



BRCA PRIOR AUTHORIZATION REQUEST FORM

Form must be *submitted with medical records* to support medical necessity.

Date:		Anticipated Date of Service:	
GENERAL INFORMATION			
Specify Facility/Clinic Name:			
Primary Diagnosis Code:		Secondary Diagnosis Code(s):	
Procedure Code(s):		Quantity:	
Procedure Description:			
RECIPIENT INFORMATION			
Medicaid ID: (9 digits)		Date of Birth:	Sex: M F
Last Name:		First Name:	
PROVIDER INFORMATION			
Referring Provider Name:			
Referring Provider NPI:		Referring Provider Taxonomy:	
Address:			
Point of Contact Name and Title:			
Fax:		Phone:	
<i>Note: The determination notice will be sent to the listed Point of Contact.</i>			
Accepting/Service Provider Name:			
Accepting/Service NPI:		Accepting/Service Taxonomy:	
Fax:		Phone:	

Please mark all that apply:

- Patient is identified as high-risk for BRCA mutation and is age 19 or older. High-risk includes the following factors:
 - (1) Woman of Ashkenazi Jewish descent (or other ethnicity/population for which founder mutations in the BRCA gene have been identified) with any first degree relative or two second relatives on the same side of the family with breast or ovarian cancer.
 - (2) Woman of other ethnicity who has one or more of the following factors:
 - A. First or second degree relative with breast cancer and at least one of the following:
 - 1. diagnosed at age 45 or younger
 - 2. diagnosed at age 50 or younger and limited or unknown family history or with one additional first or second degree relative diagnosed with breast cancer at any age
 - 3. diagnosed at age 60 or younger with triple-negative breast cancer
 - B. First or second degree relative with 2 breast primaries and the first primary diagnosed at age 50 or younger
 - C. First or second degree relative with breast cancer diagnosed at any age and 1 or more of the following:
 - 1. One additional first or second degree relative with breast cancer diagnosed at age 50 years or younger
 - 2. Two or more first or second degree relatives on the same side of the family with epithelial ovarian cancer
 - 3. Three or more first or second degree relatives on the same side of the family with breast cancer diagnosed at any age
 - 4. First or second degree relative with both breast and epithelial ovarian cancer
- Patient has a personal history of breast cancer:
 - (1) diagnosed before age 60 and triple-negative
 - (2) diagnosed before age 45
 - (3) diagnosed at any age with a first or second degree relative with breast cancer diagnosed before age 50
 - (4) first or second degree relative on the same side of the family with ovarian cancer
- Patient has a personal history of epithelial ovarian cancer.

I certify that the information given in this form is a true and accurate medical indication for the procedure(s) required.

Provider name (please print) _____

Provider Signature _____ Date _____