



## Genetic Test Request Guidelines for HAP Members



Health Alliance Plan and Henry Ford Center for Precision Diagnostics, Pathology & Laboratory Medicine

July 12, 2017

We are providing the following guidelines to assist you to efficiently obtain genetic testing services for your patients with HAP insurance coverage. As of June 1, all genetic testing for these clients is reimbursed only when performed by the Henry Ford Center for Precision Diagnostics/Pathology and Laboratory Medicine.

For patients with genetic testing benefit eligibility, HAP requires prior authorization for most testing with the exception of those listed below that are based on national guidelines. Your request should include clinical history/ICD-10 defining medical necessity. This list may change so please refer to [www.HAP.org](http://www.HAP.org) as source of truth when requesting a genetic-based test. See HAP Quick Links – Procedure Reference Lists.

### Genetic Testing Exempt from Prior Authorization with Appropriate ICD-10

#### HEREDITARY DISORDERS

- Cystic Fibrosis

#### HEMATO-LYMPHOID NEOPLASIA

- B Cell (IGH) Gene Rearrangement
- T Cell Receptor Gene Rearrangement (gamma and beta)
- BCR-ABL t(9;22), p190 kD, m-bcr (minor breakpoint)
- BCR-ABL t(9;22), p210 kD, M-bcr (major breakpoint)
- Hematolymphoid Neoplasm or Disorder Sequencing Panel (51 Genes)
- Myeloproliferative Neoplasm (MPN) Panel
- PML-RARA t(15;17)
- CBFb-MYH11 inv(16)
- NPM1 Mutation Analysis
- JAK2 Mutation Analysis
- BRAF Mutation Detection
- Calreticulin (CALR) Mutation Analysis
- Epstein-Barr Virus (EBV) detection by in-situ hybridization
- Kappa/Lambda detection by in-situ hybridization

#### OTHER

- Tissue/Patient Identification by DNA Analysis (Non-paternity)
- Gestational Disease Profile

#### SOLID TUMOR NEOPLASIA

- Solid Tumor Sequencing Panel (48 Genes)
- Lung Cancer Panel
- Colorectal Cancer Panel
- Melanoma Panel
- Gastrointestinal Stromal Tumors Panel
- 1p/19q Loss of Heterozygosity
- IDH 1/2 Mutation Detection
- EGFRvIII Mutation in Gliomas
- MGMT Promoter Methylation in Gliomas
- Immunohistochemistry for MLH1, MSH2, MSH6 & PMS2 protein expression
- Microsatellite Instability (MSI) Testing by PCR
- MLH1 Promoter Methylation Detection
- EGFR TKI Sensitivity and Resistance Mutations
- FLT3 Mutation Analysis
- KRAS Mutation Detection for Codons 12, 13, 61 & 146
- NRAS Mutation Detection for Codons 12, 13 & 61
- Chromosome (Karyotype) Analysis for Solid Tumor and Bone Marrow Disorders
- FISH ( Fluorescence in Situ Hybridization ) Analysis

Our **complete genetic test catalog** is online in the **Henry Ford Lab User's Guide** at <https://lug.hfhs.org> and includes: Next Generation Sequencing (NGS) of hundreds of genes associated with solid tumor and hematopoietic cancers, genes associated with hereditary cancer risk, single gene testing for common and unusual hereditary disorders, chromosomal (karyotype) analysis, Microarray and Fluorescence In-Situ Hybridization (FISH) analysis.

Non-Henry Ford Providers should place requests with following NPI number in the *Servicing Provider* field:  
**NPI 1851410005 Henry Ford Pathology**

#### Proprietary Genomic Tests

The Henry Ford Center for Precision Diagnostics testing is very comprehensive covering over 500 genes. Proprietary genomic testing requires insurance prior authorization. Should you require guidance on the Henry Ford Center for Precision Diagnostics

appropriateness of proprietary genomic testing compared to our broad test menu coverage, you may consult with a molecular pathologist expert at 313 916-4DNA (4362). You should send directly to the vendor the following: Oncotype DX-Breast (Genomic Health), Cologuard (Exact Sciences) and MaterniT21 PLUS (Sequenom).

### **About the Henry Ford Center for Precision Diagnostics**

**As a lean laboratory service, molecular NGS testing is rapidly reported in 2-7 business days.**

Reporting for clients without access to Henry Ford Epic EMR, is to the clinician Fax number provided on the requisition. Some clients may elect electronic reporting through Henry Ford Medical Laboratories outreach portal. This provides on-line inquiry and/or printed reporting. Given the complex nature of this testing, you may **consult directly with our board certified molecular pathologists** at 313-916-4DNA (4362) about:

- Ordering advice for test indications and appropriateness
- Professional interpretation and advice regarding test results

More extensive information may be found through these links online at: <https://www.henryford.com/HFCPD>

|                                                           |                                                      |
|-----------------------------------------------------------|------------------------------------------------------|
| <a href="#">Commonly ordered CPT and Test Codes Chart</a> | <a href="#">Test Request Forms</a>                   |
| <a href="#">Contact Us</a>                                | <a href="#">Accreditations &amp; Certificates</a>    |
| <a href="#">Professional Staff</a>                        | <a href="#">Specimen Submission Requirements</a>     |
| <a href="#">Genomic Test Menu</a>                         | <a href="#">Specimen Transport Kit Request Forms</a> |
| <a href="#">Cytogenetic Test Menu</a>                     | <a href="#">Frequently Asked Questions</a>           |

For your convenience, on request this laboratory will provide **Specimen Transport Kits** with a pre-paid FedEx return shipping mailer. Please contact our Center for Precision Diagnostics toll-free at 855-916-4DNA (4362) to order these kits. Customer Service Representatives are available Monday through Friday from 8am to 9pm.

Henry Ford offers **17 Patient Service Centers** for patient blood draws that are conveniently located across southeast Michigan. Addresses, maps and driving directions can be found online at:

<https://www.henryford.com/locations/search-results?services=&locationtype=walk+in+lab&zip=&locationname=&range=>

### **About Insurance Eligibility, Prior Authorization and Patient Financial Responsibility**

Before collection, providers should verify patient's insurance eligibility and coverage for this specialized testing.

#### **Obtain prior authorization by HAP when required**

Contact provider automated service 1-800-801-1766 or by logging in online at [www.HAP.org](http://www.HAP.org). The prior authorization process may take up to 14 business days. Please factor this into scheduled specimen collection. HAP may offer a rapid prior authorization for emergent cases which is expedited to 3 business days.

#### **Inform the Patient of the Potential Financial Responsibility**

Many patients have high deductibles and copays with their health plans. Personal financial liability should be discussed with the patient prior to specimen collection for patient may be billed up to the deductible/copay.

For those without genetic test insurance coverage or prior authorization denial, the patient may pay out-of-pocket for genetic testing. Contact (313)916-4DNA (4362) for an estimate of associated costs. Arrange for patient payment for testing prior to specimen collection. Henry Ford Health System can take payment in the form of cash, check or credit card. Patient Financial Responsibility Form to complete is found at:

<https://www.henryford.com/hcp/academic/pathology/precision-diagnostics/testing-request-forms>