



## Reminder: Ordering Genetic Tests for HAP Members

Henry Ford Center for Precision Diagnostics (HFCDP) at Henry Ford Hospital is HAP’s preferred provider for genetic and cytogenetic testing. This arrangement requires most genetic and cytogenetic testing (CPT ranges 81105-81364, 81400-81479 and 88230-88299) to be performed at HFCDP. Per HAP member benefit policies, tests within these CPT ranges which are performed elsewhere may or may not be reimbursed.

Most genetic tests require prior authorization. The following information may be helpful when genetic testing is being considered for HAP members.

### Genetic Testing Offered at HFCDP

Listed below are the national guidelines based genetic tests available at HFCDP. **No prior authorization is required for these tests if performed at HFCDP.**

<p><b>Hemato-Lymphoid Neoplasia</b></p> <ul style="list-style-type: none"> <li>• B Cell (IGH) Gene Rearrangement</li> <li>• BCR-ABL t(9;22), p190 kD, m-bcr (minor breakpoint)</li> <li>• 8BCR-ABL t(9;22), p210 kD, M-bcr (major breakpoint)</li> <li>• BRAF Mutation</li> <li>• Calreticulin (CALR) Mutation</li> <li>• CBFb-MYH11 inv(16)</li> <li>• Epstein-Barr Virus (EBV) detection by in-situ hybridization</li> <li>• Hematolymphoid Custom Sequencing Panel 5-50 genes</li> <li>• ALL Sequencing Panel</li> <li>• Rapid AML Panel</li> <li>• Myeloproliferative Panel (JAK2, MPL, CALR)</li> <li>• Myeloproliferative Plus Panel</li> <li>• CLL /SLL Panel</li> <li>• JAK2 Mutation Analysis</li> <li>• Kappa/Lambda detection by in-situ hybridization</li> <li>• FLT3 Mutation Analysis</li> <li>• NPM1 Mutation Analysis</li> <li>• PML-RARA t(15;17)</li> <li>• T Cell Receptor Gene Rearrangement (gamma and beta)</li> </ul> <p><b>Hereditary disorders</b></p> <ul style="list-style-type: none"> <li>• Cystic Fibrosis (common variants; e.g., ACMG/ACOG guidelines)</li> </ul>	<p><b>Solid Tumor Neoplasia</b></p> <ul style="list-style-type: none"> <li>• Colorectal Cancer Panel, includes <ul style="list-style-type: none"> <li>– MLH1, MSH2, MSH6 &amp; PMS2 by IHC</li> <li>– Microsatellite Instability (MSI) by PCR</li> <li>– MLH1 Promoter Methylation Detection</li> <li>– KRAS Mutation for Codons 12,13, 61 &amp; 146</li> <li>– NRAS Mutation for Codons 12,13 &amp; 61</li> <li>– BRAF Mutation</li> </ul> </li> <li>• Gastrointestinal Stromal Tumors Panel (KIT, PDGFRA)</li> <li>• Glioma Panel, includes <ul style="list-style-type: none"> <li>– 1p/19q Loss of Heterozygosity</li> <li>– EGFRvIII Mutation</li> <li>– IDH 1/2 Mutation Detection</li> </ul> </li> <li>• MGMT Promoter Methylation</li> <li>• Lung Cancer Panel, includes PDL-1 IHC</li> <li>• Melanoma Panel, includes PDL-1 IHC</li> <li>• Solid Tumor Sequencing Panel (48 Genes)</li> <li>• Sarcoma Translocation Panel</li> <li>• Her-2 FISH and Dual FISH Analysis</li> <li>• ROS1 FISH</li> <li>• ALK FISH</li> <li>• Chromosome (Karyotype) Analysis-Tumor &amp; Bone Marrow</li> <li>• EGFR TKI Sensitivity and Resistance Mutations</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>• Tissue/Patient Identification by DNA analysis (non-paternity)</li> <li>• Gestational Disease Profile (molar pregnancy)</li> </ul>
---	---

For more information, including CPT codes and a full list of genetic tests available at HFCDP, visit the [HFCDP website: www.henryford.com/hfcpd](http://www.henryford.com/hfcpd)

## Confirming Genetic Testing Coverage

**Not all HAP plans cover genetic testing.** Prior to specimen collection, please verify that genetic testing is a covered benefit for the member. There are two options:

- Call HAP Provider Inquiry at **(866) 766-4661**
- Log in at **hap.org**, select *More*, then *Contracts, Benefit Guides & Riders*.

## Confirming if Prior Authorization Required

It's important to check if prior authorization is required. Here are the steps.

1. Log in at **hap.org**.
2. Select *Procedure Reference Lists* under *Quick Links*.
3. Refer to *Services that Require Prior Authorization* and search for the test.

## Submitting Prior Authorization Requests

You can easily submit a prior authorization request via our online authorization application, CareAffiliate. Prior authorization approval can take up to 14 days. Here are high level steps and tips.

1. Log in at **hap.org**.
2. Select *Authorizations; Authorizations, New Authorization*.
3. Enter the *Member ID* or *Name*.
4. In the *Request Type* field, enter **OPOTHER** (for outpatient other medical services). Complete the remaining fields on the screen.
5. On the next screen (Service 1), under *Facility*, enter **NPI 1851410005** for Henry Ford Pathology.
6. Complete remaining fields and be sure to include clinical history, medical necessity and informed consent, if required (attach additional information/documents, if necessary).

## Proprietary Genomic Tests - What You Need to Know

- Some proprietary tests are patented and have limited availability. Many of these tests are in the CPT code range of **81490-81599**.
- Another category of Proprietary Laboratory Analysis (PLA) codes is actively being reviewed and awaiting the possibility of a CPT code. They are listed on the [AMA website](#) and updated quarterly.
- Examples of proprietary tests include: Oncotype DX-Breast, Colon, or Prostate (Genomic Health) and sequencing based trisomy testing.
- Cologuard, a proprietary test, does not require prior authorization. Testing is offered as a preventive service under the United States Preventive Services Taskforce (USPTF) guidelines. The patient collects their sample and sends it directly to the Cologuard laboratory.
- Proprietary genomic testing is **not** available at HFCPD. It usually requires prior authorization.
- Once you obtain prior authorization, send the test directly to the laboratory that is performing the testing.

## Determining Patient Financial Responsibility

Members may have deductibles and copays even with an approval for genetic testing. Prior to specimen collection, providers should discuss cost share with their patient. To determine financial liability:

- Log in at **hap.org**, select *More*, then *Contracts, Benefit Guides & Riders*.
- Call HAP Provider Inquiry at **(866) 766-4661**.

The member is responsible for the cost of the genetic test if:

- They do not have insurance coverage for genetic testing.
- Prior authorization has not been obtained.

You can contact HFCPD at **(313) 916-4DNA (4362)** for an estimate of the cost of the test.

## Assistance and More Information

- Call HFCDP Customer Service at **(855) 916-4DNA (4362)**. Representatives are available Monday-Friday, 8 a.m. to 5 p.m. to help with:
  - Requesting consultation from a board-certified molecular pathologist
  - Ordering advice for test indications and appropriateness
  - Professional interpretation and advice regarding test results
  - Electronic order entry, courier, pre-paid mailers and reporting options
  - Pricing and payment options
- Visit HFCDP website for comprehensive printable order forms and more in-depth, current information about:
  - Commonly ordered CPT and test codes
  - Certified professional staff
  - Genomic test menu
  - Cytogenetic test menu
  - Test request forms
  - Frequently Asked Questions
  - Accreditation and certificates
  - Specimen submission requirements
  - Specimen Transport Mailer & Request forms
  - Courier pick up options
  - Draw sites across southeast Michigan
  - Lab User's Guide at <https://lug.hfhs.org>

**Henry Ford Center for Precision Diagnostics** is a division of the ISO 15189 accredited Henry Ford Laboratories. HFCDP website: [www.henryford.com/hfcpd](http://www.henryford.com/hfcpd)