MAYO CLINIC LABORATORIES

Hereditary Gastrointestinal Cancer Panel Prior Authorization Ordering Instructions

Mayo Clinic Laboratories is pleased to offer prior authorization services and third party billing on our Hereditary Gastrointestinal Cancer Panel, Varies (CRCGP). To utilize our prior authorization services on this test, you must follow the process as outlined below.

Ordering and Prior Authorization Process

Mayo Clinic Laboratories utilizes an extract and hold process for prior authorization. To order CRCGP with prior authorization services, complete this document as instructed below by insurance type. **You must order test code CRCGP and send the completed paperwork in with the sample.** The receipt of the paperwork and sample at Mayo Clinic Laboratories will trigger the extract and hold process and generate a request to the MCL Business Office to verify your patient's insurance coverage for the testing and begin any additional prior authorization services.

If the expected patient out-of-pocket expense is $200 or less after prior authorization services, Mayo Clinic Laboratories will automatically proceed with CRCGP testing. If the expected patient out-of-pocket expense is greater than $200, Mayo Clinic Laboratories will seek approval from the client contact listed on the Patient Demographics and Third Party Billing Information form **before proceeding** with CRCGP testing. The MCL Business Office offers interest-free payment plans on balances over $200.

Commercial Insurance

For patients with commercial insurance, complete the following, staple them together and send with the specimen:

- Patient Demographics and Third Party Billing Information form (required)
- Letter of Medical Necessity (required)
- Copy of front and back of insurance card (if available)

Note: The Advanced Beneficiary Notice of Noncoverage (ABN) form is not required for commercial insurance-covered patients.

Medicare

For patients with Medicare, complete the following, staple them together and send with the specimen:

- Patient Demographics and Third Party Billing Information form (required)
- Advanced Beneficiary Notice of Noncoverage (ABN) form (required – see separate ABN form: MC2934-281)
- Copy of front and back of secondary insurance card (if applicable)

Attach the ABN form and copy of the secondary insurance card to the Patient Demographics and Third Party Billing Information form and send with the specimen.

Note: The Letter of Medical Necessity and a copy of the Medicare card are not required for Medicare-covered patients.

Medicaid

Mayo Clinic Laboratories may be able to file claims for your Medicaid-covered patients. Before ordering, contact the MCL Business Office at 800-447-6424 to discuss. Have the patient's Medicaid information available when calling.

Note: These instructions are subject to change at any time. Call the MCL Business Office at 800-447-6424 with any questions.

Complete and print.

Reset Form

MAYO CLINIC LABORATORIES

Prior Authorization Patient Demographics and Third Party Billing Information

Client Order Number

Patient Demographics and Insurance Information

Patient Name (Last, First Middle)			Birth Date (mm-dd-yyyy)
Sex Assigned at Birth ☐ Male ☐ Female ☐ Unknown ☐ Choose not to disclose		Legal/Administrative Sex ☐ Male ☐ Female ☐ Nonbinary	
Patient Mailing Address		City	State / ZIP Code
Primary Insurance Company Name	Insurance Subscriber ID No. / Policy No.	Insurance Group No. (if applicable)	
Primary Insurance Company Mailing Address		City	State / ZIP Code
Primary Insurance Company Phone	Subscriber Name (if different than patient) and Relationship to Patient		

Order Information

MCL Test ID **CRCGP**	Name of desired MCL test **Hereditary Gastrointestinal Cancer Panel, Varies**	
ICD-10 Codes (use number codes to highest specificity)		Service/Collection Date (mm-dd-yyyy)
Referring Provider Name (Last, First)	Referring Provider's National Provider ID (NPI)	

Client Account and Client Contact Information

MCL Client Account Number (if known)	Referring Client Facility Name	
Contact Name	Contact Phone	
Contact Email	Date Today (mm-dd-yyyy)	

Attach the Following to This Completed Form

- Letter of Medical Necessity (required except for Medicare patients) – template provided on page 3
- Advanced Beneficiary Notice of Noncoverage (ABN) form (required for Medicare patients only) – see separate form: MC2934-281
  - Templates provided on the following pages
- Copy of front and back of patient's insurance card (if available)

Letter of Medical Necessity for Hereditary Gastrointestinal Cancer Panel Genetic Testing

Patient Name (Last, First Middle)

Birth Date (mm-dd-yyyy)

Member Number

Group

ICD-10 Codes

To Whom It May Concern:

We are requesting preauthorization for the Hereditary Gastrointestinal Cancer Panel, Varies (CRCGP) performed by

Mayo Clinic Laboratories for (insert patient name)

Patient's personal medical history is significant for

Patient's family history is significant for

Due to the patient's (medical or family) history, a hereditary cancer predisposition syndrome is suspected and genetic testing is recommended.

Rationale: The American Society of Clinical Oncology recommends that genetic testing be offered to individuals with suspected inherited cancer risk in which test results will aid in medical management decision-making.1 Because an aggressive approach to medical management is necessary for individuals identified as having a genetic mutation, test results are important in reducing cancer risk and promoting early cancer detection.

A positive result would indicate that the patient has an inherited predisposition to cancer and could help guide treatment strategies and allow for surveillance of associated organ systems known to be of increased risk for cancer. Specific screening recommendations are dependent on the gene and hereditary cancer predisposition syndrome implicated. For example, individuals found to carry a genetic mutation associated with Lynch syndrome would be at higher risk for synchronous or metachronous colorectal cancers as well as bladder, endometrial, ovarian, bile duct, gastric, and other cancers. A positive test result would allow the utilization of appropriate screening guidelines (ie, National Comprehensive Cancer Center Clinical Practice Guidelines in Oncology) and help guide decisions toward possible preventative measures, such as colectomy, hysterectomy, and oophorectomy as relevant.

Test requested: CRCGP / Hereditary Gastrointestinal Cancer Panel, Varies is a cost-effective test that utilizes next-generation sequencing (NGS) and other technologies to evaluate 26 genes for colorectal cancer predisposition syndrome-associated variants and deletions.

Laboratory information: Testing would be performed at Mayo Clinic Laboratories (TIN# 411346366 / NPI# 1093792350), a CAP-accredited and CLIA-certified laboratory, using 2022 CPT code: 81435.

Thank you for your thoughtful consideration of our preauthorization request. We look forward to hearing back from you.

Sincerely,

Ordering Provider Name

Contact information

References

1. Robson ME, Bradbury AR, Arun B, et al. American Society of Clinical Oncology policy statement update: Genetic and genomic testing for cancer susceptibility. J Clin Oncol. 2015;33(31):3660-3667. doi:10.1200/JCO.2015.63.0996

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MAYO CLINIC LABORATORIES
200 First Street SW
Rochester, Minnesota 55905
800-447-6424

Patient Name *(First Middle Last)*	MCL Order Number

Advance Beneficiary Notice of Noncoverage (ABN)

Note: If Medicare doesn't pay for Items and Services below, you may have to pay.
Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the Items and Services below.

Items and Services	Reason Medicare May Not Pay	Estimated Cost
CRCGP / Hereditary Gastrointestinal Cancer Panel, Varies	Patient's personal and family history of cancer does not meet Medicare's medical necessity coverage criteria for this laboratory test.	$3,474.30

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the Items and Services listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

Options: Check only one box. We cannot choose a box for you.

☐ **OPTION 1.** I want the Items and Services listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.** I want the Items and Services listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

☐ **OPTION 3.** I don't want the Items and Services listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/**TTY**: 1-877-486-2048).
Signing below means that you have received and understand this notice. You may ask to receive a copy.

Signature ▶	Date *(mm-dd-yyyy)*

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit Medicare.gov/about-us/accessibility-nondiscrimination-notice.