GeneDx billing

What you and your patients can expect.

GeneDx accepts all commercial insurance, Medicaid, Medicare, and Tricare. We also offer direct billing for institutions and self-pay options.

Eligible patients may also benefit from interest-free payment plans and our Patient Access Solutions, including our Financial Assistance Program, which aim to increase the affordability of testing.

Importance of submitting complete supporting documentation

For all insurance types, the following information should be included at the time of order placement to increase the chances of insurance approval and reduce back and forth for you and your patients.

- Prior authorization (PA) approval documentation, if obtained in advance
  - In most cases GeneDx can submit the authorization request to insurance on behalf of the ordering provider through our third-party vendor, careviso.
- Insurance-required prior authorization form, if applicable
- Supporting documentation that demonstrates why the test is medically necessary, including:
  - Documentation of why the test ordered (e.g., exome or genome) is the most appropriate test for your patient based on their personal and family history (e.g., clinical notes and previous test results)
  - Documentation of how test results could potentially impact management, including explicit details and examples (e.g., clinical notes)
  - If applicable, documentation that genetic counseling was performed (e.g., separate genetic counseling consult note or documentation of counseling by the ordering provider)
- All relevant diagnosis codes (ICD-10)
- A copy of the patient's primary insurance card (front and back)

To access downloadable templated letters to help establish medical necessity for exome and genome, please visit **GeneDx.com/LMN.**

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Requirements for non-commercial insurance providers

Additional documentation is required by some insurance providers, including Medicaid, Tricare, and Medicare.

Medicaid

GeneDx accepts all Medicaid plans. In certain states without explicit Medicaid coverage for exome sequencing, patients may be able to obtain coverage for testing through the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program. Please talk to your GeneDx Regional Account Executive to understand if this is an option in your state and to access any required forms.

Tricare

GeneDx accepts all Tricare plans. If a prior authorization is not obtained in advance of placing the order, the following should be included at the time of the test order:

- For Tricare members with Prime and U.S. Family Health plan: Tricare PCM referral form
- If complete documentation supporting medical necessity is not included, then the appropriate Tricare Laboratory Developed Test (LDT) attestation form must be provided. To access these forms, please visit **GeneDx.com/tricare-forms**.

Medicare

For exome orders, patients with traditional Medicare will be required to sign an Advanced Beneficiary Notice of Non-Coverage (ABN), as Medicare does not have an explicit exome coverage policy. If an ABN is required, GeneDx will reach out to the patient after receiving the order.

Submitting complete diagnosis codes

For test orders billed to a patient's insurance, submission of all relevant ICD-10 codes is critical to support medical necessity.

- The primary ICD-10 code should reflect the primary reason for ordering the test.
- Additional relevant ICD-10 codes should be submitted.
- For exome and genome testing, more than one diagnosis code is often needed to obtain insurance approval.

To access a list of frequently used ICD-10 codes in pediatric neurology, please visit **GeneDx.com/ICD10**.

* GeneDx reserves the right to modify which health plans are held for prior authorization determination at any time.
† If a test is canceled for billing reasons, it may be reactivated by contacting us at Support@GeneDx.com.

The information described here applies to orders placed within the United States.

Prior authorizations

A prior authorization (PA) is almost always required by insurance for genetic testing.

Certain insurance providers, such as Aetna and Cigna, require specific PA forms. Ask your Regional Account Executive or Client Success Manager for these forms.

- *Testing for patients with Aetna and any Carelon (formerly AIM Specialty Health) health plan will be held until a PA determination is made by the insurance plan.* If the PA is denied, we will contact the patient and offer self-pay. If we are unable to contact the patient, the test will be canceled.†*
- *Testing for outpatient (non-rapid) genome orders will be held until a PA determination is made by the insurance plan.* To view a list of insurance plans that cover outpatient genome testing, please visit **GeneDx.com/genome-outpatient-coverage**.*
- *For patients with an insurance requirement for pre-test genetic counseling, we can connect your patients with a third-party genetic counseling service. To request this service, please submit the genetic counseling referral form at **GeneDx.com/gc-referral**.*

PA support with careviso

GeneDx encourages ordering providers to obtain a PA in advance of placing an order.

In most cases, GeneDx can also submit the authorization request to insurance on behalf of the ordering provider through our third-party vendor, careviso. Careviso works directly with insurance providers to obtain PAs and submits the approval and/or denial information to GeneDx.

However, some payors, such as UHC and some Blues plans, require ordering providers to complete enrollment with careviso in order to utilize their services. In these instances, if an ordering provider is not registered with careviso, PA approval documentation must be submitted with the order or testing may remain on hold until documentation is received.

To get started with careviso, please visit **careviso.com/enrollment.**

Patient Access Solutions

GeneDx's Patient Access Solutions offer a suite of tools and programs to help address patients' final cost of testing. Below is more information on two of these solutions. To learn more, please visit **GeneDx.com/patient-access-solutions.**

Financial Assistance Program

Financial assistance can reduce the amount owed by the patient for testing billed through insurance.

Patients can apply for the program after they receive their bill from GeneDx. The application form and a tool to estimate the level of assistance a patient may qualify for can be found at **GeneDx.com/financial-assistance-program**.

Cost estimate for patients

For patients with commercial insurance and Medicare Advantage plans, we offer the option to contact the patient's health insurer to obtain a cost estimate.

The cost estimate is provided by your patient's insurance provider and is based on their response at the time of request. The calculation is based on the patient's current benefits, including their deductible and, if applicable, coinsurance. This is only an estimate and the final amount will not be determined until the claim is processed. This estimate does not consider whether your patient meets coverage criteria or the final status of a prior authorization, which is required for most genetic testing.

How it works:

- If the estimated out-of-pocket cost is less than $250, GeneDx will run the test as ordered.
- If the estimated out-of-pocket cost is greater than $250, GeneDx will attempt to contact the patient three times via phone to discuss their options. If we are unable to reach the patient, we will run the test as ordered 14 days after the last outreach attempt.

If you would like to hold the order until an estimate is provided by the patient's insurance provider, please use one of the methods below at the time of order placement:

1. Check "hold test for cost estimate" checkbox in the portal (if present) and document it in the billing notes
2. Add "hold test for cost estimate" in the billing notes within the portal
3. Check or write "hold test for cost estimate" on the paper test requisition

! *GeneDx does not conduct a cost estimate for patients with Medicaid insurance as we do not balance bill patients with Medicaid insurance.*

Do you or your patients have billing questions?

Contact your GeneDx representative or get in touch with our dedicated billing team at **Billing@GeneDx.com**. Patients can also call us at **888-729-1206**, dial option 2, repeat 2.