Frequently Asked Questions (FAQ)

What is a prior authorization?
A prior authorization requirement, also known as a pre-authorization or pre-certification, is a clause in the health insurance policy that says the patient must get permission from their health insurance company before they receive certain health care services which includes specialized laboratory testing.

Which services have a prior authorization requirement?
Specialized laboratory testing that requires prior authorization can usually be found on the health plan’s website or by contacting the health plan directly via phone to see if the test requires prior authorization. Many genomic tests and esoteric testing now require prior authorization for outpatient services.

Who is responsible for obtaining prior authorization?
The physician that is ordering the testing is responsible for obtaining prior authorization for the specialized laboratory test. If the physician’s office does not get the necessary prior authorization, prior to the testing, the patient will be responsible for paying for the specialized laboratory testing, which can range in price from just under one hundred dollars to thousands of dollars based on the test ordered.

Can I get the prior authorization myself?
Yes! In most cases, you can call or contact the health insurance company and complete the prior authorization process. This could include submitting the information via the insurance provider’s website, completing or faxing the insurance provider’s specific form to them, or calling them and providing the information over the phone.

Can MLabs get the prior authorization for me?
Yes! If you complete the Molecular Diagnostics Clinical History Form by following the Clinical History Instructional Guide, we can attempt the process for you.

What if I still have questions?
Please contact MLabs Client Services at 1.800.862.7284