

# Foundation Medicine Requisition Form



## Our test requisition form explained

Instructions for completing the Foundation Medicine test requisition form for all assays are outlined below. These provide a general overview, but please contact Client Services at 888.988.3639 or [client.services@foundationmedicine.com](mailto:client.services@foundationmedicine.com) for questions or further detail. For more information or to order online, visit [www.foundationmedicine.com](http://www.foundationmedicine.com).

### 1 Patient Demographics

**Patient Last Name, First Name:** Enter patient's full legal first name (no nicknames) and full legal last name (including any hyphenations).

### 2 Ordering Physician Information

**Account Number:** If you do not know or do not have an account number, Foundation Medicine will create and/or enter it when we receive the order.

**Additional Physician to be Copied:** Physician indicated here will receive a copy of the report when it is available (if desired). To add more physicians, please utilize online ordering.

### 3 Current Diagnosis/Patient History

Accurate diagnosis information helps inform health insurance coverage and supports faster turn-around-time by preventing follow-up from our Client Services, Billing and Pathology groups.

To prevent a delay in receiving results, include:

- Stage OR Disease Status, AND
- Cancer type, ICD Code(s)

**Diagnosis:** Current diagnosis. Choose cancer type or fill out "other".

**Attachments:** Supplementary test results may assist our pathologists in their assessment of the case. Scan and include with submission. Utilizing online ordering will make this process easier.

### 4 Test Selection

Select only one test. For information on what test is right for your patient, refer to our website or contact Client Services.

**FACT Reflex Option:** If patient tissue sample is insufficient for FoundationOne® or FoundationOne CDx™, you may preauthorize Foundation Medicine to proceed with our liquid biopsy test, FoundationACT®. We will work with you and your patient to obtain the necessary blood specimen for testing.

### 5 Specimen Retrieval Information

Provide information only for the specimen type that is being submitted. (If the FoundationACT reflex option has been selected, additionally provide information for Whole Blood.)

**Date of Collection, Specimen ID:** All orders submitted require Date of Collection and Specimen ID.

**Submitting Pathologist Name, Facility Name, Phone, Fax:** Foundation Medicine may need to contact your submitting pathologist to obtain the sample. Providing contact information will ensure that we can request and receive the sample in a timely manner.

### 6 Billing Information

READ CAREFULLY TO PREVENT A DELAY IN RECEIVING RESULTS

One of the 3 options (Insurance, Facility, Self-Pay) **must be selected** and all associated information must be provided.

The image shows a detailed scan of the Foundation Medicine Requisition Form. It is a multi-sectioned document with numbered steps corresponding to the explanatory text on the left. The form includes fields for patient demographics, ordering physician information, current diagnosis, test selection, specimen retrieval, billing information, and a certificate of medical necessity/consent. The Foundation Medicine logo is visible in the top right corner of the form. The form is titled 'Test Requisition Form' and includes contact information for client services.

**Prior Authorization and ABN Attached:** If prior authorization has been obtained, provide the authorization number and fax a copy of the health plan authorization letter if available. If unclear about insurance coverage, please download and fax a signed Advanced Beneficiary Notice (ABN) form, which is available on our website.

**Patient Status at time of Collection:** If Medicare is selected, patient hospital status at time of sample collection is required.

### 7 Certificate of Medical Necessity/Consent

Important information regarding the physician's duty to inform the patient about the Foundation Medicine test. Read carefully.



Summary of Medicare Beneficiary Eligibility based on the Centers for Medicare and Medicaid Services' **Decision Memo for Next Generation Sequencing (NGS) for Medicare Beneficiaries with Advanced Cancer (CAG-00450N)**

FoundationOne CDx™ is covered for Medicare and Medicare Advantage<sup>1</sup> beneficiaries when ordered by a **treating physician**<sup>2</sup> and when all the following clinical conditions are met:

**Patient has:**

1. A solid malignant neoplasm; **and**
2. Either recurrent, relapsed, refractory, metastatic, or advanced stages III or IV cancer (only requires one of these to be met); **and**
3. Either not been previously tested using the same NGS test for the same primary diagnosis of cancer or repeat testing using the same NGS test only when a new primary cancer diagnosis is made by the treating physician; **and**
4. Decided to seek further cancer treatment (e.g., therapeutic chemotherapy)

**Original Advanced Beneficiary Notice (ABN) Requirements:**

<https://www.cms.gov/Medicare/Medicare-General-Information/BNI/ABN.html>

Any Original Medicare patient meeting the following criteria will need to provide Foundation Medicine with a signed ABN for Foundation Medicine to perform the following requested service(s):

1. **FoundationOne CDx™ and FoundationACT®:** ABN required if patient does not meet the above coverage criteria
2. **FoundationOne®:** ABN required if patient does not meet the above coverage criteria and does not have a cancer diagnosis of non-small cell lung cancer (NSCLC)
3. **FoundationOne®Heme:** ABN required for all FoundationOneHeme orders

ABN forms that have been pre-populated with Foundation Medicine's tests/prices can be obtained from:

1. A Foundation Medicine Account Manager
2. Foundation Medicine's online ordering portal
3. Foundation Medicine's website:
  - a. Order a Test Page<sup>3</sup>
  - b. FoundationOne<sup>4</sup>, FoundationOneHeme<sup>5</sup>, FoundationACT<sup>6</sup>, and FoundationOne CDx<sup>7</sup> product pages
  - c. Provider Resources and Patient Resources sites via the above referenced product pages
  - d. The FoundationACT and FoundationOneHeme specimen collection and shipping kits

Visit the CMS website<sup>8</sup> and select **Download the ABN** to obtain blank ABN forms.

Completed ABN forms can be sent to Foundation Medicine via fax at 866-283-5838 or emailed to [billing@foundationmedicine.com](mailto:billing@foundationmedicine.com).

**References**

1. Chapter 4, § 90.1 of the Medicare Managed Care Manual
2. A "treating physician" is a physician, as defined in §1861(r) of the Social Security Act, who furnishes a consultation or treats a beneficiary for a specific medical problem, and who uses the results of a diagnostic test in the management of the beneficiary's specific medical problem. More information is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R80BP.pdf>
3. <https://www.foundationmedicine.com/genomic-testing/order>
4. <https://www.foundationmedicine.com/genomic-testing/foundation-one>
5. <https://www.foundationmedicine.com/genomic-testing/foundation-one-heme>
6. <https://www.foundationmedicine.com/genomic-testing/foundation-act>
7. <https://www.foundationmedicine.com/genomic-testing/foundation-one-cdx>
8. <https://www.cms.gov/Medicare/Medicare-General-Information/BNI/ABN.html>

