admera health A GENEWIZ COMPANY

PGxOne™ Plus

UPDATED
50 Genes
Coverage of ~200 Genetic Variants
Over 220 Commercial Drug

PGxOne Plus FAQ - 10/20/2016

1. **What is the processing time of the PGx Test?**

   Average turnaround time is 3-10 days for the report to be completed and available to the facility. This depends on day of the week the test is submitted and how fast the Doctor's Practice responds to any deficiencies.

2. **I would like to see a sample of the PGx Test report.**

   Yes. There are multiple variations of the report posted in the back office including Pain Management, Cardiology, and Psychiatry.

3. **As newer medicines and genes are introduced, will that information be available on the PGx report?**

   At this time, the PGxOne Plus is on version 3 which is 50 Genes and 223 Medications. As newer versions get introduced, the patient will need to get re-tested.

4. **Does a Healthcare Provider have to be the one prescribing the drug(s) in questions to obtain a PGx test?**

   No, any healthcare provider with a valid NPI number signed up with Admera can order the test.

5. **How long is the patient's PGx test sample kept in the lab?**

   A patient has the option as to how their DNA is protected at the lab. Patient can mark no to having the lab use their specimen for any further research. This is located on the reverse side of the requisition form. The specimen is then destroyed after the report has been completed and given to the facility and patient.

6. **When would a person need a follow-up PGx test?**

   A person's DNA does not change, therefore there is no need to repeat a PGx test on the same gene set. A follow-up test may be recommended if in the future additional genes/additional medications become available. Commercial Insurance Companies will only reimburse 1 test within a 12 month span and Medicare will only reimburse 1 test within a 5 year span.

7. **Regarding the PGx report, I understand the report provides optional medications. Does it also recommend dosage?**

   Yes it does offer dosage recommendations as well as drug to drug interactions results.

8. **How are prior authorizations (PA) supposed to be handled?**

   Only a Physician can initiate a Prior Authorization. This is not a requirement however it is recommended only when a Physician and/or patient is wanting to determine coverage availability if the answer is not already provided per the Payor's List. The Prior Authorization can be initiated for all Insurance Companies, however they each have their own process so it is very important for the Doctor's office to reach out to the Insurance Company only for this process. This process must take place BEFORE the test is administered. Typically it will take 24-72 hours to get an approved or denied Prior Authorization.

9. **Do doctors or other healthcare providers get paid for doing the PGx test?**

   The physician is only allowed to bill for two visits. First being the initial visit to obtain specimen and second is to review the results to the patient. The physician is not allowed to bill for the test due to the Lab is the one that bills for the test. We are not allowed to discuss any billing codes the doctor would need to use for the two visits mentioned due to this is a Liability issue and could result in a Fraud Waste and Abuse violation.

10. **Is PGx testing reimbursed by Medicare? Is a letter of medical necessity required?**

    Yes, Medicare does reimburse as long as the patient has Medicare Part B. A letter of medical necessity is not required but is recommended.

11. **Do I need to know some or all science related to the PGx testing, and will that be provided?**

    We have provided a generalized training within our Certification module to allow rep's to feel confident enough to talk with a Doctor about the PGx test, however we don't expect our representatives to know all of the Scientific facts involved. We have the ability to set up a date and time for a Physician to discuss in detail any questions and concerns they

may have by speaking with a Scientist at the lab.

12. Is refrigeration required for PGx samples prior to shipping?

No, as long as the specimen is dry, the PGx specimen does not require refrigeration or freezing. If the doctor collects the PGX specimen on a Friday, and does not ship the sample until Monday, it needs to be kept at room temperature until is it shipped on Monday.

13. Can we test unborn children so the doctor would know prior to prescribing once the child is born?

There is a way for an unborn child to be tested. Every mother has a choice to have genetic testing done on their unborn child. If the mother decides to proceed with genetic testing, additional DNA would need to be collected and sent to the Lab.

14. If a patient has a specific cancer, does the PGx test tell which drug works best for that specific cancer...for that specific patient or does the doctor still decide?

Yes, in some cases. The lab has recently added another enzyme they test for called SLCO1B1. This gene encodes for 1B1 (OATP1B1). OATP1B1 eliminates substances from the blood, and can affect certain medications in the blood used to treat cancer... but not all cancer drugs, only some. This is helpful to physicians because it gives them an understanding of potential toxicities that may result from certain medications. Also, physicians may opt to be more aggressive when it comes to monitoring patients on certain medications with this added test.

15. How does a Physician properly fill out the Requisition Form?

We have provided step by step instructions in the Resource Library on how to properly fill out a Requisition Form. This form is in the "MedXPrime PGx" Category.

16. Will a Patient get a bill for the PGxOne Plus Test?

Admera has issued a 'Billing Policy Letter' (in the Resource Library) that states the following; please review the entire 'Billing Policy Letter' for complete information:

Admera will NOT bill the patient for any amount when the Insurance Company defines the test as "Non-Covered" by the plan and/or if there are non-existing Out-Of-Network Benefits. Denial of reimbursement does not trigger an automatic bill to the patient.

Some insurance companies may sometimes send the reimbursement check to the patient and not the lab. If the patient deposits this check and does not forward it to the lab, Admera has the right to bill the patient for that amount and/or send the patient to

collections. If the patient utilizes the funds for his/her own use it must be reported to the IRS as income.

Will Admera bill against a Patient's Deductible or Co-Insurance?

Admera states that as an Out-of-Network Lab, they have the option to bill against a Patient's Deductible or Co-Insurance.

17. **How is it handled if the patient already had a PGX test done previously? I have a friend who got a test done with another lab but it isn't nearly as good so she wants our test. What would happen in that case?**

    A Patient can have a second test done with Admera. Insurance Companies will typically still reimburse for this second test, the only Insurance Company on the Payor's List that will not is Medicare. Medicare will only reimburse for one DNA Genetic Test per every 5 years.

18. **If a Physician has questions and or concerns about the PGxOne Plus results, can they speak to somebody at the Lab?**

    A Physician, and only the Physician can speak with a Scientist at the Lab, this is called a Peer to Peer review. The Physician will need to state this when he contacts the Lab. A Peer to Peer review can only take place regarding the PGxOne Plus results. If a Physician has any questions before results are produced, please contact MedXPrime for assistance. Admera has certain protocol's in order for this to take place.

19. **When a Test is billed to the Insurance Company, how long does it take? What is the process?**

    Below explains Admera's Internal process step by step which includes Billing :

    1. The Doctor's office fills in patients demographic information and insurance information on the requisition form and sends specimen it to the lab
    2. Admera receives the paperwork and specimen, quickly glances at the requisition form, as long as everything is filled out they proceed with the Buccal Swab Extraction and results to allow for a fast turn around time.
    3. Once the results have been finalized, the requisition form gets submitted to Admera's billing company.
    4. The billing company will then "dissect" the requisition form and contact the insurance company to properly identify the patient by using the demographic information and insurance information provided by the doctor's office. Admera cannot bill the insurance company if the following issues at this point take place:
    - Patient insurance expired on the day they were swabbed
    - Patient's name does not match the Insurance Companies database

- Patient’s DOB is wrong
- Patient's Insurance ID# is wrong

5. Admera's billing company will do whatever they can in getting the correct information to submit the claim to the Insurance Company. Please understand that the only way to get corrected information is by contacting the doctor's office and hoping they will work with Admera. A lot of doctor's office's can take months in getting Admera the correct information so that Admera can properly bill the Insurance company and get a paid claim.
6. Once Admera has all of the correct information to submit a claim, Insurance Companies take around 30-120 days to either get a denied or approved claim. If the claim is denied, Admera will then appeal it and this generally takes another 90 days.