



Genetic Testing Form Instructions

Step 1: Print Forms

Two separate forms will need to be completed in full and submitted to Blue Cross and Blue Shield of Texas (BCBSTX):

- the **Genetic Testing** form (*located in the Medical Policy Forms area of this webpage at <https://www.bcbstx.com/provider/forms/index.html> and,*
- the **Predetermination Request** form (*located in the General Forms area of this webpage at <https://www.bcbstx.com/provider/forms/index.html>*

Note: Instructions are provided for completion of both forms.

Step 2: Attach Supporting Documents

Reminder

Suggested medical record documentation:

- Current History & Physical
- Progress Notes
- Family Genetic History
- Genetic Counseling Evaluation

Note:

Attach the completed Predetermination Request form and the completed Genetic Testing form along with suggested medical record documentation. Failure to include suggested medical record documentation may result in delay or possible denial of request.

Step 3: Submit Completed Forms

Return Completed Forms to:	Blue Cross and Blue Shield of Texas P.O. Box 660044 Dallas, TX 75266-0044
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FAX Completed Forms to:	888-579-7935
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Note:	Predetermination requests for members with BCBS benefits in another state should be sent to the Plan indicated on the member's ID card.
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