MMGL BRCA & LYNCH REQUISITION

Michigan Medicine Laboratories (MLabs)

N-LNC Specimen Processing
2800 Plymouth Rd, Bldg 35
Ann Arbor, MI 48109-2800

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FAX: 734.936.0755

Client
REFR

Ward
REFR

Patient Reg or MRN:

Patient Name: Last First MI

Birthdate: Gender: ○M ○F

Ordering Doctor: Last First NPI#

Patient Address City State ZIP Home Phone #

Policy Holders Name | Primary Insurance (Card Name) | Primary Policy/Contract # | Primary Group # | Policy Holders DOB

Policy Holders Name | Secondary Insurance (Card Name) | Secondary Policy/Contract # | Secondary Group # | Policy Holders DOB

Bill To: ☐ Client/Referring Institution ☐ Patient/Insurance

☐ Medicare = ☐ In Patient on DOS ☐ Out Patient on DOS ☐ Non Patient on DOS

If patient or insurance information is not included or attached to this form, your facility will be billed. For Medicare patients classified as a hospital inpatient or outpatient on the date of service, charges must be billed to the referring client.

Prior Authorization: Most insurance carriers require prior authorization for payment. To obtain Blue Care Network (BCN) prior authorization call Joint Venture Hospital Laboratories (JVHL) at 800-445-4979. For all other carriers contact the plan directly.

☐ Prior authorization obtained Authorization number: _____

Informed Consent: A consent form is required by Michigan law for presymptomatic or predictive genetic tests. It is the responsibility of the physician (or designee) to obtain this consent. If desired, a UMHS Request and Consent for Genetic Testing form can be obtained by contacting MLabs at 800-862-7284 or online at http://mlabs.umich.edu/files/pdfs/PCI-MMGL_InformedConsent.pdf.

☐ Informed consent obtained (please attach a copy).

ICD-10 CODES

ICD-10 Codes are required for billing. When ordering tests for which reimbursement will be sought, order only tests that are medically necessary for the diagnosis and treatment of the patient.

REFERRING PHYSICIAN TO BE CONTACTED WITH RESULTS AND/OR QUESTIONS

Referring Physician | Referring Institution | Phone | Fax

Address | City | State | ZIP | Country

This request to order tests from MLabs certifies to MLabs that (1) the ordering physician has obtained written informed consent from the patient as required by applicable state or federal laws for each test ordered and (2) the ordering physician has authorization from the patient permitting MLabs to report results for each test ordered to the ordering physician.

PATIENT HISTORY/DIAGNOSIS

Diagnosis: _____ Collection Date: _____ Time: _____ (○am ○pm) Footnote: Case/Accn # _____

All tests include pathologist interpretation at a separate additional charge.

BRCA TESTING NEXT-GENERATION SEQUENCING PANELS (NGS)

	CPT CODE
☐ **(BOPND)** = BRCA 1 & 2 Sequencing & Deletion/Duplication (Commercial & Medicare)	81162
☐ w/Reflex to Reanalysis of NGS Data (RND)	
☐ **(BOPN)** = BRCA 1 & 2 Sequencing NGS (Medicaid)	81163
☐ w/Reflex to Reanalysis of NGS Data (RND)	

☐ Sanger Method Preferred for Testing

GERMLINE NEXT-GENERATION SEQUENCING PANELS (NGS)

	CPT CODE
☐ **(MIBOC)** = Hereditary Breast and Ovarian Cancer High-Moderate Risk Germline NGS Panel ATM, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, PALB2, PTEN, and TP53	81162
☐ **(MIBCC)** = Hereditary Breast and Ovarian Cancer Comprehensive Germline NGS Panel ATM, BARD1, BRCA1, BRCA2, BRIP1, CDH1, STK11, CHEK2, EPCAM, MLH1, MSH2, MSH6, NBN, PALB2, PMS2, PTEN, RAD51C, RAD51D, TP53, FANCC, and XRCC2	81432

Additional Information / Physician Notes:
(please draw pedigree & indicate breast, ovarian & other cancers in relatives)

Specimen Type for all assays: Peripheral Blood, 5-10 mL Lavender/EDTA tube For technical questions, call lab (734) 615-2429

Copy Distribution: White – MLabs Mol Dx Yellow – MLabs SP Pink – Client

Revised: 01-17-20 N-REFM

WEB VERSION