



MEMORANDUM

TO: Regional Medical Laboratory (RML) Clients

FROM: Cindi Starkey, MD, PhD, Joshua Freitag, and Chantell Wilson

DATE: October 27, 2017

SUBJECT: **Genetic Testing Requiring Pre-Authorization**

Pre-authorization Required by Payers for Genetic and Molecular Testing

Providing the best possible care to you and your patients is always the number one priority with Regional Medical Laboratory (RML). Many insurance companies are now requiring pre-authorization for genetic and molecular testing. Payers will only cover testing when used for certain diagnostic conditions. The payer may not cover the testing if it is done as a screening. RML is encouraging all our clients to check with the patient's insurance before ordering genetic and molecular tests, to determine if pre-authorization is needed. If indicated, please obtain the pre-authorization prior to ordering and specimen collection. RML is unable to obtain the pre-authorization since we do not have access to the payer required clinical information. At this time, the request must come from the ordering physician to include the medical reason for the testing. Most payers will require CPT and ICD-10 codes for the authorization. RML will provide the appropriate CPT codes, the National Coverage Determination (NCD) and Local Coverage Determination (LCD) guidelines, and payer policies listing the approved ICD-10 diagnosis codes. If a pre-authorization is not obtained prior to specimen collection, testing may be delayed and the charges may become the responsibility of the patient.

RML will offer a waiver to patients who present to one of the patient service centers if there is no authorization obtained. This waiver will be thoroughly explained to the patient. This waiver will include the price of the testing ordered, the option to refuse testing, or give them the option to allow us to bill their insurance with the understanding that insurance may not pay and they would be responsible for the outstanding balance. If RML receives specimens without a pre-authorization or a waiver, testing will be run and may be billed back to the client until the pre-authorization is obtained. A list of higher volume tests requiring pre-authorization, a copy of the current Medicare ABN, and the third-party waiver is attached to this memo.

Thank you in advance for your assistance in this matter. If you have questions concerning the pre-authorization process or other billing questions, call Chantell Wilson, Billing Manager -Account Processing, at 918-744-2555 ext. 18206. For clinical questions, contact Dr. Cindi Starkey at 918-744-2553.