STATEMENT OF MEDICAL NECESSITY

The **Oncoguard™ Liver** test is a convenient single blood test that combines analysis of methylated DNA markers and the biomarker alpha fetoprotein with a sophisticated algorithm to help identify hepatocellular carcinoma (HCC) in at-risk patients.

Patient Name:		Patient Date of Birth:		
Insurance Payer Name:		Insurance ID:		
Ordering Physician Name:		Ordering Physician NPI:		
Office Address:				
Office Phone:		Office	• Fax:	
CPT Code: 81599				
Date of Specimen Collection: _	(M	M/DD/YY	YY)	
ICD-10 Code(s):				
Symptoms/Clinical Findings:				
☐ Cirrhosis of the liver	☐ Hepatitis B infection (HBV)	☐ Fatty liver disease	
☐ Other	☐ Other		☐ Other	
Prior History (check all the apply	v):			
☐ Hepatitis B infection (HBV)	☐ Hepatitis C infection (HCV)	☐ Alcohol	
☐ Non-alcoholic fatty liver diseas	e (NAFLD) 🔲 Genetic di	isorders: ₋		
Authorized Signature:			Date:	
AASLD and NCCN guidelines. This	diagnosis is indicative of the potential HCC, it is impera	ne patient	early stages and is recommended in being at-risk for HCC. To confirm the erform the Oncoguard Liver test.	
Population:		Cirrhosis and/or HBV (selected)		
Surveillance Method(s):		Ultrasound +/- AFP		
Frequency:	Every 6 months	Every 6 months		