

**GENETIC TESTING FOR HERITABLE CONDITIONS
AUTHORIZATION FORM**



This form must be completed by a person with thorough clinical knowledge of the member's current clinical presentation and his/her clinical evaluation history. Please attach clinical records/clinic progress notes. For more information, please refer to the medical policy document MP/G001 Genetic Testing for Heritable Conditions located at <https://www.preferredone.com/MedicalPolicy/>.

Please fax this form and other relevant documents to (763) 847-4014.

Patient Name	Patient DOB	Date of Service
Patient ID#	Dx/ICD-10	Procedure Code/s
Provider Name	Provider Phone	
Provider ID#	Provider Fax	Provider Signature

LIST GENE(S) BEING TESTED:

LIST DISEASE/SICKNESS/DEFECT BEING TESTED FOR:

REQUESTS FOR GENETIC TESTING MUST MEET ONE OF THE FOLLOWING	Check Box
Patient displays clinical features of a specific inheritable disease/sickness/defect.	
Patient does not display clinical features of a specific inheritable disease/sickness/defect, but is at direct risk of inheriting a genetic mutation.	
Patient is a prospective parent and fetus would be at high risk for a specific inheritable disease/ sickness/defect and outcome of testing is required to determine carrier status of inherited disorders and to guide subsequent reproductive decisions.	
PATIENT MUST ALSO HAVE ALL OF THE FOLLOWING (Check all that apply):	Check Box
A thorough clinical evaluation has been completed that has targeted the most likely clinical condition and genetic testing is ordered to confirm the clinical diagnosis. Please list testing/results:	
A genetic counselor or medical geneticist has reviewed and documented the family history, created a pedigree, and obtained informed consent.	
The inheritable disease/sickness/defect is associated with the gene being tested.	
HOW WILL THE RESULT OF THIS TEST EFFECT/CHANGE THE TREATMENT OR MANAGEMENT OF THIS PATIENT? (Check all that apply):	Check Box
Guiding surveillance for complications – please explain:	
Employing risk reduction strategies – please explain:	
Determining avenues of therapy – please explain:	
Other:	

Request for testing panels including but not limited to multiple genes or multiple conditions, and in cases where a tiered approach/ method is clinically available, are covered only for the number of genes or tests deemed medically necessary to establish a diagnosis.