MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN
LABORATORIES

REQUIRED FORM & INSTRUCTIONS
PRIOR AUTHORIZATION

THIS PACKET IS TO PROVIDE OUR CLIENTS WITH INFORMATION ABOUT THE PRIOR AUTHORIZATION PROCESS, APPROVED CPT CODES AND CLINICAL HISTORY FORM.

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PRIOR AUTHORIZATION

OVERVIEW

Molecular testing is a valuable tool in the evaluation and personalized treatment of patients with malignancies and inherited conditions. Molecular tests may be ordered by the client, or may be generated as a result of a consultation.

Without a prior authorization, your patient's claim for services may be denied which could result in your patient receiving a significant bill.

Prior Authorization Documentation

Applying for a prior authorization requires an insurance company be provided with sufficient information to support the clinical need for the test.

All requests for molecular tests must be accompanied by:

- Molecular Diagnostic Clinical History form
- Most recent pathology report
- Relevant clinic encounter notes
- Medical genetics consultation notes (if applicable)

MLabs will submit a prior authorization request on behalf of you and your patient so that this testing can be authorized and performed without significant delay. If an insurance company requires the prior authorization to be submitted by the ordering physician, we will contact you.

NEED HELP WITH PRIOR AUTHORIZATIONS?
MLabs can help complete and submit prior authorizations.

PRIOR AUTHORIZATION

FREQUENTLY ASKED QUESTIONS

What is a prior authorization?

A prior authorization requirement, also known as a pre-authorization or pre-certification, is a clause in a health insurance policy that states that a patient must get permission from his or her health insurance company before receiving certain health care services, including 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.

Who is responsible for obtaining prior authorization?

The physician who orders the testing is responsible for obtaining prior authorization for the specialized laboratory test. If the physician's office does not obtain the necessary prior authorization prior to the specialized laboratory testing, the patient will be responsible for paying for the testing. Based on the test ordered, that could result in a patient being billed thousands of dollars.

Can I, as the ordering physician, get the prior authorization myself?

Yes. In most cases, you can 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, or providing the information over the phone.

Can MLabs get the prior authorization for me?

Yes. If you follow our Clinical History Instructional Guide in this packet on pages 11-12 and complete the Clincial Hisotry Form on page 13, we can attempt the process for you.

TEST NAMES AND CPT CODES (updated 3.02.2022)

Most commercial insurance plans require prior authorization for Molecular Diagnostic or Genetic testing, which includes the following assays offered by Michigan Medicine Laboratories (MLabs):

CPT CODES 88377

TEST NAME	CPT	MLABS ORDER CODE
ERG REARRANGEMENT FISH	88377	CGERG
TFE3 REARRANGEMENT FISH	88377	CGTF3
TFEB REARRANGEMENT FISH	88377	CGTFB
1P19Q DELETION BY FISH	88377	M1P19
ALK (2P23) REARRANGE FISH FOR NSCLC	88377	MALK
BCL6 (3Q27) REARRANGE FISH	88377	MBC6
BILIARY TRACT MALIGNANCY BY FISH	88377	MBTMF
BRAF (7Q34) REARRANGEMENT FISH	88377	MBRAF
DDIT3 (12Q12) REARRANGEMENT FISH	88377	MDDIT
CIC (19Q13) REARRANGEMENT FISH	88377	MCIC
EWSR1 (22Q12) REARRANGEMENT FISH	88377	MEWSR
FGFR2 (10Q26) REARRANGEMENT FISH	88377	MFFR2
HER2 FISH	88377	MHER2
IGH/BCL2 TRANSLOCATION FISH	88377	MIGHB
IGH/CCND1 TRANSLOCATION FISH	88377	MMANT
MALT1 (18Q21) REARRANGE FISH	88377	MALTM
MDM2 FISH	88377	MMDM2
MESOTHELIOMA FISH	88377	MMESO
MET (7Q31) FISH MULTIPLEX	88377	MMET
MYC (8Q24) REARRANGEMENT FISH	88377	MCMYC
NR4A3 (9Q22-9Q31) REARRANGEMENT FISH	88377	MNR4A
PDGFB (22Q13) REARRANGEMENT FISH	88377	MPDGB
RET (10Q11) REARRANGEMENT FISH	88377	MRET
ROS1 (6Q22) REARRANGE FISH	88377	MROS1
MELANOMA FISH MULTIPLEX	88377	MDPM

TEST NAMES AND CPT CODES (Continued)

CPT CODES 81105-81479

TEST NAME	CPT	MLABS ORDER CODE
B CELL CLONALITY (IGH and IGK GENE REARRANGEMENT)	81261, 81264	IGHK
B CELL CLONALITY (IGH GENE REARRANGEMENT)	81261	GRB
B CELL CLONALITY (IGK GENE REARRANGEMENT)	81264	IGK
BCR/ABL ANALYSIS QUANTITATIVE	81206, 81207	QBCR
BCR/ABL1 KINASE DOMAIN MUTATION	81170	KMBCR
BMT ENGRAFTMENT ANALYSIS, POST-BMT	81267	POST
BMT ENGRAFTMENT ANALYSIS, POST-BMT W CELL SELECTION	81268	POST
BMT ENGRAFTMENT ANALYSIS, PRE-BMT	81265	RECBM
BRAF V600E/V600K MUTATIONS	81210	BRAF
CALR MUTATION	81219	CALR
CEBPA MUTATION	81218	CEBPA
COLORECTAL CANCER NGS PANEL	81445	NGCRC
CYSTIC FIBROSIS CARRIER SCREEN	81220	INPLX
EGFR MUTATION NGS	81235	EGFRS
EWSR1/ATF1 TRANSLOCATION (CLEAR CELL SARCOMA)	81401	CCS
EWSR1/FLI1 & EWSR1/ERG TRANSLOCATIONS (EWING SARCOMA)	81401 x2	EWING
EWSR1/WT1 TRANSLOCATION (DESMOPLASTIC SM RND CELL TUMOR)	81401	DSRCT
FACTOR V LEIDEN MUTATION	81241	FVINV
FGFR MUTATON / TRANSLOCATION	81404	NGFGF
FLT3 MUTATION	81245, 81246	FLT3
HEREDITARY HEMOCHROMATOSIS MUTATION	81256	HHM
IDH1 AND IDH2 MUTATIONS	81120, 811221	IDH
IDH1 AND IDH2 MUTATIONS FOR GLIOMA	81120, 81121	IDHG
IGH/BCL2 TRANSLOCATION PCR	81402	BCL2
JAK2 EXON 12 MUTATION	81403	EX12
JAK2 V617F MUTATION	81270	JAK2
KIT D816V MUTATION	81273	D816V
KIT MUTATION - EXONS 9, 11, 13, 17	81272	GISTS
KIT MUTATION FOR AML - EXONS 8, 17	81272	KTAML
KIT MUTATION FOR MELANOMA - EXONS 11, 13, 17	81272	MEL
KRAS MUTATION IN MALIGNANCY	81275, 81276	KRAS
LUNG CANCER NGS PANEL	81445	NGLNG
MELANOMA NGS PANEL	81445	NGMEL

TEST NAMES AND CPT CODES

CPT CODES 81105-81479 (continued)

MGMT PROMOTER METHYLATION	81287	MGMT
MICROSATELLITE INSTABILITY	81301	MSI
MLH1 PROMOTER METHYLATION GERMLINE	81288	MLH1G
MLH1 PROMOTER METHYLATON	81288	MLH1M
MPL MUTATION	81402	MPLMD
MYD88 (L265P) MUTATION	81305	MYD88
NPM1 MUTATION	81310	NPM1
NRAS MUTATION IN MALIGNANCY	81311	NRAS
PAX/FOXO1 TRANSLOCATION (ALVEOLAR RHABDOMYOSARCOMA)	81401 x2	ARMS
PDGFRA MUTATION FOR GIST	81314	PDGF
PIK3CA MUTATION	81309	PIK3C
PML/RARA TRANSLOCATION QUALITATIVE	81315	PML
PML/RARA TRANSLOCATION QUANTITATIVE	81315	QPML
POLE MUTATION	81479	POLE
PROTHROMBIN 20210 MUTATION	81240	PROIN
RET MUTATION IN MALIGNANCY	81404	NGRET
SOLID TUMOR NGS PANEL	81445	NGSST
SYT/SSX TRANSLOCATION (SYNOVIAL SARCOMA)	81401 x2	SYT
T CELL CLONALITY (TRB GENE REARRANGEMENT)	81340	TRB
T CELL CLONALITY (TRG and TRB GENE REARRANGEMENT)	81340, 81342	TRGB
T CELL CLONALITY (TRG GENE REARRAGEMENT)	81342	GRT
TERT PROMOTER MUTATION	81345	TERT
TP53 MUTATION IN MALIGANCY	81351	TP53M
UGT1A1 PROMOTER GENOTYPING	81350	UGT
PCA3	81313	PCA3
MPS (PCA3 + T2ERG)	0113U	MIPS
MYELOID NGS PANEL	81450	MYENG
CYTOGENOMIC NEOPL MICROARRAY BLD/BM	81277	CGNAY
CYTOGENOMIC NEOPL MICROARRAY TISSUE	81277	CGATU
CYTOGENOMIC NEOPL MICROARRAY FFPE TISSUE	81277	CGAPT
CYTOGENOMIC NEOPL MICROARRAY DERM FFPE	81277	MDPA
CYTOGENOMIC NEOPL MICROARRAY DERM TISSUE	81277	MDPAT
HLA CLASS I LOW RES	81372	HLC1L
HLA CLASS II LOW RES	81375	HLC2L
HLA CLASS I AND II LOW RES	81370	37921 + OA004

TEST NAMES AND CPT CODES

CPT CODES 81105-81479 (continued)

HLA CLASS I ONE LOCUS LOW RES	81373	ABAC, ANKYL, BEHC, BSHT, CARB, HC1LR, MICAT, UVEI
HLA CLASS I HIGH RES	81379	HLBMR, HLHR
HLA CLASS II HIGH RES EACH LOCUS	81382	HLHR, HLBMR
HLA CLASS II ONE LOCUS LOW RES	81376	CELI, HC2LR, NARC
HLA CLASS I ONE LOCUS HIGH RES	81380	HC1HR
HLA CLASS II ONE LOCUS HIGH RES	81382	HC2HR
HLA CLASS I & II CONFIRMATORY	81371	HLCT, HLCTD, HLBML
HLA CLASS I AND II LOW RES HLLR HLSOD	81370	HLLR, HLSOD
HLA CLASS II LOW RES ONE LOCUS EACH	81376	HLLR, HLSOD

CPT CODES 81105-81479 (MMGL/GERMLINE)

TEST NAME	CPT	MLABS ORDER CODE
ABCD1 GENE SEQUENCING	81405	ABCD1
ATP7B GENE SEQUENCING	81406	ATP7B
AUTISM / INTELLECTUAL DISABILITY PANEL TIER 1	81229, 81244, 81331	AUS1
AUTISM / INTELLECTUAL DISABILITY PANEL TIER 2	81302, 81321, 81304, 81323	AUS2
AUTISM / INTELLECTUAL DISABILITY PANEL TIER 3	81405 x2, 81406 x7	AUS3
BECKWITH-WIEDEMANN SYNDROME ANALYSIS	81401	BWSM
BRCA ASHKENAZI JEWISH MUTATIONS	81212	BRAJ
BRCA MUTATION PANEL	81162	BRCP1
BRCA1 AND BRCA2 DELETION / DUPLICATION	81164	BRC2
BRCA1 AND BRCA2 GENE SEQUENCING	81163	BRC1
BRCA1 AND BRCA2 SEQ AND DEL/DUP NGS	81162	BOPND
BRCA1 AND BRCA2 SEQ NGS	81163	BOPN
BRCA1 DELETION / DUPLICATION	81166	BRC1D
BRCA1 GENE SEQUENCING	81165	BRCA1
BRCA1 TARGETED SEQUENCING FAMILIAL	81215	BR1F
BRCA2 DELETION / DUPLICATION	81167	BRC2D
BRCA2 GENE SEQUENCING	81216	BRCA2
BRCA2 TARGETED SEQUENCING FAMILIAL	81217	BR2F
BTDS GENE SEQUENCING	81404	BTDS

TEST NAMES AND CPT CODES

CPT CODES 81105-81479 (MMGL/GERMLINE) (continued)

CDKL5 GENE SEQUENCING	81406	CDKL5
CFTR DELETION / DUPLICATION	81222	CFTD
CFTR GENE SEQUENCING	81223	CFTRS
CFTR GENE SEQUENCING FAMILIAL	81221	CFTRF
CHD7 GENE SEQUENCING	81407	CHD7S
CHROMOSOMAL MICROARRAY	81229	SNPM1
CLINICAL ID OF A FAMILIAL MUTATION 1 EXON	81403	CLIFS
CLINICAL ID OF A FAMILIAL MUTATION 2 EXONS	81404	CLIF2
CLINICAL VERIFICATION OF RESEARCH 1 EXON	81403	CLVRS
CLINICAL VERIFICATION OF RESEARCH 2 EXONS	81404	CLVR2
CMA ABERRATION CONFIRMATION BY PCR	81402	RQPCR
COLORECTAL CANCER GERMLINE NGS PANEL	81435	MICOL
CONNEXIN 26 (GJB2) MUTATION	81252	CX26S
CONNEXIN 26 (GJB2) MUTATION FAMILIAL	81253	CX26F
CONNEXIN 30 (GJB6) DELETION	81254	CX30D
CYSTIC FIBROSIS DIAGNOSTIC MUTATION DETECTION	81220	CFDXL
DIGEORGE PANEL TIER 1	81402	DIGP1
DIGEORGE PANEL TIER 2	81229	DIGP2
FBN1 GENE SEQUENCING	81408	FBN1S
FRAGILE X SYNDROME MUTATION	81243	FRXFA
GAA GENE SEQUENCING	81406	GAAS
GALC DELETION / DUPLICATION	81405	GALCD
GALC GENE SEQUENCING	81406	GALCS
GDI1 GENE SEQUENCING	81406	GDI1S
HBOC COMPREHENSIVE GERMLINE NGS PANEL	81432	MIBCC
HBOC HIGH-MODERATE RISK GERMLINE NGS PANEL	81162	MIBOC
IDUA GENE SEQUENCING	81406	IDUAS
KRAS GENE SEQUENCING IN INHERITED DISORDERS	81405	RASKS
LMNA GENE SEQUENCING	81406	LMNAS
MBD5 GENE SEQUENCING	81406	MBD5S
MECP2 (RETT SYNDROME) GENE SEQUENCING	81302	MECS
MECP2 DELETION / DUPLICATION	81304	MECD
MECP2 GENE SEQUENCING FAMILIAL	81303	MECF
MEF2C GENE SEQUENCING	81405	MEFS
MLH1, MSH2, MSH6, PMS2 SEQ AND DEL/DUP NGS	81292, 81294, 81295, 81297, 81298, 81300, 81317, 81319	CCND

TEST NAMES AND CPT CODES

CPT CODES 81105-81479 (MMGL/GERMLINE) (continued)

MSH2 GENE SEQENCING	81295	MSH2S
MSH2 TARGETED SEQUENCING FAMILIAL	81296	MSH2F
NFL GENE SEQUENCING	81408	NF15
NLGN3 GENE SEQUENCING	81405	NLGN3
NLGN4X GENE SEQUENCING	81405	NLGN4
NOGGIN GENE SEQUENCING	81403	NOGS
NOONAN SYNDROME TIER 1	81405	NSST1
NOONAN SYNDROME TIER 2	81406	NSST2
NOONAN SYNDROME TIER 3	81406	NSST3
OTC GENE SEQUENCING	81405	OTCS
PAI1 (SERPINE1) MUTATION	81403	PAI1M
PALB2 GENE SEQUENCING	81307	PALB2
PALB2 TARGETED SEQUENCING FAMILIAL	81308	PALBF
PRADER-WILLI / ANGELMAN SYNDROME PCR	81331	PWSMP
PTEN DELETION / DUPLICATION	81323	PTED
PTEN GENE SEQUENCING FAMILIAL	81322	PTENF
PTEN HAMARTOMA TUMOR SYNDROME (PHTS) GENE SEQUENCING	81321	PTENS
PTPN11 GENE SEQUENCING IN INHERITED DISORDERS	81406	PTPNS
RUSSELL-SILVER SYNDROME ANALYSIS	81401	RSSP
SCL17A8 632>T (A21V) MUTATION	81403	SLC17
SERPINE1 GENE SEQUENCING	81405	SERPS
SETBP1 MUTATION	81403	SETM
SHANK2 GENE SEQUENCING	81406	SHNK2
SHANK3 GENE SEQUENCING	81406	SHNK3
SLC7A7 GENE SEQUENCING	81406	SLC7A
SLC9A6 GENE SEQUENCING	81406	SLC9A
SMN1&2 DELETION / COPY NUMBER	81329	SMN1D
SOS1 GENE SEQUENCING IN INHERITED DISORDERS	81406	SOS1S
TANGO2 GENE SEQUENCING	81479	TANGO
TCF4 GENE SEQUENCING	81406	TCF4S
TP53 DELETION / DUPLICATION	81405	TP53D
TP53 GENE SEQUENCING	81405	TP53S
UBE3A GENE SEQUENCING	81406	UBE3A
UNIPARENTAL DISOMY FOR CHROMOSOMES 6, 7, AND 14	81402	RSSP
WOLFRAM SYNDROME (WFS1) GENE SEQUENCING	81405	WFS1

CLINICAL HISTORY FORM
Instructional Guide

This instructional guide will assist in completing the clinical history form for the prior authorization for your patient. To ensure you and your patient are not billed unnecessarily, please complete this short prior authorization clinical history form.

PATIENT INFORMATION

Complete the basic patient demographics by providing the patient's name, medical record number, date of birth, and gender. Please referlowto the example be;

Client Name:

Patient Reg or MRN:

Patient Name: Last	First	MI

Birthdate:	Gender: ○M ○F

CLIENT INFORMATION

Please provide the ordering physicians name and contact information. Please refer to the example below.

Client Name:

Ordering Provider: Last	First	NPI#

COLLECTION INFORMATION

Please complete the specimen collection information. It is important to provide the date that the specimen was collected from the patient. This may be different than the submission date. Hospital registered inpatient or outpatient information is imperative for insurers. If the patient is not a registered hospital inpatient or outpatient, please provide the visit and procedure date. Please refer to the example below.

COLLECTION DATE Indicate the type of patient encounter on the date that the specimen was removed from the patient.

☐ Inpatient: Admission Date _____ Discharge Date _____

☐ Outpatient: Visit/Procedure Date _____

☐ Not a registered hospital inpatient or outpatient: Visit/Procedure Date _____

BILLING INFORMATION

In this next section, please indicate to whom the bill should be directed. If the patient participates in the traditional Medicare plan, please provide a copy of the patient's Medicare card. See example below.

Bill To: ☐ Client/Referring Institution ☐ Patient/Insurance

Medicare ○No ○Yes (include copy of patient's Medicare card)

If patient or insurance information is not included or attached to this form, your facility will be billed. For Medicare patients classified as a hospital inpatient or outpatient on the date of service, charges must be billed to the referring client.

ICD-10 CODES _____ _____ _____

ICD-10 Codes are required for billing. When ordering tests for which reimbursement will be sought, order only tests that are medically necessary for the diagnosis and treatment of the patient.

CLINICAL HISTORY FORM (Continued)
Instructional Guide

OTHER INFORMATION

The next section of the document refers to the patient's clinical history if the patient does NOT have traditional Medicare insurance. If the patient is participating in traditional Medicare, skip this section and include the appropriate documentation from the instructions section of the form.

Many insurance providers require the detailed clinical history for ordering molecular testing. Please provide primary indication for this test along with the corresponding ICD-10 code. Some examples insurance providers look for are:

- Family History of Cancer
- Family History of Breast Cancer
- Family History of Cystic Fibrosis
- Previous Personal History of Cancer

Primary indication(s) for ordering of this test?

The next question is referencing the outcome of the test and how the outcome will influence the patient's treatment plan. Please provide your planned course of treatment. Some examples insurance providers are seeking are:

- Vaccine
- Medications
- Clinical Trial
- Surgical Procedure

How will the result of this test influence the diagnosis or the patient's treatment plan?

If the molecular test is for genetic purposes, please provide clinical features or symptoms of the inherited mutation in question. Some examples of features that are favorable to insurance providers are:

- Pulmonary Hypertension
- Fatigue
- Abdominal Pain
- Chronic cough

If this test is for genetic purposes, does the patient display clinical features of the inherited mutation in question? If so, what are those features?

If the molecular test is for genetic purposes, please indicate the family history, the family members affected, and their relationship to the patient.

- Paternal Grandmother
- Maternal Grandmother
- Father
- Sibling

For genetic testing, is there a family history of this disease? If yes, please list all affected family members and relationship to patient (i.e. mother, father, sibling, maternal grandmother, etc.)

THANK YOU

MLabs would like to thank you for completing this documentation. MLabs will work with insurance providers to ensure patients will not be billed unnecessarily. Insurance providers may require further supportive documentation and MLabs may contact you. If MLabs is notified that your claim has been denied, we will contact you.

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CLINICAL HISTORY FORM

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FAX: 734.936.0755

FORM MUST BE ACCOMPANIED BY A SEPARATE REQUISITION

Client Name:

Patient Reg or MRN:

Patient Name: Last First MI

Birthdate: Gender: ○M ○F

Ordering Provider: Last First NPI#

COLLECTION DATE Indicate the type of patient encounter on the date that the specimen was removed from the patient.

☐ Inpatient: Admission Date Discharge Date

☐ Outpatient: Visit/Procedure Date

☐ Not a registered hospital inpatient or outpatient: Visit/Procedure Date

Bill To: ☐ Client/Referring Institution ☐ Patient/Insurance

Medicare ○No ○Yes (include copy of patient's Medicare card)

If patient or insurance information is not included or attached to this form, your facility will be billed. For Medicare patients classified as a hospital inpatient or outpatient on the date of service, charges must be billed to the referring client.

ICD-10 CODES

ICD-10 Codes are required for billing. When ordering tests for which reimbursement will be sought, order only tests that are medically necessary for the diagnosis and treatment of the patient.

OTHER INFORMATION (Complete only if patient's insurance is NOT traditional Medicare)

Primary indication(s) for ordering of this test?

How will the result of this test influence the diagnosis or the patient's treatment plan?

If this test is for genetic purposes, does the patient display clinical features of the inherited mutation in question? If so, what are those features?

For genetic testing, is there a family history of this disease? If yes, please list all affected family members and relationship to patient (i.e. mother, father, sibling, maternal grandmother, etc.)

INSTRUCTIONS (REQUIRED DOCUMENTATION)*

Please attach/include:

☐ Pathology Report ☐ Consent for Genetic Testing ☐ Family Genetic Pedigree Chart ☐ Copy of Insurance Card
☐ Relevant Clinical Notes ☐ Genetics Counselor Note ☐ Other _____

* The Centers for Medicare/Medicare Services requires that the performing laboratory bill CMS directly for certain services, rather than billing the facility; even when your facility has a client billing relationship with your reference laboratory. Refer to the patient's insurance information to determine if the patient's PRIMARY insurance is traditional Medicare.

Please fill out the above information and sign. Fax this completed form to MLabs at 734.647.0141

For more information on how to complete this form, please call us at 800.862.7284