

## Template Letter to Obtain Insurance Preauthorization for the Genetic Test for PXE

[Date]

ATTN: [Physician Name, M.D.]  
[Insurance Company/Institution]  
[Street Address]  
[City, State, Zip]

Re: [Patient Name or ID/Claim Number]

Dear Medical Director:

I am writing to request coverage for the cost of this patient's analysis of the *ABCC6* gene. [Patient name or ID] is a [ ] year old man/woman with:

Check all that apply:

- A family history of pseudoxanthoma elasticum (PXE).
- Peau d'orange, angioid streaks and/or retinal bleeding.
- Skin lesions in the flexural areas.

The identification of mutations in the *ABCC6* gene in this patient would aid in patient management, especially the need for ophthalmologic surveillance, the contraindication of aspirin and non-steroidal anti-inflammatory medication, as well as in genetic counseling. In addition, individuals affected by PXE should not engage in the Valsalva maneuver.

GeneDx is CLIA-approved clinical reference laboratory. PXE International has licensed the *ABCC6* gene patent to GeneDx to perform mutation analysis and patient reporting of the *ABCC6* gene. Information about the test can be found at [www.genedx.com/services/dis\\_pxe.php](http://www.genedx.com/services/dis_pxe.php)

Please do not hesitate to contact me if I can provide you with any additional information.

Sincerely,

[Physician Signature]