



moleculara labs

### DETERMINING IF YOUR INSURANCE PLAN WILL CONSIDER The Cunningham Panel™ A COVERED BENEFIT

By utilizing the following step-by-step process to start a discussion with your insurance carrier, you can usually get some idea of the potential for coverage. However, it is not possible to guarantee that any insurance company will cover The Cunningham Panel™ of tests, regardless of which provider orders it, or whether the provider is, or is not, in the insurance company’s provider network.

√	ACTION	COMMENTS
	We strongly recommend that you start this process <b>before</b> you have the specimen collected! This way you will have a good idea of what your financial responsibility will be for The Cunningham Panel™.	
	Call the ordering provider’s office. Ask them to provide the <b>ICD-10 diagnosis code(s)</b> the ordering provider has used/will use for ordering The Cunningham Panel™.	<b>ICD-10 Codes:</b>
	Call the member services department at your insurance company. The telephone number will be on the back of your insurance card.	<b>Insurance phone #:</b>
	Ask to speak to a representative in the pre-authorization/pre-certification department.	<b>Representative’s name:</b>
	Tell the representative that your provider has ordered The Cunningham Panel™ and you would like their help to see if it is considered a <i>covered expense</i> under your plan.	
	You may be asked if Moleculara Labs in is the insurance plan’s network of contracted providers. <b>Moleculara Labs is not contracted with any insurance plans/companies, therefore we will always be out-of-network.</b>	Our <b>Tax ID #: 45-3509017</b> National Provider ID (NPI) #: <b>1013356211.</b>
	Ask the representative of the insurance company to <u>treat the testing as in-network</u> (sometimes called a “gap exception”) since Moleculara Labs is <b>the ONLY</b> laboratory that provides this testing.	See our website under <b>Parent &amp; Patient Resources</b> for a link to a ‘sole provider’ letter <a href="http://www.molecularalabs.com/sole-source-attestation-document/">http://www.molecularalabs.com/sole-source-attestation-document/</a> ).
	Provide the ICD-10 diagnosis codes you received from the ordering provider (see 2 <sup>nd</sup> step above)	

√ ACTION	COMMENTS
<p>Provide the <b>CPT</b> (Current Procedural Terminology) <b>codes</b> associated with The Cunningham Panel™ (provided on the right) →→→</p> <p>If the representative tells you “those are covered codes” <b>don’t stop there! Ask the following essential questions:</b></p>	<p>83520x4 – Immunoassay for analyte (\$40 x4 = \$160)  88230 – Tissue culture for non-neoplastic disorders; lymphocyte (\$355)  86352 – Cellular function assay involving stimulation and detection of biomarker (\$410)</p>
<p>A. Are these codes covered when provided by <b>any</b> lab, or only an in-network lab?</p> <p>B. Do any of these codes require medical necessity review in order to be considered a covered expense?</p> <p>C. Are these CPT codes covered for <b>all</b> ICD-10 diagnosis codes?</p> <p>D. Are any of these codes considered experimental or investigational?</p> <p>E. Does my insurance plan require a referral and/or authorization from my PCP (primary care provider) for this test?</p>	<p>If you are told that these codes can be performed by an in-network laboratory, explain that the codes are “methodology codes.” This means they describe <b>how</b> the test is done, not what is being tested <b>for</b>. Moleculera Labs is the <b>only</b> laboratory in the world that provides this panel of tests.</p> <p>If yes, ask the representative to request records from the ordering provider.</p> <p>If not, ask, “under which diagnosis codes <b>are</b> these CPT codes covered?”</p> <p>If yes, ask the representative what steps should be taken to obtain an exception for your case.</p> <p>If yes, request that your primary care provider submit the appropriate request for coverage of your test.</p>
<p>In order to determine whether (in their opinion) this test is medically necessary for the patient’s symptoms and condition, the insurance company representative <u>may ask you to obtain medical records</u> from the ordering provider and submit those to them. If the representative asks you to do this, <u>be sure to obtain a fax number or address to submit this information.</u></p>	<p><b>Fax #:</b></p>
<p>Keep careful notes of <u>the date(s) of your call(s)</u></p>	<p><b>Call dates:</b></p>
<p>Always ask the representative to provide a <u>call reference number or a case number</u> for your conversation/request.</p>	<p><b>Call reference/Case #:</b></p>
<p>Ask the representative for a <u>date or period of time (10 days, 2 weeks, a month, etc.) when you can expect a determination (approval/denial).</u></p>	<p><b>Response period given:</b></p>

√	ACTION	COMMENTS
	Be prepared <u>to follow up with your insurance company</u> around the dates/time periods they gave you.	<b>Follow-up date:</b>

## SOME IMPORTANT THINGS TO NOTE:

1. When contacting your insurance company, please be aware that any information provided by the representative is an **estimate only**. All claims are subject to review for medical necessity and benefit coverage at the time the claim is submitted.
2. If the patient is covered through an HMO (Health Maintenance Organization) plan, it is imperative to obtain a referral and/or authorization from the patient's PCP (primary care provider) for our test. It is important to talk to your insurance plan customer service representative about this and to know in advance what the requirements are. Ask the question: "Since the patient is covered by an HMO plan, does testing provided by an out-of-network lab require a referral and/or authorization from the PCP?"
3. Some insurance carriers offer a service called **predetermination** of benefits. These in-depth reviews are done prior to the service being rendered, involve review by a medical professional, and may offer a greater level of assurance that a service will be covered. Please note that predetermination can take anywhere from 30-45 working days to complete.
4. When an insurance company representative states that a procedure code is covered at 100%, they mean it is covered at 100% of what the company "allows" (or prices) for that code. It does not necessarily mean that they will pay our full charge. Moleculera Labs, Inc. is not contracted with any insurance plan and does not recognize their allowable charges as full payment. Any balance due is the responsibility of the patient/patient family.
5. Please keep in mind that a "covered expense" does not necessarily mean that the insurance carrier will **pay** for the test. The test may be considered "covered" and still be applied to your in- or out-of-network deductible.

**FINALLY, be persistent! You are the patient's greatest advocate.**