

Genetic Testing Information Request Form

To _____	From _____
Fax number _____	Phone from _____
Case # _____	Pages (including cover) _____
Comments _____	

Please see the information form below. This information is required in order to review the requested procedure against the medical policy. The information will assist us in providing a timely determination of coverage for your patient's request.

An accurate decision cannot be made without this information. Please upload all clinical information to the NYCE PPO portal at nyceppo.com.

UnitedHealthcare policies can be viewed in detail at [United Health | UHCprovider.com](http://UnitedHealth.com).

Patient's full name _____	Date of birth _____
Member ID _____	Person completing the form _____

Please include

- Relevant personal history (signs/symptoms)
- Any relevant family history
- Prior lab results if applicable in clinical documentation

Indicate below

- The name(s) of genetic test(s) being requested and associated codes
- Include specimen type (if not blood)
- Reason test is not part of a panel if indicated

Please note: The submitted codes should not be unbundled. If codes are part of a panel, the request needs to be submitted as a single code for that panel. Failure to do so may cause delays and or adverse determinations.

Genetic panel name _____	Genetic panel CPT code _____
Name of genetic test(s) _____	Associated CPT code(s) _____
Specimen drawn _____	Specimen type if not blood _____