, Mag, SGPG, Hu, GALOP, Sulfatide in its evaluation.

I hope you will support this letter of medical necessity for <Patient Name>. Please feel free to contact me at <Physician Phone> if you have additional questions.

Sincerely,

<Physician Name>, MD

NPI #: <Physician NPI#>

1. http://www.ninds.nih.gov/disorders/peripheralneuropathy/detail\_peripheralneuropathy.htm, Aug. 2010-08-04 [↑](#endnote-ref-1)
2. Kornberg, A.J. and Pestronk, A., *Antibody -Associated Polyneuropathy Syndromes: Principals and Treatment* Seminars in Neurology, Vol. 23, No. 2, 2003. [↑](#endnote-ref-2)