Print Form

BlueCross BlueShield of Texas

Oncotype DX

Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer
Medical Policy – MED207.130

Please complete all appropriate questions fully.

Suggested medical record documentation:

- Pathology report

*Failure to include suggested medical record documentation may result in delay or possible denial of request.

Note: For Predetermination, please fully complete and submit the Predetermination Request Form.

PATIENT INFORMATION

Name:		
Date of Birth:	Gender: ☐ Female ☐ Male	Group ID
Member ID		

MEDICAL CRITERIA (Please check all applicable boxes)

- ☐ Unilateral, non-fixed tumor
- ☐ Tumor size of either > 1cm, or .6-1cm with moderate or poor differentiation or unfavorable features **(pathology report required)**
- ☐ Breast cancer will be treated with hormonal therapy
- ☐ Tumor is non-metastatic and lymph node negative
- ☐ Estrogen Receptor or Progesterone Receptor positive
- ☐ HER2 negative

By signing below, I certify that surgery and subsequent pathology examination of the tumor has been completed, ***AND***

I certify that I am the oncologist caring for the patient, ***AND***

I certify that I have discussed with the patient how the results of this test will be used to guide the patient in decision-making on chemotherapy, and that the test is being ordered for that purpose.

Physician's Signature:

Date:

Revised 06/2009