DIAGNOSTIC CYTOGENETICS INCORPORATED 1525 13th Ave. Seattle, WA 98122
800-328-2026 fax 206-325-2975
www.diagnosticcytogenetics.com

REQUEST FOR PRE-AUTHORIZATION FOR CYTOGENETIC TESTING FOR HEMATOLOGY/ONCOLOGY

To be completed and FAXED or CALLED to the insurance carrier.

PATIENT, INSURANCE, and REFERRING PHYSICIAN INFORMATION:

Patient Name:___________________________________ Date of Birth: ___________________________________
Insurance Provider:_______________________________ Phone:____
Policy ID #:_____________________________________ Fax:____
Policy Holder Name:______________________________ Date of Birth:___________________________________

This patient is currently being cared for by the following physician, who recommends cytogenetic testing on hematology/oncology specimen(s) be performed by Diagnostic Cytogenetics Inc.
[Tax ID: 91-1134800 / NPI: 1104899376].

Referring Physician:______________________________ Ref Phys's NPI:___________________________________
Facility & Address:____
City:____ State:_________ Zip:___________________________
Phone:____ Fax:____

NECESSARY TEST(S) REQUESTED and CPT CODES:

☐ **Chromosome Analysis: bone marrow/blood/lymph node**: 88237, 88261 or 88264, 88280, 88285, 88291
☐ **Chromosome Analysis: solid tumor**: 88239, 88261, 88280, 88285, 88291
☐ **FISH: bone marrow/blood/lymph node/tumor**: 88237, 88291, 88112, 88283, 88377

Some codes may be omitted or charged in multiple units, depending on patient-specific testing parameters.

Date of Service: ____
Indication(s) for Testing:____
ICD-9 Code(s):____

How will approving this request change the course of treatment?
Goal of treatment?
What is the clinical justification for this request (if not addressed above)?

Submission of clinical chart notes is required to evaluate the medical necessity of request.

Making a diagnosis is essential for this patient's current medical management and ongoing healthcare.

*Signed:*____ *Date:*_______________
*Printed Name:*____

PLEASE FORWARD PRE-AUTHORIZATION TO:

☑ Referring Physicians listed above ☑ Diagnostic Cytogenetics Inc
Fax 206-325-2975 / Phone 800-328-2026