



Date faxed: \_\_\_\_\_

This form MUST be faxed directly to BCBS of NC on (or before) the sample collection date. Please include a copy of this form when sending your order/sample to Invitae. The Invitae billing team will follow up with BCBS of NC to ensure coverage. Thank you!

- For Commercial BCBS of NC Plans fax to: 800-672-6587
For State Health Plans through BCBS of NC fax to: 866-225-5258
BCBS of NC Auth Department: Please fax your determination letter directly to Invitae at fax# 415-966-2151.

Genetic Testing for Breast and Ovarian Cancer (BRCA)

PRIOR REVIEW/CERTIFICATION

Request for Services Form

Submission of this form is solely a notification for request for services and does not guarantee approval. All requests must be reviewed using authorization requirements by the prospective review area/department before authorization is granted. Incomplete forms may delay processing. All NC Providers must provide their 5-digit BCBSNC provider ID# below.

Table with 2 main columns: Requesting Provider Information and Place of Service. Rows include Provider Name, Provider #, Tax ID # or NPI, Street, Bldg., Suite #, City, Phone #, Facility Name, Attending Service Provider, Provider #, Tax ID # or NPI, State, Zip Code, and Fax #.

Contact Name

Table with 3 columns: Patient Name, BCBSNC Member ID number, Patient Date of Birth.

Note: BCBSNC does not cover 81479 (unlisted molecular pathology procedure) when billed for standard BRCA mutation testing. Extended genetic mutation panel testing is not covered.

CPTCode: 81211 81212 81213 81214 81215 81216 81217 81162 ICD-10: \_\_\_\_\_

Indicate Lab to be utilized and Provider ID#: Invitae Corporation - NPI: 1316206220 Tax ID: 271701898

Table with 1 column: Specimen collection date.

PLEASE SELECT A PARTICIPATING LAB TO PERFORM THE REQUESTED SERVICE. THE LAB MUST BE PARTICIPATING IN THE STATE WHERE THE ORDERING/REFERRING PROVIDER IS LOCATED

Fill in the appropriate response: Y= Yes ; N =No; NA =Not Applicable

Table with 1 column containing questions: Has this member been testing in the past for BRCA? Is this member at least 18 years old? Is this member from a family with a known BRCA1/BRCA2 mutation?

For members WITH cancer answer the following:

Fill in the appropriate response: Y= Yes ; N =No; NA =Not Applicable

Table with 1 column containing criteria for cancer history: Personal history of breast cancer, Diagnosed age <=45 years, 2 primary breast cancers when 1st breast cancer diaonosis occurred age <=50 years, Diagnosed age <=50 years AND: >=1 1st-, 2nd-, or 3rd-degree relative with breast cancer at any age, or Unknown or limited family history, Diagnosed age <=60 years with a triple neaative (ER-, PR-, HER2-) breast cancer, Diagnosed any age AND >=1 1st-, 2nd-, or 3rd-degree relative with breast cancer diagnosed <=50 years, Diagnosed any age AND >=2 1st-, 2nd-, or 3rd-degree relatives with breast cancer at any age, Diagnosed any age AND >=1 1st-, 2nd-, or 3rd-degree relative with epithelial ovarian/fallopian tube/primary peritoneal cancer, Diagnosed any age AND >=2 1st-, 2nd-, or 3rd-degree relatives with pancreatic cancer or prostate cancer at any age, 1st-, 2nd-, or 3rd-degree male relative with breast cancer, Ethnicity associated with deleterious founder mutations, eg, Ashkenazi Jewish descent, Personal history of epithelial ovarian/fallopian tube/primary peritoneal cancer, Personal history of male breast cancer, Personal history of pancreatic cancer or prostate cancer at any age AND >=2 1st-, 2nd-, or 3rd-degree relatives with any of the following at any age. For pancreatic cancer, if Ashkenazi Jewish ancestry, only 1 additional affected relative is needed.

**Genetic Testing for Breast and Ovarian Cancer (BRCA)**  
**Prior Review Fax Form (page 2)**

Patient Name	BCBSNC Member ID number	Patient Date of Birth

For members **WITHOUT** cancer answer the following:

Fill in the appropriate response: Y= Yes ; N =No; NA =Not Applicable

	Members has a family member with known BRCA1/BRCA2 mutation
	1st- or 2nd-degree blood relative meeting any criterion listed above for Patients with Cancer
	1st- or 2nd-degree blood relative with breast cancer and/or ovarian/fallopian tube/primary peritoneal cancer and $\geq 2$ 1st-, 2nd-, or 3rd-degree relatives with breast cancer ( $\geq 1$ at age $\leq 50$ years) and/or ovarian/fallopian tube/primary peritoneal cancer

For the purpose of familial assessment, 1st-, 2nd-, and 3rd-degree relatives are blood relatives on the same side of the family (maternal or paternal).

1st-degree relatives are parents, siblings, and children.

2nd-degree relatives are grandparents, aunts, uncles, nieces, nephews, grandchildren, and half-siblings.

3rd-degree relatives are great-grandparents, great-aunts, great-uncles, greatgrandchildren, and first cousins.

For the purpose of familial assessment, prostate cancer is defined as Gleason score  $\geq 7$

PHYSICIAN ATTESTATION: By signing below, I certify that I have been authorized to request prior review and certification for the above requested service(s). I further certify that my patient's medical records accurately reflect the information provided. I understand that BCBSNC may request medical records for this patient at any time in order to verify this information. I further understand that if BCBSNC determines this information is not reflected in my patient's medical records, BCBSNC may request a refund of any payments made and/or pursue any other remedies available.

Please certify the following by signing and dating below:

*Physician signature:		Date:	
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(\*Original Physician signature required. Stamped signatures not acceptable)

Fax this form with required documentation to the appropriate fax number below:

Department	Fax Number	Department	Fax Number
Discharge Services	800.228.0838	Medical Drugs	800.795.9403
PPA/Case Mgmt/Acute Inpt	800.571.7942	ST PPO PPA/UM	866.225.5258
	800.672.6587	ST PPO Transplant	919.765.1553
	800.459.1410	-	-

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