

When Genetic Testing is Denied: Appeal Guidance for Providers

At Seattle Children’s, we help patients get the right genetic testing at the right time and get testing covered. This helps protect the family and the institution from financial liability.

We strongly recommend appealing all genetic test denials, when possible. We must exhaust all authorization options, including appealing a denial, prior to directing the family to apply for Seattle Children’s Hospital financial assistance to cover the test.

In all cases, please carefully review the denial letter. This can be found under the Media tab or linked within the preauthorization request referral notes (Referrals tab → referral to “Laboratory”) in Epic. Step-by-step directions below.*

A Letter of Medical Necessity template for genetic testing appeals can be found in the online lab test catalog: <https://seattlechildrenslab.testcatalog.org/catalogs/185/files/13519>

Denial Reason	What This Means for You	What You Can Do Next
<p>Not Medically Necessary: Genetic testing is a covered benefit, and the payer has a specific coverage policy, but the payer assessed that the patient does not meet their coverage criteria.</p>	<p>This type of denial is the most likely to be overturned, if the patient meets the specific coverage criteria. Goal of the appeal is to provide any missing elements or additional information to support how your patient meets the policy.</p>	<ul style="list-style-type: none"> ✓ Review the insurance payer policy used in the denial letter, if provided. ✓ Submit a letter explaining why your patient meets the payer criteria or why your patient’s case is exceptional. ✓ Focus on your patient’s specific situation. Generally, insurance payers want to know how testing will affect the patient, not about the technical validity of the test.
<p>Investigational/Experimental: The payer either does not have a coverage policy for the test, or their policy states that this test is not covered.</p>	<p>This type of denial is unlikely (but not impossible) to be overturned. Goal of the appeal is to push the payer to update their policy, even if unlikely to affect this specific patient.</p>	<ul style="list-style-type: none"> ✓ Submit a letter simply reiterating the medical necessity rationale in your clinic note and ask for an exception to the insurance payer policy for your patient. ✓ Prepare the family for the financial assistance process.
<p>Non-Covered Benefit: The plan does not include coverage for genetic testing.</p>	<p>This type of denial cannot be appealed.</p>	<ul style="list-style-type: none"> ✓ Proceed to working with the family on the financial assistance process.

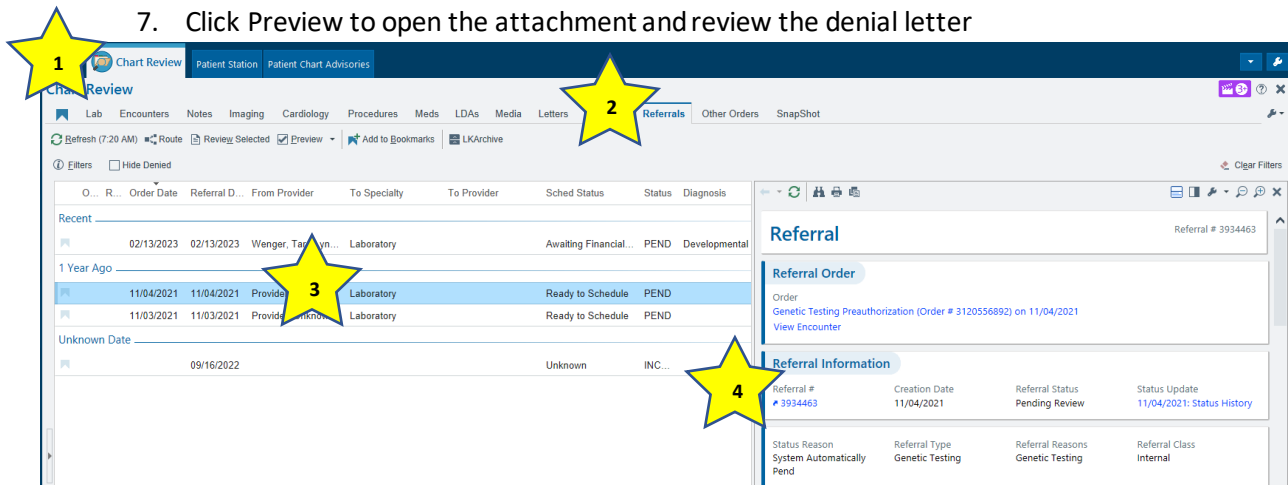
<p>Out-of-Network: The plan may cover genetic testing, but only at specific labs. Seattle Children's may not be in-network for all plans.</p>	<p>This outcome generally cannot be appealed.</p>	<ul style="list-style-type: none"> ✓ If possible, refer the patient to a provider or institution that is included in their insurance network. The family can call their insurance company directly to determine the options included in their plan. ✓ SCH Financial Assistance policy does not cover services that can be provided by an alternate provider within a patient's insurance network and have not been approved by that insurance to be provided at Seattle Children's. (1)
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Additional background on the denials and appeals process can be found on the Laboratory Stewardship page of the online lab test catalog: <https://seattlechildrenslab.testcatalog.org/show/1293582188>

***How to Access the Denial Letter in Epic:**

From within the patient's chart:

1. Chart Review
2. Referrals tab
3. Referral to specialty Laboratory
4. Click the hyperlinked referral # to open the referral
5. Communications section of the referral
6. Find the note with the denial letter linked (**hint:** look for the paperclip icon)
7. Click Preview to open the attachment and review the denial letter



Referral for Test, Test "Juan"

Print on Accept | Adj Trace | View History | In Basket | Agpt Desk | WQ Summary | Apply Template | Reg | Patient Station | Chart | Media Manager | Summaries

Test, Test
 MRN: 1842633 Insurance: No Coverage
 DOB: 11/11/2011 (11 yrs) Subscriber ID: No Coverage
 Index As: 1842633test Group Number: No Coverage

Referral Details

Patient Demographics for TEST, TEST "JUAN" [1842633]

DOB:	11/11/2011	Sex:	Female
Age:	11 yrs	Language:	English
Address:	88 Star Lane Seattle WA 98105	Patient Type:	
Perm Comments:		Home Phone:	206-555-1234
		Mobile Phone:	206-555-1212
		PCP:	Provider, Unknown [9413]

Order Details

Gene(s) or panel to test	TEST		
Genetic condition	TEST		
Test methodology	Sequencing		
Medical necessity documented date	11/4/2021		
Contact Provider Pager Nbr			
Visit Mode		SECONDARY PROVIDER	
Communicate Preauth Outcome in Epic In Basket		Other	
Communicate Preauth Outcome in Epic In Basket (Free Text)		Jessie	

Order Information

Order #:	3120556892	Status:	
CIS Order #:		Procedure:	GENETIC TESTING PREAUTHORIZATION
Order Date:	11/4/2021	Diagnosis:	
Ordered By Dept:	LABORATORY	Ordered By Provider	PROVIDER , UNKNOWN
Clinic to Schedule:			



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Communications

Filter options | Filter users | Add | Clear Filters

History

Wittowski, Claire L General-Hello,	Today 07:26 AM
Wittowski, Claire L General-Hello,	Today 07:19 AM
Wittowski, Claire L General-Genetic Testing Preauth Details Test Name TEST Payer...	Today 07:18 AM
Conta, Jessie Hastings, MS.LGC General-Re: Referral Information Request	11/04/21 01:47 PM
Conta, Jessie Hastings, MS.LGC Provider Comments-Referral Information Request	11/04/21 01:47 PM
Conta, Jessie Hastings, MS.LGC Provider Comments-Referral Information Request	11/04/21 01:46 PM
Conta, Jessie Hastings, MS.LGC Triage	11/04/21 01:45 PM

Wittowski, Claire L Today 07:26:05 AM

View Attachment | Edit Note | Open Note | Print Note | Print Text | Delete

Note
Type: General

Attachment
Document Type: Referral Attachment
Denial Letter_TEST, TEST_MRN.pdf | Preview

Hello,
Hello,

The preauthorization request for genetic testing has been denied (see details below). We must initiate an appeal with the insurance plan if the family desires to proceed with the genetic testing. IPD contacted the family to let them know about the denial and appeal process.

Genetic Test(s) Denied - Test
 CPT Code(s) for Genetic Test(s) Denied - 12345
 Insurance Payer - Company
 Member Appeal? No, IPD will appeal the denial.

Previous | Next



References:

1. Seattle Children's Financial Assistance policy 10226:
<https://seattlechildrens.policystat.com/policy/10750766/latest/>