Whole Genome Sequencing Authorization form

Washington State Health Care Authority

This is confidential information intended only for the person to whom it is faxed.

Please provide the information below. Attach the required supporting documentation, sign, date, and submit the request as follows:

- **Online submission:** Complete an online submission via the ProviderOne Portal, this completed form online along with supporting documentation (as needed).
- **Written submission:** Fax a completed *General Information for Authorization form (13-835)*, as the first page of the fax (no fax coversheet), this completed form and supporting documentation to the Authorization Services Office at 1-866-668-1214.

⚠ **Required information:** Please send or fax charts, justification, and any necessary additional documentation with your request.

1 Provider information

Provider name

Provider NPI

Phone number

Fax number

2 Client information

Client name

ProviderOne client ID

3 Service request information

Description of service being requested

Procedure code

Number of units requested

Number of units used this year

4 Medical information

Dates of injury or illness

Diagnosis code

Diagnosis description

Place of service

⚠ Review and select all that apply below. **All section must be completed.** Clinical chart documentation must be provided to justify each area below.

Patient evaluation

☐ The patient has been evaluated by a board-certified or board-eligible Medical Geneticist or an Advanced Practice Nurse in Genetics (APGN) credentialed by the Genetic Nursing Credentialing Commission (GNCC) or the American Nurses Credentialing Center (ANCC), who is not employed by a commercial genetic testing laboratory.

☐ The patient's family history has been evaluated by a qualified genetics professional.

☐ The genetics professional has recommended and/or ordered the genetic test.

☐ Pre-test and post-test counseling has been provided by an American Board of Medical Genetics or American Board of Genetic Counseling certified genetic counselor.

Genetic etiology

A genetic etiology is considered the most likely explanation for the patient's phenotype based on the following:

☐ Multiple abnormalities affecting unrelated organ systems (e.g., multiple congenital anomalies);

Or two of the following criteria are met:

☐ Significant abnormality affecting a minimum of one organ system.

☐ Unexplained cognitive changes in adulthood.

☐ Profound global developmental delay or intellectual disability.

☐ Family history strongly suggestive of a genetic etiology, including consanguinity.

☐ Period of unexplained developmental regression (unrelated to autism or epilepsy).

☐ Biochemical findings suggestive of an inborn error of metabolism where targeted testing is not available.

Clinical work-up

☐ A standard clinical work-up has been conducted, and it did not lead to a diagnosis.

☐ Results from the genetic testing will impact clinical decision-making for the individual being tested and chart documentation will be unique to the individual being testing to indicate how this genetic testing will impact clinical decision-making.

Testing justification

☐ Other circumstances (e.g., environmental exposures, injury, infection) do not reasonably explain the constellation of symptoms.

☐ The clinical presentation does not fit a well-described syndrome for which single-gene or targeted panel testing (e.g., CGH/CMA) is available.

☐ The differential diagnosis list and/or phenotype warrant testing of multiple genes.

Testing efficiency

Choose one of the following:

☐ Whole Genome Sequencing (WGS) is more efficient and economical than separate single-gene tests or panels recommended based on the differential diagnosis (e.g., genetic conditions demonstrating a high degree of genetic heterogeneity).

☐ WGS results may preclude the need for invasive procedures or screening that would be recommended in the absence of testing (e.g., muscle biopsy).