Mayo Clinic Laboratories is pleased to offer prior authorization services and third party billing on our Hereditary Sensory/Autonomic Neuropathy Panel by Next-Generation Sequencing (NGS) (HSNP). 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 HSNP with prior authorization services, complete this document as instructed below by insurance type. **You must order test code HSNP 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 HSNP 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 HSNP 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: MC2934-203)
- 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.
Client Order Number

<table>
<thead>
<tr>
<th>Patient Demographics and Insurance Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Name</strong> <em>(Last, First, Middle)</em></td>
</tr>
<tr>
<td><strong>Patient Mailing Address</strong></td>
</tr>
<tr>
<td><strong>Primary Insurance Company Name</strong></td>
</tr>
<tr>
<td><strong>Primary Insurance Company Mailing Address</strong></td>
</tr>
<tr>
<td><strong>Primary Insurance Company Phone</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Order Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MCL Test ID</strong></td>
</tr>
<tr>
<td><strong>HSNP</strong></td>
</tr>
<tr>
<td><strong>Name of desired MCL test</strong></td>
</tr>
<tr>
<td><strong>Hereditary Sensory/Autonomic Neuropathy Panel by Next-Generation Sequencing (NGS)</strong></td>
</tr>
<tr>
<td><strong>ICD-10 Codes (use number codes to highest specificity)</strong></td>
</tr>
<tr>
<td><strong>Referring Provider Name</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Client Account and Client Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MCL Client Account Number (if known)</strong></td>
</tr>
<tr>
<td><strong>Contact Name</strong></td>
</tr>
<tr>
<td><strong>Contact Email</strong></td>
</tr>
</tbody>
</table>

**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: MC2934-203
  o Templates provided on the following pages
- Copy of Front and Back of patient’s insurance card (if available)
Letter of Medical Necessity for Hereditary Sensory/Autonomic Neuropathy Panel by Next-Generation Sequencing (NGS) Genetic 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 Sensory/Autonomic Neuropathy Panel by Next-Generation Sequencing (NGS) (HSNP) 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 hereditary form of peripheral neuropathy is suspected and genetic testing is recommended.

Rationale: The American Academy of Neurology supports genetic testing for individuals who exhibit features of a classic hereditary neuropathy.* Test results will have a direct impact on the patient’s medical management and treatment. Clinical features of the multiple forms of inherited peripheral neuropathy can be highly variable with a great degree of clinical and genetic overlap. Additionally, symptoms can be mild or absent, thus genetic testing is used to confirm the precise diagnosis and/or identify at-risk individuals.

A positive result would allow for clarification of the diagnosis and adjustment of medical care. Also, it would prevent further repetitive diagnostic investigations including costly and invasive evaluations, such as MRIs, EMGs, and muscle biopsies. A positive genetic test result would provide a definitive cause for this patient’s peripheral neuropathy and would ensure this patient is being treated appropriately.

Most forms of peripheral neuropathy are inherited in an autosomal dominant fashion; therefore, each child is at a 50% risk to inherit the mutation from an affected parent. When a familial mutation has been identified, genetic testing can identify family members who are not at increased risk to develop peripheral neuropathy (non-mutation carriers). No other test can reliably differentiate unaffected family members, who do not require further screening, from symptomatic affected family members.

Test requested: HSNP / Hereditary Sensory/Autonomic Neuropathy Panel by Next-Generation Sequencing (NGS) is a cost-effective test that utilizes next-generation sequencing (NGS) to evaluate multiple genes for pathogenic mutations associated with several forms of peripheral neuropathy, including: ATL1, CCT5, DNMT1, DSTD, FAM134B, KIFAP1A, NGF, NTRK1, SCN9A, SPTLC1, SPTLC2, SPTLC3, and WNK1/HSN2.

Laboratory information: Testing would be performed at Mayo Clinic Laboratories (TIN# 411346366 / NPI# 1093792350), a CAP-accredited and CLIA-certified laboratory, using 2018 CPT code: 81448.

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

Sincerely,

Ordering Clinician Name ____________________________________________________________

Contact information ____________________________________________________________

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.

<table>
<thead>
<tr>
<th>Items and Services (Only one box may be checked per form)</th>
<th>Reason Medicare May Not Pay</th>
<th>Estimated Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSNP / Hereditary Sensory/Autonomic Neuropathy Panel by Next-Generation Sequencing (NGS)</td>
<td>Patient’s personal and family history of cancer does not meet Medicare’s medical necessity coverage criteria for this laboratory test.</td>
<td>$1950.00</td>
</tr>
</tbody>
</table>

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 also receive a copy.

Signature Date (mm-dd-yyyy)

CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

Form CMS-R-131 (Exp. 03/2020) Form Approved OMB No. 0938-0566

Staff Instructions: Print two copies. Give one to the patient and route the other per site-specific workflow/process documentation.