



Horizon NJ Health

Date of Request: \_\_\_\_\_

In place of this form you can submit Authorization Requests online securely via NaviNet. If you are not registered, please visit NaviNet.net and click Sign Up or call NaviNet Customer Care at 1-888-482-8057

Genetic Testing Authorization Request Form

Requirements: Clinical information and supportive documentation should consist of office visit notes and recent diagnostic tests. Notification required for any date of service change.

Fax completed form to: Horizon NJ Health 1-609-583-3014

General Information

Member Name: \_\_\_\_\_ Member ID #: \_\_\_\_\_ DOB: \_\_\_\_\_

Provider Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

List Any Additional Insurance: \_\_\_\_\_

Policy Name/Number: \_\_\_\_\_

Medical Information Needed

Date/Date Range of Service: \_\_\_\_\_

Days/Units Requested: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_ Other Chronic Diagnosis: \_\_\_\_\_

ICD-10 Codes: \_\_\_\_\_

Procedure(s) Requested: \_\_\_\_\_

CPT Codes Requested: \_\_\_\_\_ Draw Date: \_\_\_\_\_

Test Code Requested: \_\_\_\_\_

Servicing Facility: \_\_\_\_\_ ID # & NPI #: \_\_\_\_\_ TIN #: \_\_\_\_\_

Location of Service:  Outpatient Hospital  Hospital SPU/OR  Other

Additional Required Information

Name of disease for which testing is requested: \_\_\_\_\_

Specific reason for testing in this disease and this patient: \_\_\_\_\_

Member is suspected of being: ( ) Infected ( ) Carrier

- Benefit/reason for testing:
- Confirmation of diagnosis for prenatal diagnosis
- Confirmation of diagnosis to change clinical management
- Confirmation of diagnosis to inform testing of relative

Additional information relevant to the request: \_\_\_\_\_

Has it been verified that a participating Horizon NJ Health laboratory does not offer this testing?  Yes  No