



## Physician Referral Prescription for Tamoxitest™ CYP2D6 Tamoxifen Resistance DNA Test

Your physician thinks that you will benefit from having the Tamoxitest™, and has included a prescription for this testing below. Tamoxitest™ determines your genetic ability to convert tamoxifen to endoxifen; endoxifen is responsible for helping to prevent breast cancer recurrence in the body. About 10% of patients cannot convert tamoxifen to endoxifen and need an alternative therapy. Another 35% have a reduced ability to convert tamoxifen to endoxifen and may require higher doses and need to be very careful about taking other medications, over-the-counters and herbals that can interfere with this conversion. Testing is covered by many insurance plans. Preauthorization instructions are on the back of the form if you would like to confirm coverage in advance.

Please call a DNA Testing Consultant at 800 TEST-DNA (800-837-8362) with this prescription in hand to obtain the cheek swab collection kit for the Tamoxitest™. The consultant can also answer any questions you may have at that time. Alternatively, you can fax this form with a copy of both sides of your insurance card, and your mailing address and phone number to 206-219-4000 and your kit will be mailed.

**Patient's Name:** \_\_\_\_\_

Date of Prescription: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

To: Genelex Corporation  
3000 First Ave., Suite One  
Seattle, WA 98121  
Phone: 800-523-3080 **Fax: 206-219-4000**

**From (Referring Physician):**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**TESTING IS MEDICALLY NECESSARY.** Please perform the Tamoxitest™ on this patient to determine tamoxifen resistance for the diagnosis codes noted below.

Physician Signature: \_\_\_\_\_

License #: \_\_\_\_\_ UPIN: \_\_\_\_\_

**Diagnosis Codes:**

174.9       174.8 \_\_\_\_\_

## Is the testing covered by insurance?

Genelex has seen pharmacogenetic testing coverage by the insurers listed below however coverage benefits can vary by plan. To confirm coverage prior to submitting a sample, see preauthorization instructions at the bottom of this page. Alternatively, we have a patient safeguard program that limits patient out of pocket expense to \$295.00. This option allows the patient to submit for reimbursement directly to their own insurance company. Genelex will provide a detailed invoice to the patient and will not submit a claim. This is also the option available for patients with no insurance or who do not want their insurance to be billed. For patients with financial hardship, please call 800-523-6487 to request a financial consideration form.

Medicare	Blue Cross	Aetna	Cigna
Humana	United Healthcare	DWI Holding	Group Health
Farm Bureau	Tricare	Oxford HMO	

### Optional Preauthorization Instructions

Call the number on your insurance card and provide them with:

1. The CPT codes for requested testing:  
1 x 83891, 2 x 83892, 1 x 83900, 14 x 83914, 1 x 83909, 1 x 83912, 1 x 83912-26
2. The ICD-9 diagnosis codes provided by your physician.
3. Your physician's name and other requested information.

Record the following information about your insurance company call(s):

1. Date of phone call \_\_\_\_\_ Phone number with extension \_\_\_\_\_
2. Name of person you spoke with \_\_\_\_\_
3. Preauthorization number \_\_\_\_\_ Valid dates: \_\_\_\_\_

If preauthorization is denied, Genelex encourages patients to appeal. Contact Jennifer Rustan at [jennifer@genelex.com](mailto:jennifer@genelex.com) or call 800 TEST-DNA (800 837-8362) for help with this process. We have successfully handled appeals before and have materials we can provide on your behalf.