



Prior Authorization for Genetic Testing

Fax completed forms to (952)853-8713. Call Utilization Management (UM) at (952)883-6333 with questions. Incomplete forms will be returned. [Submit clinical documentation](#) to support your request.

Member information

First Name MI Last Name
HealthPartners ID # DOB

Requester information

Form completed by: First Name Last Name
Your business name
Your business street address
Your business city Your business state Your business zip
Phone* Fax**

Ordering physician information

Physician first name Physician last name
Specialty NPI
Clinic name
Clinic street address
Clinic city Clinic state Clinic zip
Clinic tax ID (claim may be rejected if incorrect)
Email Phone* Fax**

Procedural physician information *check box if same as Ordering Physician Information above*

Physician first name Physician last name
Specialty NPI
Clinic name
Clinic street address
Clinic City Clinic state Clinic zip
Clinic tax ID (claim may be rejected if incorrect)
Email Phone* Fax**

Billing Laboratory for genetic testing

Lab name
Lab street address
Lab City Lab state Lab zip
Billing tax ID (claim may be rejected if incorrect)
Phone* Fax**

*Confidential voicemail required

**For outcome notification



Genetic Testing

Only include codes requiring prior authorization; other codes will not be addressed.

Primary diagnosis code Description

Secondary diagnosis code Description

Concert Genetics GTU

Procedure codes (s)

I attest that the codes submitted on this request for genetic and/or molecular testing services adhere to the coding recommendations from Concert Genetics. The Concert Genetics GTU can be found at <https://app.concertgenetics.com>

Genetic testing description

Proposed date of testing

Will waiting the standard review time seriously jeopardize member's health, life or ability to regain maximum functioning? yes no

Clinical reason for urgency (not scheduling issues)

Testing Information