**LETTER OF MEDICAL NECESSITY FOR GENETIC TESTING FOR**    
**ARRHYTHMOGENIC RIGHT VENTRICULAR CARDIOMYOPATHY (ARVCNext)**

Date: Date of Service/Claim

To: Utilization Review Department

Insurance Company Name, Address, City, State

Re: Patient Name, DOB, ID #

ICD-10 Codes:    
The ICD-10 codes listed below are commonly received by Ambry from ordering providers for the testing described in this letter. Ambry provides this information as a customer service but makes no recommendations regarding the use of any diagnosis codes. As a reminder, it is the ordering provider’s responsibility to always determine, for the specific date of service, the appropriate diagnostic codes based on the patient’s signs and symptoms.

Code Description

I42.0 DILATED CARDIOMYOPATHY

I42.8 OTHER CARDIOMYOPATHIES

I10 ESSENTIAL (PRIMARY) HYPERTENSION

I48.11 LONGSTANDING PERSISTENT ATRIAL FIBRILLATION

I50.9 HEART FAILURE, UNSPECIFIED

R00.2 PALPITATIONS

Z82.41 FAMILY HISTORY OF SUDDEN CARDIAC DEATH

Z82.49 FAMILY HISTORY OF ISCHEMIC HEART DISEASE AND OTHER DISEASES OF THE CIRCULATORY SYSTEM

Z84.81 FAMILY HISTORY OF CARRIER OF GENETIC DISEASE

This letter is regarding my patient and your subscriber, referenced above, to request full coverage of medically indicated genetic testing for arrhythmogenic right ventricular cardiomyopathy (ARVCNext) to be performed by Ambry Genetics Corporation.

ARVCNext analyzes genes that are known to cause arrhythmogenic right ventricular cardiomyopathy (ARVC). ARVC results in a predisposition to ventricular tachycardia. Clinical manifestations vary with age; however **young individuals are often asymptomatic but at risk for sudden cardiac death, especially young athletes**. The genetic etiology of ARVC is mostly associated with genes that encode desmosomal proteins.1

**Significant aspects of my patient’s personal and/or family medical history that suggest ARVC are below:** [check all that apply]

* Clinical suspicion for ventricular arrhythmia based on ECG, stress test, or Holter monitor results
* Personal or family history of palpitations, syncope, stress and/or exercise intolerance
* Clinical suspicion for ARVC based on structural cardiac abnormalities
* Personal or family history of sudden cardiac death, especially in young individuals
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Heart Rhythm Society (HRS) has recognized the clinical utility of genetic testing for ARVC and supports it as standard of care. 1-4**

Identification of a mutation through genetic testing confirms a diagnosis of ARVC. Genetic testing also informs prognosis, screening and treatment options, prevention efforts (including earlier ICD implantation for patients with specific gene findings6), and genetic counseling, which can vary depending on the specific gene and inheritance pattern implicated in the disease.Specifically for this patient, the impact of testing may include1-5: [check all that apply]

* Genetic testing could allow immediate management and prevention of cardiac arrest
* Genetic testing could inform lifestyle modifications for the patient
* Genetic testing could assist in risk stratification, long-term management and monitoring of suspected disease progression based on the results of the testing
* Genetic testing could lead to informed decisions and medical surveillance for other family members that may be at risk
* Genetic testing could alleviate the need for long-term clinical surveillance in individuals who test negative for any disease-causing variants found in my patient
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Based on the screening, lifestyle, and treatment modifications indicated above, this test has clinical utility for my patient. Due to the **risk of sudden cardiac death** associated with these mutations and the interventions available to reduce these risks, I am requesting coverage for this testing as medically necessary care and affirm that my patient has provided informed consent for genetic testing. I recommend that you support this request for coverage of genetic testing for ARVCNext for my patient.

Thank you for your time and please don’t hesitate to contact me with any questions.

Sincerely,

Ordering Clinician Name (Signature Provided on Test Requisition Form)

(MD/DO, Clinical Nurse Specialist, Nurse-Midwives, Nurse Practitioner, Physician Assistant, Genetic Counselor\*)

\*Authorized clinician requirements vary by state

**Test Details**

Test Name: ARVCNext

CPT codes: 81479

Laboratory: Ambry Genetics Corporation (TIN 33-0892453 / NPI 1861568784), a CAP-accredited and CLIA-certified laboratory located at 7 Argonaut, Aliso Viejo, CA 92656

**References**

1. Ackerman MJ, et al. HRS/EHRA expert consensus statement on the state of genetic testing for the channelopathies and cardiomyopathies. [Heart Rhythm.](https://www.ncbi.nlm.nih.gov/pubmed/?term=21787999) 2011 Aug;8(8):1308-39.
2. Priori SG, et al. HRS/EHRA/APHRS expert consensus statement on the diagnosis and management of patients with inherited primary arrhythmia syndromes. Heart Rhythm. 2013a;10:1932–63.
3. Wilde AAM, et al. EHRA/HRS/APHRS/LAHRS expert consensus statement on the state of genetic testing for cardiac diseases. Heart Rhythm. 2022 Jul;19(7):e1-e60.
4. Musunuru K, et al. Genetic Testing for Inherited Cardiovascular Diseases: Scientific Statement From the American Heart Association. Circulation. 2020;13(4):e000067.
5. Al-Khatib SM, et al. 2017 AHA/ACC/HRS Guideline for Management of Patients with Ventricular Arrhythmias and Prevention of Sudden Cardiac Death: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Rhythm Society. J Am Coll Cardiol. 2018;72:e91–e220.
6. Towbin JA, McKenna WJ, Abrams DJ, et al. 2019 HRS expert consensus statement on evaluation, risk stratification, and management of arrhythmogenic cardiomyopathy. Heart Rhythm. 2019;16(11):e301-e372.