



NEWBORN SCREENING BENEFITS
PRIOR APPROVAL REQUEST

Confirmatory laboratory procedures other than those listed in Allowable Benefits Lists may be allowed and billed with prior approval from the Texas Department of State Health Services (DSHS).

Requests for prior approval must be faxed to:

512-776-7593
Attention: DSHS NBS Benefits, Medical Director
Debra Freedenberg, MD, PhD

NBS Benefits will respond within 7 business days. Please check the box below if an immediate response is needed and follow-up with a phone call to the Newborn Screening Unit at 512-776-2983.

Check here if URGENT! (the patient is in the clinic and needs lab specimen drawn today) [checkbox]

Date of Request: _____

Service or Laboratory Procedure: _____

Reason for Request: _____

Confirm Diagnosis: _____

Patient Name: _____ DOB: _____

Has individual been approved for NBS Benefits? Yes [checkbox] *No [checkbox]
(*If not approved prior to this request, the Presumptive Eligibility Application must be submitted immediately.)

Name of Requester: _____

Telephone #: _____ Fax #: _____

Physician Name: _____

Physician Signature: _____

Approved: [checkbox] YES [checkbox] NO [checkbox] All Clients [checkbox] This client only

NBS Medical Director _____ Date _____

Questions? Call (512) 776-2983 or 800-252-8023 ext. 2983