

PREAUTHORIZATION & ADVANCE BENEFICARY NOTICES REQUIRED

Commercial insurance companies require preauthorization for the tests listed below. Medicare considers these tests as non-covered services and an ABN should always be obtained. If preauthorization or a signed ABN is not received by Physicians Laboratory, testing will not be performed.

INSURANCE COMPANIES WILL NOT COVER TESTING THAT WAS DRAWN BEFORE PREAUTHORIZATION WAS OBTAINED. PLEASE NOTE THAT IT IS NOT ACCEPTABLE TO HAVE A PATIENT RETURN TO SIGN AN ABN AFTER THE SAMPLE WAS COLLECTED

TESTS THAT REQUIRE PREAUTHORIZATION FROM PRIVATE INSURANCE COMPANIES	TEST	CPT
MTHFR	8140	81291
JAK-2	9311	81270
CIRCULATING TUMOR CELL COUNT	1704	86152
LEIDEN FACTOR V	2071	81241
PROTHROMBIN G20210A GENE MUTATION	2072	81240
BRCA 1/BRCA 2	8362	81211
ZAP-70	9370	88184, 88185 x2, 88187
HEMACHROMATOSIS	9744	81256
MUSK AUTOANTIBODY	9385	83519
CYSTIC FIBROSIS 165 PATHOGENIC VARIANTS	7649	81220
SENSORIMOTOR NEUROPATHY EVAL (MAYO)	690	**
HLA B27	65	86812

TESTS THAT REQUIRE A SIGNED ABN FROM THE PATIENT THAT HAS MEDICARE OR MEDICAID	TEST	CPT
CIRCULATING TUMOR CELL COUNT	1704	86152
CYP2C19 GENOTYPING (AKA CYTOCHROME P450 2C19)	**	81225
CYP2D6 GENOTYPING (AKA CYTOCHROME P450 2D6)	**	81226
MTHFR	8140	81291
LEIDEN FACTOR V	2071	81241
PROTHROMBIN G20210A GENE MUTATION	2072	81240
HLA-B27	65	86812