YaleNewHavenHealth

To: Physician Leadership
From: YNHHS Laboratory Medicine & Financial Clearance Center
Subject: Laboratory Prior Authorization Genetic Testing
Date: 6/15/23

SITUATION: There are 91 genetic blood tests where prior authorization is occurring after collection of the test, which limits the ability for YNHHS to obtain prior authorization before the blood test is collected and completed.

BACKGROUND: Prior authorization has been required for many years for genetic testing by almost all payers. YNHHS has not had a process to obtain prior authorization for these tests. Prior authorization should be obtained before the blood test is collected.

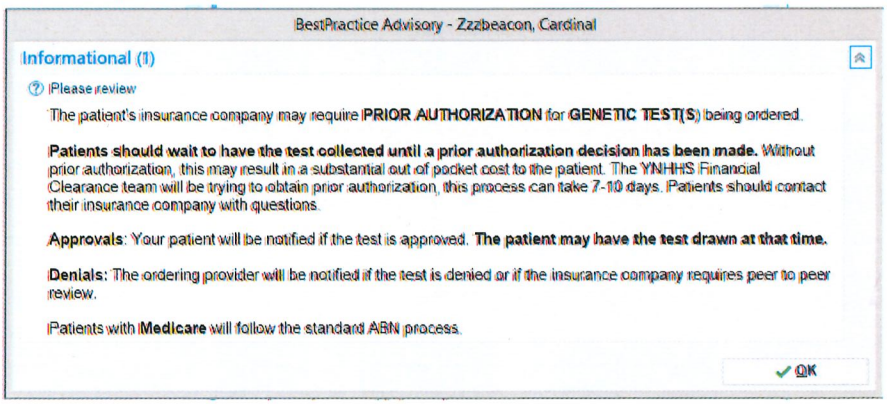
ASSESSMENT: YNHHS needs to implement a prior authorization process for genetic laboratory testing to be compliant with governmental/commercial prior authorization policies. The list of tests requiring prior authorization is attached.

RECOMMENDATION: **Beginning August 8, 2023, patients should wait 7-10 days after an order for a genetic test is placed to have the test collected.** This allows the YNHHS Financial Clearance Team time to obtain authorization.

The top three tests ordered, representing 67% of genetic testing orders in 2022, are:

1. Prothrombin Gene Mutation
2. Factor V Leiden
3. Hereditary Hemochromatosis DNA

Providers placing orders for genetic testing in Epic that may require prior authorization will receive the following BPA upon ordering:



Patients will receive a MyChart message with the attached FAQ at the time of order. The FAQ is available to order in the document center as YNH000531 to hand out to patients as needed.

Patients presenting at a YNHHS draw station before prior authorization is received will be asked to return once they are notified that prior authorization is finalized or they will have the option to sign a financial liability waiver to have the sample collected and the test run without prior authorization.

When the test is authorized, patients will receive notification via MyChart or their preferred contact method in Epic.

Inquiries and feedback may be directed to: Veronica Fraser, Executive Director Laboratory Services; veronica.fraser@ynhh.org or Peggy Fay, Director-Admitting; peggy.fay@ynhh.org.

YaleNewHavenHealth

Prior Authorization Explanation

Dear Patient,

Prior Authorization may be required for one or more of the laboratory tests that your provider has ordered.

What is prior authorization?

Insurance companies use prior authorization to determine if a procedure, service, or medication will be covered under your medical plan before services are provided. Most insurance companies require prior authorization for certain, specialized types of laboratory tests. (Insurance companies also have specific medical criteria for genetic testing, even if prior authorization is not required.)

How does prior authorization work?

The Financial Clearance team at Yale New Haven Health works closely with both your insurance company and your healthcare provider to obtain the prior authorization needed for your test(s). Prior authorization typically takes 7-10 days. Depending on how long it takes, you may not be able to have the test done on the day of your visit. Once your insurance company authorizes the test, you may visit a Yale New Haven Health blood draw station. (A list of draw station locations will be available to you when you are notified of the approval.)

How will I know if my test is authorized?

Once your test is authorized, you will receive notice through your MyChart account or the preferred contact method listed in your Epic medical record. If you do not have a MyChart account, you can sign up online at mychart.ynhhs.org. You are also able to view the status of the prior authorization request by logging into your MyChart at mychart.ynhhs.org, click YOUR MENU, scroll down to INSURANCE and click REFERRALS.

What do I do if my insurance company denies the prior authorization for my test or the test is not a covered benefit under my policy?

The Financial Clearance team will contact your healthcare provider to determine next steps. If the insurance company still denies the request, you may opt to move forward with testing at a self-pay cost.

Your healthcare provider can answer questions you have about the need for the test and next steps.

What if I don't want to wait for the prior authorization?

If you wish to have this test without prior authorization from your insurance company, you may opt to sign a liability waiver stating that you will be responsible for covering the cost of the

test(s). Call 888-542-2925 and ask for the self-pay rate for your test(s) and how to sign the waiver electronically.

What if I have additional questions?

Every insurance plan is unique. Sometimes there are tests that fall into a category called "non-covered benefits". These are benefits that an insurance plan will never pay for; this means that there is no coverage available with your insurance plan for this test. Contact your insurance company if you have questions about non-covered benefits or prior authorization.

We strongly encourage you to follow up with your insurance company, even if your test is authorized, so you fully understand any deductibles, co-pays or additional expenses you may have with testing.

Genetic Laboratory Test List for Prior Authorization

ORDERABLE EAP	ORDERABLE NAME
LAB4982	21-HYDROXYLASE DEFICIENCY (CAH) (GH Q YH)
LAB10248	3- METHYLCROTONYLGLYCINURIA I: MCCC1 SEQUENCING (YH)
LAB10249	3- METHYLCROTONYLGLYCINURIA II: MCCC2 SEQUENCING (YH)
LAB2100	ACE POLYMORPHISM (INSERTION/DELETION) - BLOOD SPECIFIC (YH)
LAB7010	ALBRIGHT HEREDITARY COMPLETE SEQUENCING (YH)
LAB5834	ALPHA THALASSEMIA 7 DELETIONS (YH)
LAB6467	ALPHA-GLOBIN COMMON MUTATIONS (GH LMW Q)
LAB2110	ALPHA-GLOBIN GENE ANALYSIS (YH)
LAB7152	ALPHA-GLOBIN SEQUENCING (GH Q)
LAB2111	ANGELMAN SYNDROME METHYLATION (YH)
LAB10109	APOE GENOTYPE ANALYSIS AND INTERPRETATION (SYMPTOMATIC) (BH GH)
LAB2124	BECKWITH - WIEDMANN SYNDROME METHYLATION (YH)
LAB5835	BETA GLOBIN (HBB) GENE SEQUENCING (YH)
LAB5798	BIOTINIDASE DEFICIENCY, KNOWN MUTATION (YH)
LAB2125	BIOTINIDASE, FULL GENE ANALYSIS (YH)
LAB6613	BIRC4 FULL MUTATION ANALYSIS (YH)
LAB5567	BLOOM SYNDROME DNA MUTATION (GH Q)
LAB5559	CANAVAN DISEASE MUTATION (GH L Q)
LAB7906	CELIAC DISEASE GENOTYPING (YH)
LAB6676	CF EXPANDED 97 MUTATION ANALYSIS (YH)
LAB4106	CF SCREEN (L)
LAB737	CFVANTAGE® CYSTIC FIBROSIS EXPANDED SCREEN (GH YH)
LAB10251	COMPREHENSIVE CARDIAC SEQUENCING PANEL (YH)
LAB2142	CONNEXIN 26 GJB2 (YH)
LAB9415	CYSTIC FIBROSIS 60 VARIANTS - ADULT SCREEN (YH)
LAB2148	CYSTIC FIBROSIS SCREEN (BH GH LMW Q)
LAB4647	CYTOCHROME P450 2C19 GENOTYPE (GH YH)
LAB5210	CYTOCHROME P450 2C9 GENOTYPE (GH Q)
LAB4648	CYTOCHROME P450 2D6 GENOTYPE (BH GH L Q)
LAB5985	DM1 DNA TEST (YH)
LAB2164	FABRY DISEASE, FULL GENE ANALYSIS (YH)
LAB4997	FACTOR V HR2 ALLELE DNA (GH Q)
LAB346	FACTOR V LEIDEN (FOR HYPERCOAG EVAL)
LAB5565	FAMILIAL DYSAUTONOMIA MUTATION ANALYSIS (GH Q)
LAB2181	FAMILIAL MUTATION, TARGETED SEQUENCING
LAB6971	FANCA FULL GENE SEQUENCING (YH)
LAB6972	FANCC FULL GENE SEQUENCING (YH)
LAB6970	FANCG FULL GENE SEQUENCING (YH)
LAB4659	FRAGILE X DNA ANALYSIS (GH)
LAB2989	FRAGILE X DNA PROBE (BH)
LAB7323	GAUCHER DISEASE, DNA MUTATION ANALYSIS
LAB5832	GENOMIC ALTERATIONS MICROARRAY (BH)
LAB5674	GLYCOGEN STORAGE DISEASE (BH GH Q)
LAB6272	HEMOPHILIA A (F8) 2 INVERSIONS (YH)
LAB833	HEREDITARY HEMOCHROMATOSIS DNA
LAB2254	HUNTINGTON DISEASE MUTATION ANALYSIS (BH Q YH)

Genetic Laboratory Test List for Prior Authorization

ORDERABLE EAP	ORDERABLE NAME
LAB6614	ITK FULL MUTATION ANALYSIS (YH)
LAB6781	MAGT1 FULL MUTATION ANALYSIS (YH)
LAB5226	MAPLE SYRUP DIS. MUT ANALYSIS (GH)
LAB10337	MATERNAL CELL CONTAMINATION, FETAL SPECIMEN (YH)
LAB4840	MEFV GENE ANALYSIS IN FAMILIAL MED FEVER (YH)
LAB2203	MTHFR - BLOOD SPECIFIC (YH)
LAB739	MTHFR MUTATION
LAB5334	MUCOLIPIDOSIS TYPE IV MUTATION (GH L Q)
LAB6207	MUNC13-4 (YH)
LAB6667	NEUTROPHIL AG GENOTYPING PANEL (YH)
LAB5568	NIEMANN-PICK DNA MUTATION (GH LMW)
LAB10087	NOTCH 3 (CADASIL) SEQUENCING TEST (GH LMW Q)
LAB4851	PAI-1, MUTATION (4G/5G) (BH GH YH)
LAB6782	PRF1 FULL MUTATION ANALYSIS (YH)
LAB834	PROTHROMBIN GENE MUTATION (BH GH LMW Q YH)
LAB5889	PT GENE MUTATION PROFILE (BH)
LAB6783	RAB27A FULL MUTATION ANALYSIS (YH)
LAB9231	RBC GENOTYPE
LAB7096	RETT SYNDROME MUTATION ANALYSIS (BH)
LAB9888	SANFILIPPO SYNDROME TYPE A DEL/DUP (YH)
LAB9886	SANFILIPPO SYNDROME TYPE A SEQ (YH)
LAB9905	SANFILIPPO SYNDROME TYPE B DEL/DUP (YH)
LAB9904	SANFILIPPO SYNDROME TYPE B SEQ (YH)
LAB9887	SANFILIPPO SYNDROME TYPE C DEL/DUP (YH)
LAB9903	SANFILIPPO SYNDROME TYPE C SEQ (YH)
LAB9901	SANFILIPPO SYNDROME TYPE D DEL/DUP (YH)
LAB9902	SANFILIPPO SYNDROME TYPE D SEQ (YH)
LAB6968	SBDS FULL MUTATION ANALYSIS (YH)
LAB6784	SH2D1A MUTATION ANALYSIS (YH)
LAB10411	SHOX (GHD) DNA SEQUENCING AND DELETION (BH GH Q YH)
LAB6390	SPINAL MUSCULAR ATROPHY (SMA), DIAGNOSTIC, BLOOD (BH Q YH)
LAB4234	SPINAL MUSCULAR ATROPHY CARRIER TEST (BH GH YH)
LAB2216	SPINOBULBAR MUSCULAR ATROPHY (YH)
LAB6779	STX11 FULL MUTATION ANALYSIS (YH)
LAB6780	STXBP2 FULL MUTATION ANALYSIS (YH)
LAB4700	TAY-SACHS DISEASE MUT ANALYSIS (BH GH LMW Q)
LAB5925	TPMT GENOTYPE (LMW Q YH)
LAB2234	WILSON DISEASE, ATP7B MUTATION SCREEN (GH YH)
LAB2235	WISKOTT DISEASE - BLOOD SPECIFIC (YH)
LAB2236	X-LINKED COMBINED IMMUNODEFICIENCY (YH)
LAB4607	XSENSE(R), FRAGILE X W/REFLEX SB (LMW Q YH)
LAB6372	Y CHROMOSOME MICRODELETION, DNA ANALYSIS (GH Q YH)