**Clinical Gap/Out of Network Exception Request Letter**

To: Insurer
Re: Patient’s Name
DOB: XXXX
Insurance ID#: XXXX

Dear Insurance Authorization Representative:

This letter is to request a gap exception (or out-of-network exception) authorization for the above-named patient for Chromosome Microarray Analysis (CMA). The patient was referred to our office by her physician. It was determined that the patient is a good candidate for CMA based on his/her medical findings which include XXXX.

CMA is a comprehensive genetic test designed to identify copy number variants with the purpose of identifying gains or losses of genetic material that are causative or related to their medical concerns. CMA has the potential to both improve quality of care and reduce overall costs by reducing the need for multiple stepwise cytogenetic studies, decreasing the time needed to initial potential treatments, improving physician ability to recommend targeted, appropriate medical care and avoiding unnecessary costly diagnostic tests or treatments.

Baylor Genetics leads the field as one of the first laboratories to offer CMA testing in the clinical setting. The custom CMA-HR + SNP SCREEN (Comprehensive), offers maximum detection of copy number variants along with the exon-by-exon coverage of over 4200 clinically significant genes and gene regions, for increased diagnostic potential. With one of the largest bodies of published studies, an extensive database, and the ability to perform appropriate additional reflex studies as needed; the experts at Baylor Genetics can provide patients with highly comprehensive testing coupled with accurate, data-based interpretation; which has the potential to offer significant positive impacts on patient care.

Baylor Genetics has the ability to work with small and limited specimens while still providing in-depth results. There is not another in-network provider to provide this level of expertise or treatment in our patient’s geographical area. **[Name of patient]** would like to be able to utilize his/her in-network benefits. As there is not an in-network provider for him/her who can provide this medically necessary treatment for her XXX condition, we are requesting a network gap exception authorization for treatment.

Thank you for your prompt attention to this matter.

For additional questions please contact us by phone at 1-800-411-4363, by fax at 713-798-2787 or email at billing@bmgl.com.

Sincerely,

Your Name