

## Genetic and Molecular Diagnostic Testing Authorization Request

Please fax the completed form:

- For Tufts Health Plan Commercial (including Tufts Health Freedom Plan) products: 617.972.9409
- For Tufts Health Public Plans: 888.415.9055

**DATE OF REQUEST:** \_\_\_\_\_

### REQUIRED DOCUMENTATION

Submit the following required documentation:

- Completed Genetic and Molecular Diagnostic Testing Authorization Request Form
- Letter of medical necessity from genetic counselor, including pedigree analysis and genetic counselor's recommendation for testing
- Letter of medical necessity which indicates how the test results will be utilized in the medical management of the Member to significantly improve patient/treatment outcome, including diagnostic or therapeutic interventions necessary to address risks to the member's health caused by the suspected genetic disorder

**Note:** Testing solely for the purpose of informing the care or management of Member's family member(s) will not be covered.

**Note: Failure to complete form entirely and submit required documentation may result in delay of processing.**

### MEMBER INFORMATION

Member Name: \_\_\_\_\_ Member DOB: \_\_\_\_\_  
 Member ID: \_\_\_\_\_ Gender: \_\_\_\_\_

### PROVIDER/LABORATORY INFORMATION

Provider/Laboratory Name: Invitae Corporation Provider/Laboratory NPI #: 271701898  
 Provider/Laboratory Phone #: 800-436-3037 Provider/Laboratory Fax #: 415-276-4164

**NOTE:** Blood or specimens should not be collected until after the genetics counselor has made a recommendation regarding the test *and the request for prior authorization has been approved*. Testing must be performed at a contracted lab when available.

### REFERRING PHYSICIAN INFORMATION

Referring Physician Name: \_\_\_\_\_ Referring Physician NPI: \_\_\_\_\_  
 Referring Physician Phone: \_\_\_\_\_ Referring Physician Fax: \_\_\_\_\_

Is referring physician

- An MD geneticist?  Yes  No
- An MD with expertise in treating the targeted disease?  Yes  No

Date required genetic counseling completed: \_\_\_\_\_

- Is genetic counselor a board certified genetic counselor or MD geneticist? Yes  No

### REQUESTED TESTING

Specific test being requested (include analytic gene, type of analysis):

Test: \_\_\_\_\_ CPT code: \_\_\_\_\_  
 Test: \_\_\_\_\_ CPT code: \_\_\_\_\_  
 Test: \_\_\_\_\_ CPT code: \_\_\_\_\_

Diagnosis (ICD-10) to support request for genetic test:

**REASON FOR GENETIC TEST**

- Screening testing
- Drug response testing
- Carrier testing
- Diagnosis testing
- Monitoring testing
- Prenatal testing
- Predictive/prognostic testing

Has less intensive testing been completed?  Yes  No If yes, list previous testing:

Test	Date of Testing	Mutation Identified?	Specific Mutation Identified
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

**PERSONAL AND FAMILY HISTORY**

Personal history of this diagnosis?  Yes  No If yes, list history of related diagnoses/disorders:

Diagnosis	Age at Time of Diagnosis
_____	_____
_____	_____

Family history of this diagnosis or related disorders:

Relationship	Maternal/ Paternal	Diagnosis	Age at Time of Diagnosis	Family Member Deceased?	Was Genetic Testing Completed?	Family Mutation (if known)?
_____	<input type="checkbox"/> M <input type="checkbox"/> P	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> P	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PRENATAL/CARRIER**

Does spouse/reproductive partner have a history of known family mutation, disorder or related disorder?

- Yes  No

If yes, explain:

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Does a previous child have a history of known disorder, related disorder or family mutation?  Yes  No

If yes, explain:

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**FOR BRCA TESTING ONLY**

Member's ethnic background (e.g., Ashkenazi, Western Northern Europe, Asia):

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