Effective: 8/10/2017

☐ Date faxed: _____

BlueCross BlueShield of North Carolina

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.*

Requesting Provider Information		**Place of Service**	
Provider Name		Facility Name	Invitae Corporation
Provider #, Tax ID # or NPI		Attending Service Provider	N/A
Street, Bldg., Suite #		Provider #, Tax ID # or NPI	N/A
City		State, Zip Code	
Phone #		Fax #	

Contact Name

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

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	
	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	
	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: • One or more ≥1 1st-, 2nd-, or 3rd-degree relative with breast cancer at any age, pancreatic cancer or prostate cancer, 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 1 or more 1st-, 2nd-, or 3rd-degree relatives with either of the following. For pancreatic cancer, if Ashkenazi Jewish ancestry, additional affected relative are not needed. • Breast cancer ≤50 years • Ovarian/fallopian tube/primary peritoneal cancer at any age • Personal history of pancreatic or prostate cancer at any age AND 2 or more 1st-, 2nd-, or 3rd-degree relatives with breast, pancreatic or

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 ≥2 1st-, 2nd-, or 3rd-degree relatives with breast cancer (≥1 at age ≤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 ≥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:	

(*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	-	-