MAYO CLINIC LABORATORIES

Hereditary Hemorrhagic Telangiectasia and Vascular Gene Panel (HHTGG) Prior Authorization Ordering Instructions

Mayo Clinic Laboratories is pleased to offer prior authorization services and third party billing on our Hereditary Hemorrhagic Telangiectasia and Vascular Malformations Gene Panel, Varies (HHTGG). To utilize our prior authorization services on this test, you must follow the process as outlined below.

Ordering and Prior Authorization Process

Mayo Clinic Laboratories utilizes an extract and hold process for prior authorization. To order HHTGG with prior authorization services, complete this document as instructed below by insurance type. **You must order test code HHTGG and send the completed paperwork in with the sample.** The receipt of the paperwork and sample at Mayo Clinic Laboratories will trigger the extract and hold process and generate a request to the MCL Business Office to verify your patient's insurance coverage for the testing and begin any additional prior authorization services.

If the expected patient out-of-pocket expense is $200 or less after prior authorization services, Mayo Clinic Laboratories will automatically proceed with HHTGG testing. If the expected patient out-of-pocket expense is greater than $200, Mayo Clinic Laboratories will seek approval from the client contact listed on the Patient Demographics and Third Party Billing Information form **before proceeding** with HHTGG testing. The MCL Business Office offers interest-free payment plans on balances over $200.

Commercial Insurance

For patients with commercial insurance, complete the following, staple them together and send with the specimen:

- Patient Demographics and Third Party Billing Information form (required)
- Letter of Medical Necessity (required)
- Copy of front and back of insurance card (if available)

Note: The Advanced Beneficiary Notice of Noncoverage (ABN) form is not required for commercial insurance-covered patients.

Medicare

For patients with Medicare, complete the following, staple them together and send with the specimen:

- Patient Demographics and Third Party Billing Information form (required)
- Advanced Beneficiary Notice of Noncoverage (ABN) form (required – see separate ABN form: MC2934-331)
- Copy of front and back of secondary insurance card (if applicable)

Attach the ABN form and copy of the secondary insurance card to the Patient Demographics and Third Party Billing Information form and send with the specimen.

Note: The Letter of Medical Necessity and a copy of the Medicare card are not required for Medicare-covered patients.

Medicaid

Mayo Clinic Laboratories may be able to file claims for your Medicaid-covered patients. Before ordering, contact the MCL Business Office at 800-447-6424 to discuss. Have the patient's Medicaid information available when calling.

Note: These instructions are subject to change at any time. Call the MCL Business Office at 800-447-6424 with any questions.

Complete and print.

Reset Form

MAYO CLINIC LABORATORIES

Prior Authorization Patient Demographics and Third Party Billing Information

Client Order Number

Patient Demographics and Insurance Information

Patient Name (Last, First Middle)			Birth Date (mm-dd-yyyy)
Sex Assigned at Birth ☐ Male ☐ Female ☐ Unknown ☐ Choose not to disclose		Legal/Administrative Sex ☐ Male ☐ Female ☐ Nonbinary	
Patient Mailing Address		City	State / ZIP Code
Primary Insurance Company Name	Insurance Subscriber ID No. / Policy No.	Insurance Group No. (if applicable)	
Primary Insurance Company Mailing Address		City	State / ZIP Code
Primary Insurance Company Phone	Subscriber Name (if different than patient) and Relationship to Patient		

Order Information

MCL Test ID **HHTGG**	Name of desired MCL test **Hereditary Hemorrhagic Telangiectasia and Vascular Malformations Gene Panel, Varies**
ICD-10 Codes (use number codes to highest specificity)	Service/Collection Date (mm-dd-yyyy)
Referring Provider Name (Last, First)	Referring Provider's National Provider ID (NPI)

Client Account and Client Contact Information

MCL Client Account Number (if known)	Referring Client Facility Name
Contact Name	Contact Phone
Contact Email	Date Today (mm-dd-yyyy)

Attach the Following to This Completed Form

- Letter of Medical Necessity (required except for Medicare patients) – template provided on page 3
- Advanced Beneficiary Notice of Noncoverage (ABN) form (required for Medicare patients only) – see separate form: MC2934-331
  - Templates provided on the following pages
- Copy of front and back of patient's insurance card (if available)

Letter of Medical Necessity for HHT and Vascular Gene Panel (HHTGG) Testing

Patient Name (Last, First, Middle)

Birth Date (mm-dd-yyyy)

Member Number

Group

ICD-10 Codes

To Whom It May Concern:

We are requesting preauthorization for the Hereditary Hemorrhagic Telangiectasia and Vascular Malformations Gene Panel, Varies

(HHTGG) performed by Mayo Clinic Laboratories for (insert patient name)

Patient's personal medical history is significant for

Patient's family history is significant for

Due to the patient's medical history, a diagnosis of Hereditary Hemorrhagic Telangiectasia and Vascular Malformations is suspected, and genetic testing is recommended.

Rationale: The use of genetic testing to aid in the diagnosis of Hereditary Hemorrhagic Telangiectasia and Vascular Malformations is supported by experts in the field.[1] Test results will have a direct impact on this patient's medical management, screening, and prevention of potential complications, including complications associated with clinically significant vascular malformations (VM) of the gastrointestinal tract, brain, lungs, and liver.

Hereditary hemorrhagic telangiectasia (HHT) is an underdiagnosed condition that is commonly associated with a long diagnostic delay. Genetic testing is used to confirm a diagnosis and/or identify at-risk individuals. This testing would allow for the unequivocal diagnosis of a gene variant causative of the patient's medical history, and would have significant implications for the patient's clinical management regarding decision-making and medical management. For example, identification of a disease-associated *ENG* or *ACVRL1* variant would confirm a diagnosis of HHT, and warrant ongoing topical and/or ablative treatments for epistaxis, esophagogastroduodenoscopy for suspected HHT-related bleeding, iron supplementation, screening and/or treatment of VMs based on expert guidelines among other diagnosis-specific management recommendations.[1] In addition, identification of a disease-associated variant in the *SMAD4* gene would warrant colonoscopy starting at age 15 years, due to the association of this gene with juvenile polyposis-HHT overlap. Other clinically overlapping conditions evaluated by this panel include familial cerebral cavernous malformation (CCM) and capillary malformation-arteriovenous malformation syndrome (CM-AVM). A positive genetic test result would provide a definitive cause for this patient's medical history and would ensure this patient is being treated appropriately.

A negative genetic test result could also be informative. A negative result may help to reinforce that the patient does not have HHT or a related disorder or, alternatively, it could indicate that additional genetic testing (such as whole exome or whole genome sequencing) should be considered to confirm an alternate diagnosis and allow for gene-specific management and screening.

Genetic testing can confirm a diagnosis of heritable HHT or a related vascular malformation syndrome, and a positive result may mean family members are at up to a 50% risk of being affected, or of being a carrier for one of these conditions. When a familial variant has been identified, genetic testing can identify family members who are not at increased risk to develop disease. No other test can reliably differentiate unaffected family members, who do not require further health screening, from presymptomatic affected family members, who must be followed closely by a team of specialists.

Test requested: Hereditary Hemorrhagic Telangiectasia and Vascular Malformations Gene Panel, Varies (HHTGG) is a cost-effective test that utilizes next-generation sequencing (NGS) to evaluate 12 genes for disease-associated variants associated with HHT, CCM, CM-AVM, and other hereditary vascular malformation syndromes of germline origin.

Laboratory information: Testing would be performed at Mayo Clinic Laboratories (TIN# 411346366 / NPI# 1093792350), a CAP-accredited and CLIA-certified laboratory, using 2020 CPT codes: 81406x3, 81479.

Thank you for your thoughtful consideration of our preauthorization request. We look forward to hearing back from you.

Sincerely,

Ordering Clinician Name

Contact information

References

1. Faughnan ME, Mager JJ, Hetts SW, et al. Second International Guidelines for the Diagnosis and Management of Hereditary Hemorrhagic Telangiectasia. Ann Intern Med. 2020;173(12):989-1001. doi:10.7326/M20-1443

Print

MAYO CLINIC LABORATORIES
200 First Street SW
Rochester, Minnesota 55905
800-447-6424

Patient Name *(First Middle Last)*	MCL Order Number

Advance Beneficiary Notice of Noncoverage (ABN)

Note: If Medicare doesn't pay for Items and Services below, you may have to pay.
Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the Items and Services below.

Items and Services	Reason Medicare May Not Pay	Estimated Cost
HHTGG/Hereditary Hemorrhagic Telangiectasia and Vascular Malformations Gene Panel, Varies	Patient's personal and family history of cancer does not meet Medicare's medical necessity coverage criteria for this laboratory test.	$2,520.00

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the Items and Services listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

Options: Check only one box. We cannot choose a box for you.

☐ **OPTION 1.** I want the Items and Services listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.** I want the Items and Services listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

☐ **OPTION 3.** I don't want the Items and Services listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/**TTY**: 1-877-486-2048).
Signing below means that you have received and understand this notice. You may ask to receive a copy.

Signature ▶	Date *(mm-dd-yyyy)*

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit Medicare.gov/about-us/accessibility-nondiscrimination-notice.