☐ **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!

BlueCross® BlueShield®
Federal Employee Program

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

Prior Authorization Request Form *Genetic Testing for Colorectal 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 CODE(S): 81292, 81295, 81298, 81317

HCPCS CODE(S):

PATIENT CLINICAL INFORMATION

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

For diagnosis of familial adenomatous polyosis (FAP):

- Age of patient;
- History & Physical to include family history and genetic counseling;
- Operative and pathology reports
- Individuals diagnosed with greater than 20 colonic polyps (proband*).
- Individuals with a family member diagnosed with greater than 20 colonic polyps.
- Is there an affected family member that has been tested?

For diagnosis of hereditary non-polyposis colorectal cancer syndrome:

- Age of patient;
- History & physical to include in-depth family history, relationship of all family members diagnosis with colon cancer, and their age at the time of the diagnosis;
- All previously related clinical documentation, including results of testing for FAP
- Is there an affected family member that has been tested?

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: