

Medicare / Medicaid Billing

What if a patient has Medicare?

Oxy-Gen is contracted with Medicare. However, Medicare has limited coverage for genetic testing.

- For non-HMO Medicare plans, cancer panels are typically covered if the patients meet Medicare criteria for Hereditary Breast and Ovarian Cancer or Hereditary Colorectal/Lynch Syndrome testing.
- If a patient with a non-HMO plan does not meet the criteria for one of the cancer panels, they will need to sign an ABN.

Advance Beneficiary Notice (ABN) Form

For HMO Medicare plans:

- Providers must obtain a prior authorization.
- Deductible, coinsurance and copays may contribute to a patient's out-of-pocket.

What if a patient has Medicaid?

Oxy-Gen is a registered provider with various Medicaid plans. However, some of these plans often do not cover the cost of genetic testing. Prior authorization is typically required.

- If Oxy-Gen has a contract with the Medicaid plan, we will submit the required information and attempt to obtain a prior authorization.
- If we are not under contract with the Medicaid plan or if the test is not covered, we can offer our Medicaid Self Pay price.
- If the patient has a Managed Medicaid plan, the provider is required to obtain the prior authorization per the plan requirements.
- Any Medicaid test sent without a prior authorization will go on hold until a path for reimbursement has been determined.

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