2013 Molecular Pathology Rate-Setting Guide for Laboratories

ACMG
American College of Medical Genetics and Genomics
Translating Genes Into Health®

Developed in conjunction with

Quorum Consulting
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Disclaimer

This document is intended strictly as an educational resource for clinical laboratory geneticists to help them understand and advocate for reasonable levels of reimbursement for molecular genetics laboratory services. ACMG does not warrant the accuracy, completeness, or timeliness of the information provided. The information provided should not be considered inclusive of all applicable legal and regulatory requirements, and adherence to any information or suggestions contained in the document does not assure compliance with such legal and regulatory requirements. Applicable federal and state laws vary, and specific questions should be referred to a legal professional familiar with such law. The information provided is current as of June 3, 2013.
INTRODUCTION

Beginning with the publication of the new Molecular Pathology (MoPath) CPT® codes in 2012 and the official retirement of the methodology-based “stacking” codes in January 2013, recent changes in the molecular diagnostic reimbursement landscape have created significant uncertainty and anxiety throughout the industry. In particular, the lack of clarity around whether and how payers will reimburse the new MoPath codes presents critical challenges to laboratory operations and continued patient access to medically necessary molecular diagnostic tests.

Rate-setting developments to date in 2013 do not present a rosy outlook for laboratories performing molecular diagnostic testing. It is imperative that laboratories recognize and embrace their role as advocates during this formative period to reverse the negative trends so far and to ensure that payers establish accurate payment rates for the MoPath codes. Therefore, this guide is intended to serve as both an educational resource and a call to action for laboratories to reach out to the Centers for Medicare and Medicaid Services (CMS), local Medicare Administrative Contractors (MACs), as well as Medicaid and private payers to influence the ongoing rate-setting process for the new MoPath codes. Ultimately, all laboratories will need to make their voices heard in order to achieve the goal of securing sustainable reimbursement for molecular diagnostic services today and in the future.

Using this guide, laboratories will be equipped to:

- Understand the implications of the current molecular diagnostic reimbursement environment
- Recognize their role in the rate-setting process for the new MoPath codes
- Understand how to be effective advocates for sustainable molecular diagnostic reimbursement
- Execute on a plan of action to advocate for accurate rate-setting for the MoPath codes based on the recommendations and resources provided within

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1 CPT is a registered trademark of the American Medical Association. ©2013 American Medical Association. All rights reserved.
Before 2013, coding for molecular diagnostics reflected the methodology of the test performed, a system referred to as “code stacking”. Under this system, molecular diagnostic tests largely flew under the radar with payers, who had no way of identifying the analytes being evaluated by each test. However, the exponential growth in molecular diagnostic complexity and use in recent years has led to increased scrutiny by payers, who are focused on controlling rising healthcare costs. These payers expressed significant concern over the lack of transparency provided by the “stacking” codes, which did not allow them to identify the tests being reimbursed. As a result, the American Medical Association (AMA) developed a new set of analyte-specific molecular pathology codes, or “MoPath” codes, that formally replaced methodology-based “code stacking” effective January 1, 2013.

Overview of the MoPath Codes

**As of January 1, 2013, laboratories must bill for molecular diagnostic services using the analyte-specific MoPath codes**

The AMA Current Procedural Terminology (CPT) first established the MoPath codes in 2012. That year served as a transition period where both the methodology based and stacking codes (CPT 83890-83914; 88384-88386) were available for reporting. However, as of January 1, 2013, the analyte-specific MoPath codes have officially replaced the stacking codes and only the MoPath codes can be billed by laboratories for molecular diagnostic services.

The AMA CPT organized the MoPath codes into two general categories as Tier 1 and Tier 2 codes:

- **Tier 1 codes**: Represent the majority of commonly performed single-analyte molecular tests.
- **Tier 2 codes**: Represent tests generally performed in lower volumes than Tier 1 procedures. The Tier 2 codes are arranged by nine levels of technical resources and interpretive work performed by the physician or other qualified health care professional.
Table 1 below provides the full descriptors for some of the new Tier 1 codes that have been created.

**Table 1: Example of Tier 1 CPT codes for commonly performed MoPath tests**

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>81220</td>
<td>CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)</td>
</tr>
<tr>
<td>81228</td>
<td>Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, Bacterial Artificial Chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)</td>
</tr>
<tr>
<td>81229</td>
<td>Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities</td>
</tr>
<tr>
<td>81243</td>
<td>FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles</td>
</tr>
<tr>
<td>81244</td>
<td>characterization of alleles (eg, expanded size and methylation status)</td>
</tr>
<tr>
<td>81265</td>
<td>Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)</td>
</tr>
<tr>
<td>81267</td>
<td>Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection</td>
</tr>
<tr>
<td>81280</td>
<td>Long QT syndrome gene analyses (eg, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3, SCN4B, AKAP, SNTA1, and ANK2); full sequence analysis</td>
</tr>
<tr>
<td>81331</td>
<td>SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis</td>
</tr>
</tbody>
</table>

Laboratories should only bill their services for codes that directly specify the analytes being evaluated. If the analyte is not specified, and the services performed do not fall under a Tier 1 or Tier 2 code, the unlisted MoPath code (CPT 81479 - *Unlisted molecular pathology procedure*) should be used.
New Physician Interpretation Code for Molecular Diagnostic Tests

Effective January 1, 2013, the Centers for Medicare and Medicaid Services (CMS) created new Healthcare Common Procedure Coding System (HCPCS) code G0452 (Molecular pathology procedure; physician interpretation and report) to allow physician billing and reimbursement for interpretation and report of molecular diagnostic tests. This code can be billed in conjunction with the applicable Tier 1 or Tier 2 CPT codes to account for physician interpretation beyond the technical reporting of test results, when performed.

It should be noted that HCPCS code G0452 cannot be billed by a non-physician geneticist or other lab personnel. Interpretation provided by these individuals falls under the payment rate for the MoPath CPT codes.

For 2013, CMS has established a reimbursement rate of $18.71 for G0452 under the Medicare Physician Fee Schedule (MPFS).²

OVERVIEW OF THE MOPATH RATE-SETTING PROCESS

Medicare Payment for MoPath Codes

In the 2013 Medicare Clinical Laboratory Fee Schedule (CLFS) Final Determination, CMS announced that the Tier 1 and Tier 2 MoPath codes would be reimbursed under the CLFS, with Medicare payment rates in 2013 to be established via “gap-filling”.

In general, CMS has two options for rate-setting methodologies under the CLFS. The first is crosswalking, which benchmarks payment of a new code to the same rate for a comparable, existing code(s). The second option, which CMS has elected to use for the MoPath codes, is gap-filling (Figure 1).

In the gap-filling process, the local Medicare Administrative Contractors (MACs) play a prominent role. They must determine the appropriate fee schedule amounts for their respective jurisdictions based on inputs such as:

- Charges for the test and routine discounts to charges;
- Cost of resources required to perform the test;
- Payment amounts determined by other payers; and
- Charges, payment amounts, and resources required for other tests that may be comparable or otherwise relevant. ³

Once the gap-filling process is complete, CMS calculates a national payment rate for each code the following year based on the median of the local fee schedule amounts determined by the MACs in the previous year. Thus, beginning January 1, 2014, the MoPath codes will have set national payment rates. This median payment rate is referred to as the National Limitation Amount (NLA).

Figure 1: CLFS Rate-Setting Methodologies

MAC Jurisdictions

Figure 2 identifies the local MAC jurisdictions as of May 1, 2013:

*Figure 2: Medicare Administrative Contractor (MAC) Jurisdiction Map*

![MAC Jurisdiction Map](image)

*Table 2: Medicare Administrative Contractor by Jurisdiction*

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Medicare Administrative Contractor (MAC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>J1</td>
<td>Palmetto GBA</td>
</tr>
<tr>
<td>JF</td>
<td>Noridian Healthcare Solutions</td>
</tr>
<tr>
<td>JH</td>
<td>Novitas Solutions</td>
</tr>
<tr>
<td>J5</td>
<td>Wisconsin Physician Services (WPS)</td>
</tr>
<tr>
<td>J6</td>
<td>Part A: National Government Services (NGS) (IL, WI); Noridian Healthcare Solutions (MN) Part B: WPS</td>
</tr>
<tr>
<td>J8</td>
<td>WPS</td>
</tr>
<tr>
<td>J9</td>
<td>First Coast Service Options</td>
</tr>
<tr>
<td>J10</td>
<td>Cahaba GBA</td>
</tr>
<tr>
<td>J11</td>
<td>Palmetto GBA</td>
</tr>
<tr>
<td>J12</td>
<td>Novitas Solutions</td>
</tr>
<tr>
<td>J13</td>
<td>National Government Services (NGS)</td>
</tr>
<tr>
<td>J14</td>
<td>National Heritage Insurance Company (NHIC)</td>
</tr>
<tr>
<td>J15</td>
<td>CGS Administrators</td>
</tr>
</tbody>
</table>
Preliminary MAC Gap-Fill Rates Were Released on May 9, 2013

On May 9, 2013, CMS released the preliminary gap-fill rates that the MACs had been assigned to establish for Tier 1 and Tier 2 MoPath codes in 2013. Table 3 displays the payment rates currently proposed for some of the more commonly performed Tier 1 MoPath tests.

**Table 3: Sampling of Proposed Gap-fill Payment Rates for Tier 1 Codes**

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Novitas</th>
<th>First Coast</th>
<th>Cahaba</th>
<th>Palmetto</th>
<th>NGS/ WPS</th>
<th>Noridian/ CGS/ NHIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>81220</td>
<td>$1,343.57</td>
<td>$1,004.30</td>
<td>$1,200.00</td>
<td>$800.46</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>81228</td>
<td>$646.14</td>
<td>$646.14</td>
<td>$123.00</td>
<td>$646.14</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>81229</td>
<td>$675.56</td>
<td>$675.56</td>
<td>$2,900.00</td>
<td>$675.56</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>81243</td>
<td>$60.51</td>
<td>$67.06</td>
<td>$123.00</td>
<td>$60.51</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>81244</td>
<td>$100.09</td>
<td>$100.09</td>
<td>$123.00</td>
<td>$100.09</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>81265</td>
<td>$414.94</td>
<td>$339.58</td>
<td>$123.00</td>
<td>$414.94</td>
<td>$470.24</td>
<td>N/A</td>
</tr>
<tr>
<td>81267</td>
<td>$149.72</td>
<td>$335.86</td>
<td>$123.00</td>
<td>$149.72</td>
<td>$149.72</td>
<td>$149.72</td>
</tr>
<tr>
<td>81280</td>
<td>N/A</td>
<td>$3,140.90</td>
<td>$123.00</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>81331</td>
<td>$73.22</td>
<td>$58.31</td>
<td>$50.00</td>
<td>$73.22</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

N/A = No published rate

Proposed gap-fill rates for these codes and others are publicly available on CMS’ website at: [http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/Gapfill-Pricing-Inquiries.html](http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/Gapfill-Pricing-Inquiries.html).
CMS noted that some MACs did not establish payment rates for certain MoPath codes due to one of two reasons:

1) No claims were received for that particular code  
2) The MAC determined that Medicare could not pay for the test (i.e., that it is not covered).

The public has 60 days from May 9, 2013, to provide comments to CMS regarding the interim MAC payment rates or rate-setting rationale, therefore placing the deadline on July 8, 2013. CMS requested that commenters provide information directly to CMS but may copy their local MAC on these submissions. They specifically requested for cost, test methodology, and any other information that could help CMS and the MACs revise their pricing for particular codes.

As demonstrated in Figure 3, the period between now and July 8th, 2013, is critical for laboratories to engage CMS and their local MACs on the proposed gap-fill rates.

**Figure 3: Medicare Gap-Filling Timelines (2013-2014)**

<table>
<thead>
<tr>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>Feb</td>
</tr>
<tr>
<td>CMS published proposed rates for the MoPath codes on May 9, 2013</td>
<td>60 day comment period on preliminary gap-fill payment amounts ends July 8th, 2013</td>
</tr>
</tbody>
</table>

**Medicaid and Private Payers**

Medicaid and private payers may be undertaking similar processes to set their own rates. However, unlike Medicare, their rate-setting processes are not as transparent. Therefore, laboratories should also reach out to Medicaid and private payers with similar information to facilitate their rate-setting processes.

Keep in mind that because these payers often look to Medicare as a benchmark in developing their own payment rates, the outcome of the Medicare gap-filling process is likely to influence Medicaid and private payer rates as well.
Key Takeaways

- In 2013, the MoPath Tier 1 and Tier 2 codes are reimbursed under the Medicare Clinical Laboratory Fee Schedule (CLFS) via gap-filling – this means that the local MACs are responsible for establishing their own payment rates for the labs in their jurisdictions.

- On May 9, 2013, CMS published the proposed MAC gap-fill rates for some, if not all, MoPath Tier 1 and Tier 2 codes.

- July 8, 2013, is the deadline for submitting comments to CMS and your local MAC on these proposed rates.

- The outcomes of the Medicare gap-filling process are likely to affect Medicaid and private payer reimbursement for molecular diagnostic testing, as these payers often use Medicare rates as a benchmark for their own.

- Lab advocacy efforts and outreach to CMS and local MACs are critical for optimizing the chances of sustainable reimbursement for molecular diagnostics in 2013 and beyond.
BEST PRACTICES: ADVOCATING FOR EQUITABLE PAYMENT

Laboratories play a critical role in working with payers to ensure that the proper rate-setting inputs are used to determine payment amounts for the MoPath tests.

Laboratories can play a key role in ensuring sustainable reimbursement for the MoPath codes by actively engaging CMS and the local MACs to provide them with the necessary information to support accurate rate-setting. Without the proper inputs, CMS may establish inaccurate payment rates that result in unsustainable reimbursement for molecular diagnostic testing in the future.

As of May 2013, all of the MACs have issued preliminary gap-fill payment rates for some, if not all, MoPath codes. Laboratories are strongly encouraged to submit comments to CMS and their local MACs, whether they believe the rates to be appropriate or inadequate.

Throughout the remainder of 2013, laboratories should continually conduct payer outreach and engagement, surveillance, and response efforts. Recommended rate-setting advocacy efforts for Medicare can generally be organized into three main time periods:

**Figure 4: General Timelines for Rate-Setting Advocacy**

- **May-Jul 2013**: This is currently the most crucial period for payer advocacy efforts. Labs should submit comments to CMS and the local MACs on the proposed MoPath gap-fill rates before the deadline of July 8, 2013.

- **Jul-Sep 2013**: Continue engaging the local MACs to advocate for equitable payment rates. Monitor claim payments received during this time and respond as needed.

- **Sep-Dec 2013**: Monitor the final gap-fill payment rates issued by CMS in September. Continue advocating for higher payments if the final rates are still inadequate.
Recommended Rate-Setting Advocacy Activities and Timelines

May – July 2013:

❖ Provide payers with the appropriate rate-setting inputs
  o Rate-setting inputs can include any combination of the information suggested in Table 4

❖ Develop comment letters for submission to CMS and your local MAC by July 8, 2013
  o Comment letters should provide feedback (positive or negative) on the proposed MAC gap-fill rates that were released on May 9, 2013 (or the latest MAC rates, if different from what was included in the CMS release)
  o When expressing non-support for proposed gap-fill rates, provide counter-recommendations for what you believe to be appropriate rates (as well as the data to support those conclusions)

❖ Continue monitoring MoPath payment rates, including any updates issued by MACs during the 60-day CMS comment period
  o Some MACs, such as NHIC, have already issued updated fee schedules after CMS’ initial release of the proposed gap-fill rates – this highlights an opportunity for labs to continue engaging MACs during this formative period

Table 4: Suggested Rate-Setting Inputs for Submission to Payers

<table>
<thead>
<tr>
<th>Potential Rate-Setting Inputs</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>❖ Clinical background information</td>
<td>• Clinical vignette describing how the test is used to assist in patient management</td>
</tr>
<tr>
<td></td>
<td>• Clinical references/published articles on the test</td>
</tr>
<tr>
<td>❖ Annual testing volume</td>
<td>• Estimated annual volume of each test performed</td>
</tr>
<tr>
<td>❖ Submitted charges and routine discounts to charges</td>
<td>• Charges may include charges to payers and/or hospitals</td>
</tr>
<tr>
<td></td>
<td>• Routine discounts may include volume discounts</td>
</tr>
<tr>
<td>❖ Cost analysis of resources required to perform the test</td>
<td>• A detailed line-item inventory of all equipment, staffing time, and overhead required to perform the test and any associated costs</td>
</tr>
<tr>
<td></td>
<td>• Consider including R&amp;D costs as well</td>
</tr>
<tr>
<td>❖ Payment amounts determined by other payers</td>
<td>• Summary of median or mean payment rates provided by other payers (assuming they are favorable)</td>
</tr>
<tr>
<td>❖ Previously billed code stack(s) and payment amounts</td>
<td>• Combination of molecular diagnostic &quot;stacking codes&quot; that were previously used to bill for the test</td>
</tr>
</tbody>
</table>

Now through July 8, 2013 is a critical time window for providing feedback to CMS to ensure accurate rate-setting before amounts are finalized
July – September 2013:

- Continue monitoring payment amounts for MoPath codes, and continue engaging payers to advocate for higher payments as needed
  - Continuous outreach to the MACs during this period is necessary to ensure that your feedback is taken into consideration as they revise and finalize the gap-fill rates

September – December 2013:

- Continue monitoring payment amounts for MoPath codes, and continue engaging payers to advocate for higher payments as needed
- Respond to the final Medicare gap-fill payment amounts released by CMS in September
  - If the payments are still inadequate, submit a comment letter to CMS and your local MAC within the 30-day reconsideration period that follows
The advocacy letter templates provided in this section are intended as examples only. Each laboratory can and should customize each template for their purposes as they see fit.

The three templates provided are intended to be used in the following situations:

1. **Rate-setting template:**
   - **Intended Audience:** Payers that have not yet established payment rates for a particular code or set of codes
   - **Inputs:**
     - The test(s) and code(s) of interest
     - Payer and laboratory contact information
     - Any combination of the suggested rate-setting inputs identified in the previous section

2. **Unsustainable payment template:**
   - **Intended Audience:** Payers that have published inadequate payment rates that do not even cover the cost of testing
   - **Inputs:**
     - The test(s) and code(s) of interest
     - Payer and laboratory contact information
     - Summary of the clinical utility of the test of interest (i.e., how test results impact clinical decision-making and/or patient outcomes)
     - Payer’s current payment rate for each test of interest
     - The lab’s fully loaded cost for each test

3. **Equitable payment template:**
   - **Intended Audience:** Payers that have established payment rates that are aligned with the cost of each test
   - **Inputs:**
     - The test(s) and code(s) of interest
     - Payer and laboratory contact information
     - Summary of the clinical utility of the test of interest (i.e., how test results impact clinical decision-making and/or patient outcomes)
     - Payer’s current payment rate for each test of interest

**Note:** When submitting a letter to CMS, the local MAC should be copied to expedite the evaluation process. Additionally, when providing cost data to a payer, make sure to include the cost of overhead, staff salaries, etc. that may be considered indirect costs but that are still necessary for the maintenance of daily laboratory operations.
To Whom It May Concern,

We are writing to provide information that we believe should be incorporated in your rate-setting process for the following molecular pathology (MoPath) CPT code(s):

(CPT Codes(s)) (Code Descriptor(s))

The attached documents provide an overview of the testing process and key rate-setting considerations for CPT code (xxxxx). The main takeaway is that it currently costs our laboratory ($) to conduct this test, and the payment rate you set should thus be sufficient to at least cover this amount.

We strongly believe that (Payer Name) needs to have the appropriate inputs in order to accurately establish payment rates for CPT code (xxxxx), and we hope that by providing this information, we will be able to support sustainable reimbursement that ensures continued patient access to this medically necessary test.

We appreciate the opportunity to submit this information to (Payer Name). If you have any questions on this test, please contact me and I will be glad to provide additional information or connect you with other individuals at our lab if needed.

Sincerely,

(your name), (title)
(lab name)
Phone: (xxx) xxx-xxx
Email:
Unsustainable Payment Template

(Date)
(CMS or Payer Name)
(Address)
(City, State, Zipcode)

(CC: Local MAC (if writing to CMS))

To Whom It May Concern,

We are writing to address the recently established payment rates for the following molecular pathology (MoPath) CPT code(s):

(CPT Code(s)) (Code Descriptor(s))

We would like to express our concerns to (Payer Name) regarding the unsustainable reimbursement rates established for these tests. (Provide a summary of the clinical utility of each test, i.e., how the test results could impact physician decision-making and/or patient outcomes).

The payment rate of ($ for CPT (xxxxx) does not align with our laboratory’s cost analysis of resources required to perform these tests. We would like to request that you reevaluate the payment rates for these tests, using our enclosed cost model as an input for proper rate-setting.

In contrast to the payment rate you have established for this code to date, our cost model demonstrates that a more appropriate reimbursement would be in the range of ($) to ($). Please note that the information provided in our cost model is based on actual operating data from our lab, and not general assumptions.

If you have any questions on, please do not hesitate to contact me. We believe that appropriate and sustainable reimbursement for CPT (xxxxx) is critical to ensuring continued patient access to this medically necessary test, and we strongly urge (Payer Name) to consider the enclosed information in revising the payment rate appropriately.

Sincerely,

(your name), (title)
(lab name)
Phone: (xxx) xxx-xxx
Email:
To Whom It May Concern,

We are writing to express our support for the recently established payment rates for the following molecular pathology (MoPath) CPT code(s):

(CPT Code(s)) (Code Descriptor(s))

We would like to thank (Payer Name) for establishing equitable reimbursement rates for these tests. (Provide a summary of the clinical utility of each test, i.e., how the test results could impact physician decision-making and/or patient outcomes).

Your payment rate of ($) for CPT (xxxxx) aligns with our laboratory’s cost analysis of the resources required to perform these tests. We appreciate your commitment to ensuring continued patient access to these medically necessary tests, and encourage you to share your methodologies with other payers as appropriate.

If our laboratory can be of further assistance in any way, please do not hesitate to contact me.

Sincerely,

(Your name), (Title)
(Lab name)
Phone: (XXX) XXX-XXX
Email:
ADDITIONAL RESOURCES

CMS Gap-fill Pricing Website
http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/Gapfill-Pricing-Inquiries.html

MAC MoPath Fee Schedules
- Palmetto GBA
- Cahaba GBA
  https://apps.cahabagba.com/fees/getClinical.do
- Noridian Healthcare Solutions
  https://www.noridianmedicare.com/partb/fees/2013/clinical_lab_gap_filled_fees.html
- CGS Administrators
  http://www.cgsmedicare.com/ohb/coverage/mopath/mopath_reimbursement.html
- Novitas Solutions
- National Health Insurance Corporation (NHIC)
  http://www.medicarenhic.com/ne_prov/fees/MolecularFS051313.pdf
- National Government Services (NGS)
  http://www.ngsmedicare.com/wps/wcm/connect/ddba56004ecab3fcbe65ff6cc073b823/CT-%282ndReplacement%292013+Molecular+Pathology+Fee+Disclosure.xls?MOD=AJPERES&useDefaultText=0&useDefaultDesc=0
- First Coast Service Options (FCSO)
- Wisconsin Physicians Service (WPS)

Quorum Consulting’s Molecular Diagnostics Reimbursement Memos
http://www.quorumconsulting.com/work/industry_updates/