



Hereditary Breast and Ovarian Cancer Genetic Testing
BRCA 1 & BRCA 2 genes BRCAAnalysis Rearrangement Test (Reflex to BART)

Prior Authorization Form

Please Fax To (952)853-8713

For Questions Call 1(888) 467-0774

Member information		
Member Name:		Member ID #:
DOB:		
Requester information		
Form Completed By:		Clinic/Facility Name:
Fax:		Phone:
Physician information		
Physician name:		Clinic/Facility:
NPI#:	Phone:	Fax:
Billing Lab information		
Lab Name:		Fax:
Tax ID:		Phone:
Procedure information		
Proposed date of procedure: / / or <input type="checkbox"/> To be determined		
ICD 9 code:		Diagnosis:
<p><i>All requests must meet NCCN Guidelines. Summary notes from a board certified genetic counselor or medical geneticist, (not affiliated with the testing lab) must indicate a recommendation for BRCA and/or BART genetic testing.</i></p> <p><i>Please check all that apply:</i></p> <p><input type="checkbox"/> Comprehensive BRCAAnalysis test (CPT code 81211)</p> <p><input type="checkbox"/> BRAC Analysis Rearrangement Test (REFLEX to BART) in the event that the Comprehensive BRCAAnalysis is negative (CPT code 81213)</p> <p><input type="checkbox"/> Multisite 3 BRCAAnalysis test (CPT code 81212, individual is of Ashkenazi Jewish ancestry)</p> <p>Single Site BRCAAnalysis test:</p> <p><input type="checkbox"/> BRCA1 (CPT code 81214 or 81215)</p> <p><input type="checkbox"/> BRCA2 (CPT code 81216 or 81217)</p> <p><input type="checkbox"/> Other (please specify): _____</p>		
Member Counseling (must be completed prior to request)		
Name of genetic counselor or medical geneticist:		
Clinic/Facility:		Fax: