

Insurance Billing

Oxy-Gen is committed to putting patients first by working side-by-side with our clients and their patients to provide access to quality genetic testing. We accept all commercial insurance PPO & POS plans and, whenever possible, will obtain the required prior authorizations.

What is Oxy-Gen's billing policy?

Once we receive a sample or completed forms (see below), it is our practice to work with the provider and the patient on an individual basis.

If a provider or patient wants to be notified for a different out-of-pocket amount, please indicate that on the test requisition (i.e. Please notify me if patient out of pocket exceeds \$500).

Testing will not be released until a reasonable path has been determined for reimbursement.

When can the verification of insurance coverage be done?

We can verify insurance coverage either before or after a sample is received in the laboratory.

Before the sample is received in the lab

Benefits Investigation Request Form

To submit the required information, providers can:

- fax the benefits investigation request form to: 888-316-1232
- call us: 888-415-6757
- email us the benefits investigation request form: billing@oxy-genlab.com

Oxy-Gen will fax the provider a summary once the process is completed.

After the sample is received in the lab

Authorization will be obtained before samples are processed by Fulgent. If the insurance does not cover testing, or if the out-of-pocket is expected to be more than \$100, we will contact the patient within a week to discuss. Fulgent does offer financial assistance and no-interest payment plans.

What is required for Oxy-Gen to verify insurance coverage and determine a patient's out-of-pocket cost?

1. Copy (front and back) of the patient's healthcare insurance card (or cards if the patient has a secondary healthcare insurance plan).
2. Completed test requisition form, including patient information: address, telephone number, etc. This is critical as orders not complete will require manual processing and could create an unnecessary delay. Insurance Billing Section
3. Make certain that the appropriate ICD10 code(s) are included on the requisition form
4. A clinical note, pedigree, and/or pertinent medical records that document the medical necessity of the genetic testing being ordered.

How does Oxy-Gen verify coverage?

Oxy-Gen accepts all private healthcare insurance plans. Fulgent will call the patient's insurance company to determine:

1. If a prior authorization is required, Oxy-Gen will submit the needed documentation (see below for what information needs to be submitted).
2. What the patient's out-of-pocket cost will be. This includes unmet deductible, copay and coinsurance.

What is prior authorization?

Some insurance companies require a review of medical records before determining if genetic testing is covered by the plan. Oxy-Gen will submit the medical information from the healthcare provider in an attempt to obtain a prior authorization.

In addition, certain insurance providers require a special authorization form to be completed by a genetics specialist if a specific test is being performed. To locate a genetic counselor in your area, please visit www.nsgc.org. While Oxy-Gen Laboratory has certified genetic counselors on staff to answer your questions, it is important that an independent genetic counselor/specialist provide pre-test counselling to your patients. Please see below for the corresponding forms.

United Health Care (UHC)

UHC Genetic Counseling Attestation Form

Beginning in 2016, UHC requires prior authorization for BRCA genetic testing and should be completed by a Genetic Specialist (ie: genetic counselor, genetic nurse, clinical geneticist).

Aetna

Aetna BRCA Precertification Request Form

Aetna requires prior authorization to be completed by the ordering physician for tests that includes the BRCA genes.

Cigna

Cigna Genetic Testing Recommendation Form

Cigna has expanded the scope of requirements to most genetic testing including hereditary cardiomyopathies/arrhythmias, and hereditary cancer susceptibility. The following form should be completed by a Genetic Specialist (ie: genetic counselor, genetic nurse, clinical geneticist).

How does the insurance verification process impact turnaround-time?

Testing will not begin until:

- Prior authorization for the testing is obtained (if required)
- Patient agrees to the out-of-pocket amount (if more than \$100).

Please contact a Billing Representative at 888-415-6757 or billing@oxy-genlab.com for more information.

Our mission is simple: to ensure all patients have access to important and clinically relevant genetic testing.

We believe in empowering patients and clinicians to make the most informed treatment decisions. Oxy-Gen Laboratory understands that costs associated with a patient's testing can potentially pose a financial hardship which may influence a patient's decision in selecting genetic testing options. Oxy-Gen Laboratory will always continue to provide all patients with access to cost effective genetic testing and promises to work one on one with each patient to meet their testing needs.