



## *Noonan Syndrome and Related Disorders Multi-Gene Panel Prior Authorization Ordering Instructions*

Mayo Clinic Laboratories is pleased to offer prior authorization services and third party billing on our Noonan Syndrome and Related Disorders Multi-Gene Panel, Blood (NSRGP). 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 NSRGP with prior authorization services, complete this document as instructed below by insurance type. **You must order test code NSRGP 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 NSRGP 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 NSRGP 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: MC2934-199)
- 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.



*Prior Authorization  
Patient Demographics and  
Third Party Billing Information*

**Client Order Number**

|  |
|--|
|  |
|--|

**Patient Demographics and Insurance Information**

|   |  |   |      |                                     |          |
|---|--|---|------|-------------------------------------|----------|
| Patient Name <i>(Last, First, Middle)</i> |  | Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female |      | Birth Date <i>(mm-dd-yyyy)</i>      |          |
| 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<br><b>NSRGP</b>                            | Name of desired MCL test<br><b>Noonan Syndrome and Related Disorders Multi-Gene Panel, Blood</b> |  |   |                                |  |
| ICD-10 Codes (use number codes to highest specificity) |  |  |   | Service Date (Collection Date) |  |
|  |  |  |   |                                |  |
| Referring Provider Name                                |  |  | 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 <i>(mm-dd-yyyy)</i> |  |  |
|                                      |                                |  |                                |  |  |

**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: MC2934-199
  - Templates provided on the following pages
- Copy of Front and Back of patient's insurance card (if available)

# Letter of Medical Necessity for Noonan Syndrome and Related Disorders Multi-Gene Panel 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 Noonan Syndrome and Related Disorders Multi-Gene Panel, Blood (NSRGP) 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 Noonan syndrome (NS), LEOPARD syndrome, or a related disorder is suspected and genetic testing is recommended.

**Rationale: Confirmation of the diagnosis of Noonan syndrome or a related disorder by molecular genetic testing will directly impact the patient's care.** Appropriate medical management such as renal evaluation, periodic cardiac evaluation, coagulation screening, and audiology exams, would ensure this patient is being monitored appropriately for the complications associated with Noonan syndrome and related disorders to allow for early intervention before symptoms become severe.

Noonan syndrome (NS) is an autosomal dominant disorder characterized by short stature, congenital heart defects, characteristic facial dysmorphism, renal abnormalities, coagulation defects, and developmental delay of varying degree, among other features.\* Heart defects include pulmonary valve stenosis (20%–50%), hypertrophic cardiomyopathy (20%–30%), atrial septal defects (6%–10%), ventricular septal defects (approximately 5%), and patent ductus arteriosus (approximately 3%). The incidence of NS is estimated to be between 1 in 1,000 and 1 in 2,500. NS has significant clinical overlap with several other conditions, including Noonan syndrome with multiple lentigines (NSML, formerly known as LEOPARD syndrome), cardiofaciocutaneous (CFC) syndrome, and Costello syndrome. The majority of NS is caused by mutations in 4 genes: PTPN11, RAF1, SOS1, and KRAS. Heterozygous mutations in NRAS, HRAS, BRAF, SHOC2, MAP2K1, MAP2K2, and CBL account for additional cases of NS and related disorders.

NS is inherited in an autosomal dominant fashion; therefore, each child is at a 50% risk to inherit the mutation from an affected parent. NS can be mild in some individuals, and may not be recognizable by clinical symptoms. When a familial mutation has been identified, genetic testing can identify affected family members to allow for appropriate management and counseling.

**Test requested:** NSRGP / Noonan Syndrome and Related Disorders Multi-Gene Panel, Blood is a cost-effective test that utilizes next-generation sequencing (NGS) to evaluate multiple genes for pathogenic mutations associated with NS and related disorders, including: BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, SHOC2, and SOS1.

**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: 81404, 81311, 81405 x 2, 81406 x 6, 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 \_\_\_\_\_

\* Updated February 25, 2016. Accessed 12/2018. Available from <https://www.ncbi.nlm.nih.gov/books/NBK1124/>

Romano AA, Allanson JE, Dahlgren J, et al. Noonan syndrome: clinical features, diagnosis, and management guidelines. *Pediatrics*. 2010;126(4):746-759. doi:10.1542/peds.2009-3207

## 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 |
|---|--|----------------|
| NSRGP / Noonan Syndrome and Related Disorders Multi-Gene Panel, Blood | Patient's personal and family history does not meet Medicare's medical necessity coverage criteria for this laboratory test. | \$2,560.70     |

### 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](mailto: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 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.