

Genetic Testing

Fax completed form to:

608-252-0830



Please complete this form if you are the individual providing genetic counseling services necessary to meet the Dean Health Plan medical policy requirements for pre and post genetic counseling requirements for certain tests. Attach this completed form to your online authorization or fax completed form to 608-252-0830.

To be completed by a Genetic Counselor:

Dean Health Plan Authorization Number		
Genetic Counseling Recommendation (choose one of the following):		
	This individual meets Dean Health Plan's Medical Coverage Policy Criteria and I support the testing requested.	
	This individual does not meet Dean Health Plan's Medical Coverage Policy Criteria for the testing requested and I recommend no genetic testing be performed at this time. This request should be denied.	
	I recommend consideration of other genetic testing not typically approved by Dean Health Plan Medical Policy (Provide explanation below or in the "Additional Information" section of your online authorization):	
Genetic Counseling Attestation		
	By checking this box and signing below, I affirm that I am a genetic clinical nurse, advanced practice nurse in genetics, board certified genetic counselor, a board-eligibility/board-certified clinical geneticist, or am a participating genetic counselor and I am not currently employed by a genetic testing laboratory.	
Signature:		Date:
Name (Print):	Phone:	Fax:

The completed form can be faxed to: (608) 252-0830. If you have any questions regarding the services or form, please contact Dean Health Plan Customer Service at 800-279-1301 or review [Dean Health Plan's Medical Management](#) site.

Requests to non-plan providers must be approved by Dean Health Plan prior to obtaining services.

For further information on genetic testing, please see the Dean Health Plan medical policy titled [MP9012 Genetic Testing](#).

Updated: 04/2017