

Date faxed: _____

Clinic notes attached with PA form.

This form MUST be faxed directly to BCBS FEP at 1-855-895-3504 on (or before) the sample collection date. Please include a copy of this form and clinic notes when sending your order/sample to Invitae. The Invitae billing team will follow up with BCBS FEP to ensure coverage. Thank you!

BCBS FEP Auth Department: Please fax your determination letter directly to Invitae at fax# 415-908-1183.

Prior Authorization Request Form Genetic Testing for Hereditary Breast and/or Ovarian Cancer

Notice: The Federal Employee Program has a 15 Day turn-around time on all Prior Authorization Requests According to the Blue Cross Blue Shield Service Benefit Plan Failure to complete this form in its entirety may result in delayed processing or an adverse determination for insufficient information.

Patient Information

Patient's Name:

Blue Cross Blue Shield ID Number:

Birth Date:

Patient's Phone Number:

Billing Provider Information

Ordering Physician/Provider Information

Name: Invitae Corporation
Address: 1400 16th Street
San Francisco, CA 94103

Please check this box if the ordering and billing provider are the same

Provider's Name:
Provider's Address:

Tax ID/NPI Number: NPI: 1316206220

Tax ID/NPI Number:

Office Contact: Allison Swann

Office Contact:

Phone: 415-908-1183

Phone:

Fax: 415-908-1183 (same as phone)

Fax:

Please enter all codes requested; "by report" codes must have a description of why the code is being used.

ICD-10 CODE(S):

CPT/HCPC CODE(S):

PATIENT CLINICAL INFORMATION

Please provide the following documentation: Anticipated Date(s) of Service: _____

- History and physical and/or consultation notes including:
 - Ethnicity/Ancestry – Ashkenazi Jewish Heritage
 - Personal or family history of cancer (if applicable) including:
 - Family relationship(s): (maternal or paternal), (family member e.g., sibling, aunt, grandparent), (living or deceased) (if applicable)
 - Breast Cancer, Bilateral Breast Cancer, or Ovarian Cancer
 - Site(s) of cancer*
 - Age at diagnosis
 - BRCA1/BRCA2 mutation history (if applicable)
 - Genetic counseling/professional results (if applicable)
- Laboratory or Pathology reports (e.g., BRCA results for BART testing requests, or hormone receptor assay) (if applicable)
- Additionally, for BART Testing (please answer the following):

Did patient have BRCA testing prior to 2006 when BART testing was not available? Yes No
BRCA1 and BRCA 2 mutation testing results (if available/if applicable) Positive Negative

View our Medical Policy on line at <http://www.fepblue.org/medical-policies.jsp>

Fax Number: 1-855-895-3504

Phone Number: 1-800-633-4581

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Thank you for your help in maintaining appropriate confidentiality.

Revised: Effective: