



# Hereditary Cancer Requisition

1351 Barclay Blvd., Buffalo Grove, IL 60089  
Tel: 855.467.2849 Fax: 224.588.9941  
www.gopathlabs.com

## PATIENT INFORMATION (Please print)

Name (Last, First) \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Female  Male  Date of Birth (M/D/Y) \_\_\_\_\_  
SSN# (Optional) \_\_\_\_\_  
Phone# \_\_\_\_\_  
Diagnosis: \_\_\_\_\_

## ORDERING PHYSICIAN / LAB INFORMATION (Please Print)

Facility Name \_\_\_\_\_  
Name (Last, First) \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone# \_\_\_\_\_ Fax# \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Ordering Physician \_\_\_\_\_ (M/D/Y)  
NPI#: \_\_\_\_\_ Treating Physician: \_\_\_\_\_  
Report Delivery: Fax  E-Mail  Mail  Website Only

## CODING INFORMATION

**Diagnosis Code/ICD-10 Code (Required):** \_\_\_\_\_  
The physician is required to document all applicable ICD codes or descriptions for all tests ordered supporting medical necessity which shall be used in patient plan of care. Example: ICD-10: Z80.0 (Family Hx of GI cancer)

## COMMON ICD-10 CODES

Breast/Ovarian: D05.00, D05.10, D05.90, C50.919, C50.929, C56.9, D07.30, Z15.01, Z15.02, Z15.03, Z80.3, Z80.41, Z80.42, Z84.81, Z85.3  
Colorectal: C20, C21.0, D01.0, D01.1, D01.2, D01.3, D01.40, D01.7, D01.9, K63.5, Z80.0, Z83.71, Z83.70, Z83.79, Z86.01, Z85.00, C18.9, C19

## BILLING INFORMATION (Please provide copy of insurance card)

Primary Insurance: \_\_\_\_\_  
Bill:  Insurance  Medicare  Medicaid  Hospital  Client  Self Pay  
Secondary Insurance:  Yes  No *If yes, please attach secondary insurance form*  
Secondary Insurance: \_\_\_\_\_  
Place of Service:  
 21 - Inpatient Hospital  22 - Outpatient Hospital  24 - Ambulatory Surgery Ctr  
 Tech-Only  Global  Client Bill

## OTHER REQUIRED INFORMATION

Genetic Counselor Provided?  Yes  No  
If Yes, provide genetic counselor's name: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Other: \_\_\_\_\_

## HEREDITARY CANCER TESTING

### HEREDITARY BREAST, OVARIAN & PROSTATE GENE PANELS

- BRCAnow<sup>®</sup>** (BRCA1/2 & BRCA 1/2 dup/del analysis)  
 Reflex to **BRCAnow<sup>®</sup> Plus**  Reflex to **BRCAnow<sup>®</sup> Extended**
- BRCAnow<sup>®</sup> Plus - HBOC Panel**  
(ATM, BARD1, BRCA1/2, BRCA1/2 dup/del, BRIP1, CDH1, CHEK2, MRE11A, MUTYH, NBN, NF1, PALB2, PTEN, RAD50, RAD51C, RAD51D, STK11, TP53)
- BRCAnow<sup>®</sup> Extended - Comprehensive Risk Panel**  
(APC, ATM, BARD1, BMPR1A, BRCA1/2, BRCA1/2 dup/del, BRIP1, CDH1, CDK4, CDKN2A, CHEK2, EPCAM, MLH1, MSH2, MSH6, MRE11A, MUTYH, NBN, NF1, NF2, PALB2, PMS2, PTEN, RAD50, RAD51C, RAD51D, SMAD4, STK11, TP53, VHL)

#### INDIVIDUAL TESTING

- BRCA1 TARGET ANALYSIS  ASHKENAZI JEWISH
- BRCA2 TARGET ANALYSIS  BRCA1/2 del/dup ANALYSIS

- PROSTATEnow<sup>™</sup> Hereditary Prostate Cancer Panel**  
(ATM, BRCA1, BRCA2, CHEK2, EPCAM, HOXB13, MLH1, MSH2, MSH6, NBN, PMS2, PALB2, RAD51D, TP53)

Additional Information:

### LYNCH SYNDROME/HNPCC GENE PANELS

- LYNCHnow<sup>™</sup>** (MLH1, MSH2, MSH6, PMS2, EPCAM only)  
 Reflex to **LYNCHnow<sup>™</sup> Plus**  Reflex to **LYNCHnow<sup>™</sup> Extended**
- LYNCHnow<sup>™</sup> Plus - HNPCC Panel**  
(APC, AXIN2, BMPR1A, BUB1B, CDH1, CHEK2, EPCAM, EXO1, FLCN, GREM1, MLH1, MLH3, MSH2, MSH6, MUYTH, PMS1, PMS2, POLD1, POLE, PTEN, SMAD4, STK11, TGFB2, TP53)
- LYNCHnow<sup>™</sup> Extended - Comprehensive Risk Panel**  
(APC, AXIN2, BLM, BMPR1A, BRCA1/2, BUB1B, CDH1, CDK4, CDKN2A, CHEK2, EPCAM, EXO1, FLCN, GREM1, MLH1, MLH3, MSH2, MSH6, MUYTH, NF2, PMS1, PMS2, POLD1, POLE, PTEN, SMAD4, STK11, TGFB2, TP53, VHL)

#### INDIVIDUAL TESTING FOR GERMLINE AND KNOWN MUTATIONS

- MLH1 COMPREHENSIVE ANALYSIS  MLH1 TARGET ANALYSIS
- PMS2 COMPREHENSIVE ANALYSIS  MSH2 TARGET ANALYSIS
- MSH2 COMPREHENSIVE ANALYSIS  MSH6 TARGET ANALYSIS
- MSH6 COMPREHENSIVE ANALYSIS  PMS2 TARGET ANALYSIS
- EPCAM COMPREHENSIVE ANALYSIS

## PATIENT ACKNOWLEDGMENT/AUTHORIZATION

**Patient accepts the following by checking a box below and providing signature.**

- Patient submitting for prior authorization with sample.
- Patient submitting for prior authorization with sample. Sample to be received: \_\_\_\_\_
- Patient Insurance card (front & back)
- Patient Information & consent (required)
- ABN or Medicaid Waiver (if applicable)

Prior authorizations are often required by Insurance. However, obtaining a prior authorization is not always a guarantee of payment by the insurance carrier. If non-covered amount and/or deductible, copay, co-insurance exceeds \$100, patient will be contacted at the phone number provided.

PATIENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**A. Notifier:** GoPath Laboratories 1351 Barclay Boulevard, Buffalo Grove, IL 60089 855-467-2849

**B. Patient Name:**

**C. Identification Number:**

Do Not Use SSN

## Advance Beneficiary Notice of Noncoverage (ABN)

**NOTE:** If Medicare doesn't pay for **D.** \_\_\_\_\_ below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the **D.** \_\_\_\_\_ below.

<b>D. Laboratory Tests</b>	<b>E. Reason Medicare May Not Pay:</b>	<b>F. Estimated Cost</b>
<input type="checkbox"/> 1 <b>BRCA<sub>now</sub></b> <sup>TM</sup> (BRCA1/2 & BRCA1/2 dup/del analysis) <input type="checkbox"/> 2 <b>BRCA<sub>now</sub></b> <sup>TM</sup> Plus- HBOC Panel <input type="checkbox"/> 3 <b>BRCA<sub>now</sub></b> <sup>TM</sup> Extended- Comprehensive Risk Panel <input type="checkbox"/> 4 <b>LYNCH<sub>now</sub></b> <sup>TM</sup> (MLH1, MSH2, MSH6, PMS2, EPCAM) <input type="checkbox"/> 5 <b>LYNCH<sub>now</sub></b> <sup>TM</sup> Plus- HNPCC Panel <input type="checkbox"/> 6 <b>LYNCH<sub>now</sub></b> <sup>TM</sup> Extended- Comprehensive Risk Panel <input type="checkbox"/> 7 Other: _____	Patient's personal and family history of cancer does not meet Medicare's medical necessity coverage criteria for this laboratory test	1 \$450 2 \$450 3 \$450 4 \$450 5 \$450 6 \$450 7 Other: _____

### WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the **D.** \_\_\_\_\_ listed above.

**Note:** If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

### G. OPTIONS: Check only one box. We cannot choose a box for you.

**OPTION 1.** I want the **D.** \_\_\_\_\_ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

**OPTION 2.** I want the **D.** \_\_\_\_\_ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

**OPTION 3.** I don't want the **D.** \_\_\_\_\_ listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

### H. Additional Information:

**This notice gives our opinion, not an official Medicare decision.** If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

**I. Signature:**

**J. Date:**

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