



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.



**Prior Authorization  
Patient Demographics and  
Third Party Billing Information**

**Client Order Number**

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**Patient Demographics and Insurance Information**

Patient Name (Last, First Middle)		Birth Date (mm-dd-yyyy)	
Sex Assigned at Birth <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Choose not to disclose		Legal/Administrative Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 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 <b>CRCGP</b>	Name of desired MCL test <b>Hereditary Gastrointestinal Cancer Panel, Varies</b>		
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.<sup>1</sup> 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

Patient Name (First Middle Last)	MCL Order Number
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## Advance Beneficiary Notice of Non-coverage (ABN)

Medicare doesn't pay for everything, even some care you or your health care provider think you need. **We expect Medicare may not pay for the item, test, service or care listed below.** If Medicare doesn't pay, you may have to pay.

Item, Test, Service or Care	Reason Medicare May Not Pay	Estimated Cost
<b>CRCGP / Hereditary Gastrointestinal Cancer Panel, Varies</b>	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 to do now**

- Read this notice to make an informed decision about your care.
- Ask any questions you have.
- Choose one option below to let us know if you still want to get the item, test, service or care.

<b>Choose ONE option below. We can't choose for you.</b>
<p>If you choose Option 1 or 2, we may help you use any other insurance you might have, but Medicare can't require us to do this.</p> <p><input type="checkbox"/> <b>OPTION 1: I want the item, test, service or care listed above, and I want Medicare to be billed for an official decision on payment, which I'll get on a Medicare Summary Notice (MSN).</b> You can ask to be paid now. I understand that if Medicare doesn't pay, I'm responsible to pay, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you'll refund any payments I made to you, minus co-pays or deductibles.</p> <p><input type="checkbox"/> <b>OPTION 2: I want the item, test, service or care listed above, but don't bill Medicare.</b> You can ask to be paid now and I'm responsible to pay. I understand that I can't appeal, since Medicare isn't billed.</p> <p><input type="checkbox"/> <b>OPTION 3: I don't want the item, test, service or care listed above.</b> I understand I'm not responsible for payment and I can't appeal to see if Medicare would pay.</p>

**Additional Information:**

This notice gives our opinion, not an official Medicare decision. For other questions about this notice or Medicare billing, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048. Signing below means you received and understand this notice. You can ask to get a copy.

Signature ▶	Date (mm-dd-yyyy)
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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](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice).

**PRA Disclosure Statement:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. This information collection is for providers, suppliers, Hospice and Religious Non-medical HealthCare Institutes and Home Health Agencies to notify original Medicare beneficiaries of their potential financial liability under specific conditions. The time required to complete this information collection is estimated to average less than 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is mandatory under Section 1879 of the Social Security Act, 42 CFR 411.404(b) and (c) and 411.408(d)(2) and (f). If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.