Prior Notification Form
Fax form to: 888.647.6152
Rapid Whole Genome Sequencing

PriorityHealth®

Please note: Rapid Whole Genome Sequencing (rWGS) is not a covered benefit for Priority Health Medicaid or Medicare members

Date:_____

Member:

Last name: _____ First name: _____

ID #: _____ DOB: _____

Geneticist: _____ Geneticist's Phone:_____Fax: _____

Provider:_____ Facility:_____

Provider tax ID (required): _____ Facility tax ID (required):_____

Address: _____

Facility phone:_____Fax: _____

Contact name: _____

Clinical Information

Diagnosis code(s): _____ Procedure code(s):_____

Admission Date: _____ Date of geneticist's assessment: _____

Inpatient rWGS may be a covered service when all of the following criteria are met:

1. A Board Certified or Board Eligible Medical Geneticists has determined that testing could be useful in establishing a diagnosis and treatment for this member.
2. Member is < 18 years old.
3. Member is acutely ill and inpatient.
4. Member is being tested within 1 week of admission to a hospital OR
5. Member is being tested within 1 week of development of an abnormal response to standard therapy for an underlying condition.

Does the member meet ALL of the criteria listed above?
☐ Yes
☐ No (if no, rWGS is <u>not</u> a covered service)

Inpatient rWGS is not a covered service for inpatient members whose clinical course is entirely explained by, but not limited to, the following:

1. Infection or sepsis with normal response to therapy
2. Isolated prematurity
3. Isolated transient neonatal tachypnea
4. Isolated unconjugated hyperbilirubinemia
5. Hypoxic ischemic encephalopathy with clear precipitating event
6. Meconium aspiration
7. Previously confirmed genetic diagnosis that explains their clinical condition (i.e. have a positive genetic test)
8. Trauma

Does any of the above apply?
☐ Yes (if yes, circle all that apply; rWGS is <u>not</u> a covered service)
☐ No

If the member has had previous genetic testing to establish a diagnosis or treatment, please list the test(s):
Diagnosis code(s):_____
Procedure code(s)_____