

Oncotype DX™ (81519) Request Form

Please Fax Response to: 1-866-668-1214

Please Print the information below.

CLINIC NAME	PROVIDER NAME	DATE (MM/DD/YYYY)		
TELEPHONE NUMBER	CONTACT NAME	BILLING PROVIDER NPI		
CLIENT NAME	PROVIDER ONE CLIENT ID	PROCEDURE CODE REQUESTED		
Does the patient meet ALL of the following criteria:			Yes	No
Oncotype DX™ is performed within 6 months of diagnosis			<input type="checkbox"/>	<input type="checkbox"/>
Node negative (micrometastases less than 2mm in size are considered node negative)			<input type="checkbox"/>	<input type="checkbox"/>
Hormone receptor positive (ER-positive or PR-positive)			<input type="checkbox"/>	<input type="checkbox"/>
Tumor size .6-1.0 cm with moderate/poor differentiation or unfavorable features (i.e., angiolymphatic invasion, high nuclear grade, high histologic grade); OR tumor size > 1 cm			<input type="checkbox"/>	<input type="checkbox"/>
Unilateral disease			<input type="checkbox"/>	<input type="checkbox"/>
Her-2 negative			<input type="checkbox"/>	<input type="checkbox"/>
Patient will be treated with adjuvant endocrine therapy			<input type="checkbox"/>	<input type="checkbox"/>
The test result will aid the patient in making a decision regarding chemotherapy when chemotherapy is a therapeutic option			<input type="checkbox"/>	<input type="checkbox"/>

Patient Education

Client and physician (prior to testing) have discussed the potential results of the test and agree that the results will be used to guide therapy (for example, adjuvant chemotherapy is not recommended with a low-risk score). Use of Oncotype DX™ to determine risk in patients with primary breast cancer who meet criteria above but who have already made the decision to undergo or forego chemotherapy is considered **not medically necessary**.

Provider Signature: _____ Date: _____

This form is REQUIRED when submitting a request. Please mail or fax to:

**Health Care Authority
PO Box 45535, Olympia, WA 98504-5535
Fax: 1-866-668-1214**

A typed and completed General Information for Authorization form (13-835) must be attached to your request and must be the first page of your fax.