Reimbursement for Diagnostic and Monitoring Tools

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Disclosure of Conflicts of Interest

Jennifer Paquet R.N. B.S.N., has no relevant financial relationships to disclose.

The Human Genome Project: FUN FACTS

- Project started October 1,1990
- Project completed April 14,2003
- Mapped 92% of the human genome
- The last 8% was totally completed March 31,2022

Approximately 30% of spending on genetic testing is now attributable to hereditary cancer panel tests (Phillips et al., 2018). Increased efficiency of testing multiple genes with next-generation sequencing (NGS) may result in an increased ability to identify individuals with pathogenic variants in hereditary cancer genes, rendering panel testing advantageous as compared to single-gene testing in many scenarios (Alvarado et al., 2020). For example, because as many as 50% of patients with hereditary breast and ovarian cancer may not be identified with *BRCA1/2* testing (Alvarado et al., 2020; LaDuca et al., 2020). NCCN guidelines suggest that patients who meet the criteria for genetic testing may benefit from NGS panel testing (Daly et al., 2020).

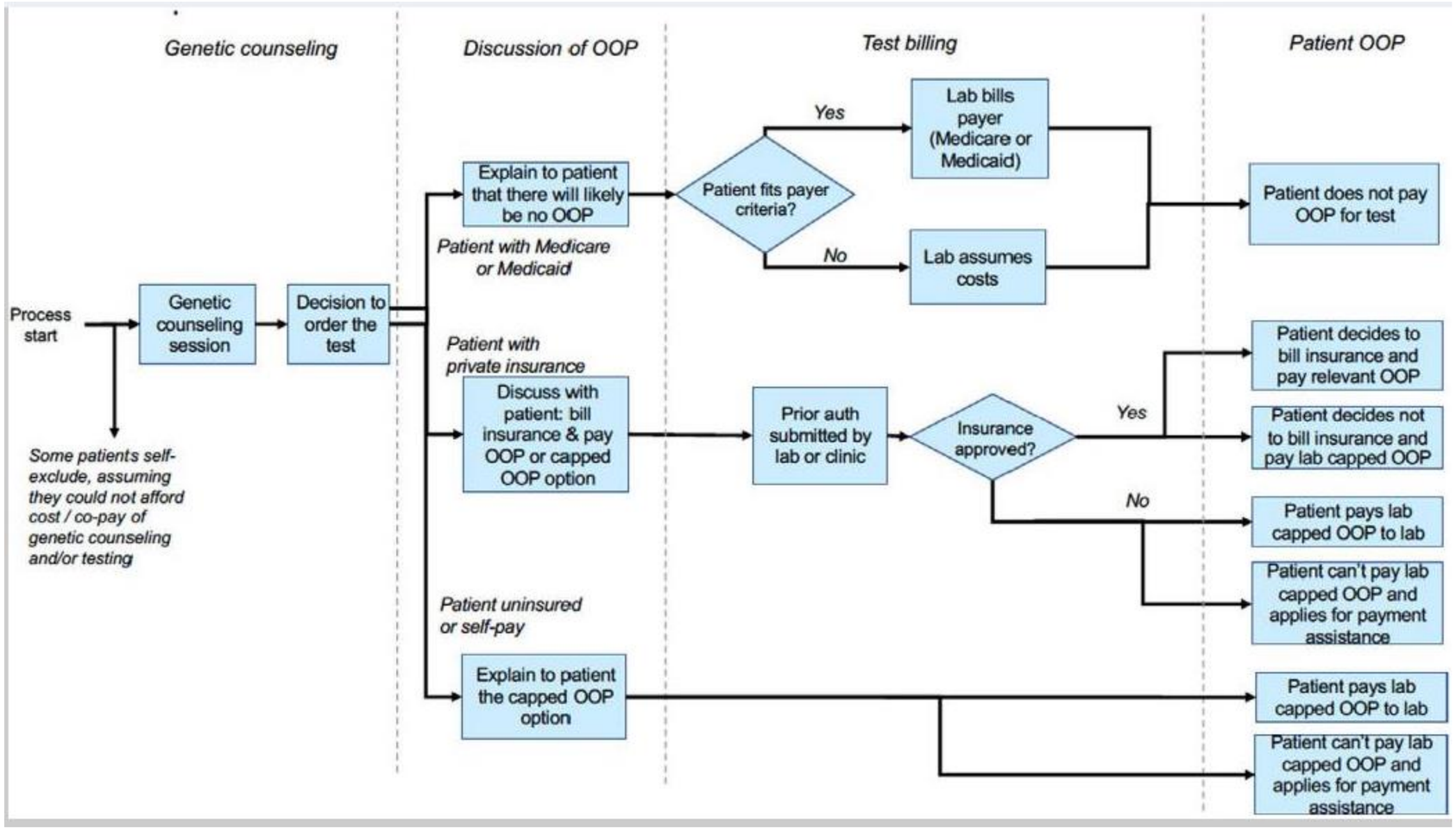
What do we know?

Next Generation sequencing is valuable in helping to determine treatment and strategy.

NGS is not widely accepted as part of the standard of care (but it's better than it was)

The FDA has approved some NGS tests but not all. CMS is still not on board with all testing.

CMS and Commercials will still not approve genetic counseling


Genetic counseling
Discussion of OOP
Test billing
Patient OOP
Process start
Genetic counseling session
Decision to order the test
Some patients self-exclude, assuming they could not afford cost / co-pay of genetic counseling and/or testing
Patient with Medicare or Medicaid
Explain to patient that there will likely be no OOP
Patient fits payer criteria?
Yes
No
Lab bills payer (Medicare or Medicaid)
Lab assumes costs
Patient does not pay OOP for test
Patient with private insurance
Discuss with patient: bill insurance & pay OOP or capped OOP option
Prior auth submitted by lab or clinic
Insurance approved?
Yes
No
Patient decides to bill insurance and pay relevant OOP
Patient decides not to bill insurance and pay lab capped OOP
Patient pays lab capped OOP to lab
Patient can't pay lab capped OOP and applies for payment assistance
Patient uninsured or self-pay
Explain to patient the capped OOP option
Patient pays lab capped OOP to lab
Patient can't pay lab capped OOP and applies for payment assistance

NGS, cancer care and patient experience, why it all matters and is crucial to Practice management.

Next generation sequencing brings us to targeted therapy more efficiently. It lessons painful testing and procedures that can cause long term affects down the road. Strengthens patient confidence in therapies and boosts patient experience.

So why are insurance companies denying?

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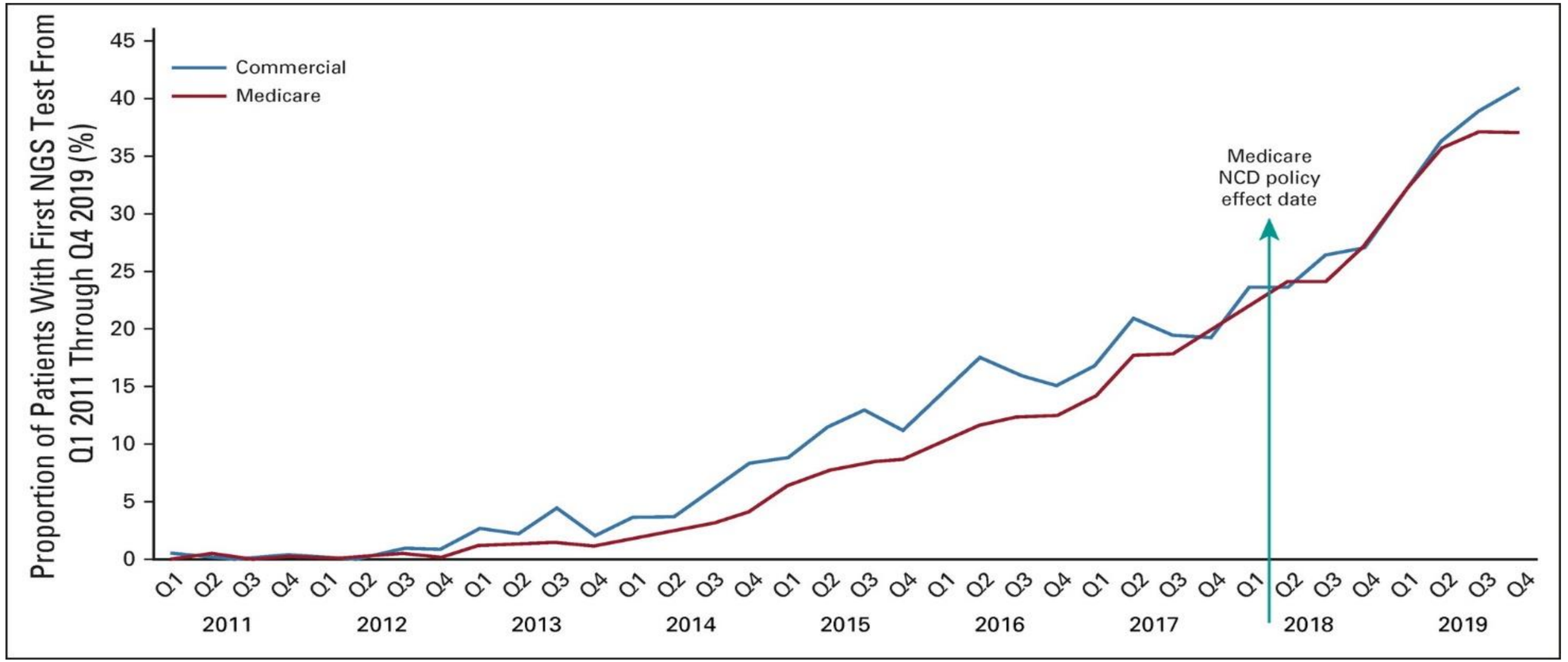

*NCD= National Coverage Determination

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Q: What might influence a decision to choose NGS testing or not?

A: Cost, and a labs ability to supplement costs for patients if insurance won't pay or is not available.

Socio-economic disparity is a factor

Insurers not following NCCN guidelines when approving or denying, or even reviewing a patients need for this testing

Availability of a genetic counselor, and who is paying for that? Most insurance companies who pay for the testing will not pay for the counselor

Q:What is ***one*** of the most common reasons a claim may get denied?

A: CPT code is wrong or lacks modifiers

Q:Who provides CPT codes for billing?

A: Coders

Q: Where do coders get information for CPT codes and modifiers

A: The chart notes!

(are you seeing a theme here)

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I promise, I am about to land the plane…..

We just spent all morning talking about Clinical advances in medicine and taking that into operation….

Commercial insurances are starting to model Medicare, which is great…isn't it?

Commercial payers often burden hospitals and clinics with prior authorizations and only cover single gene test like BRCA

Lab supplementing costs of testing may not be sustainable

References

Lin GA, Trosman JR, Douglas MP, Weldon CB, Scheuner MT, Kurian A, Phillips KA. Influence of payer coverage and out-of-pocket costs on ordering of NGS panel tests for hereditary cancer in diverse settings. J Genet Couns. 2022 Feb;31(1):130-139. doi: 10.1002/jgc4.1459. Epub 2021 Jul 7. PMID: 34231930; PMCID: PMC8893352. (National Library of Medicine)

https://www.genome.gov/about-genomics/educational-resources/fact-sheets/human-genome-project