

Commercial Insurance Patient Waiver of Liability (Non-Medicare)

Do not use this waiver for BCBS ND members or Medicare beneficiaries. Separate payer-specific waiver required.

Patient Name (Print) _____ **E# or MRN#** _____

_____ **Insured patient of commercial payer – includes BCBS Minnesota (check if applicable)**

The laboratory testing ordered by your provider may not be considered medically necessary as defined by your health insurance plan (**Health Plan Name – required**) _____. Your insurance plan may not pay for services it does not consider medically necessary or meet benefit determinations defined under your policy.

Testing (required) _____ **Cost (required)** _____ **Date service provided (required)** _____

_____ **BCBS or Wellmark patients only (check if applicable): City and State where provider located (required):** _____

As a BCBS or Wellmark covered member, your insurer has medical policies to guide ordering providers in requesting medically necessary tests. BCBS or Wellmark medical policies may not support your ordering provider's reasons for ordering certain tests. Medical policies exist with BCBS or Wellmark for the tests indicated in the table below. Policy summaries can be found on the second page of the form.

Testing considered investigational, experimental, or deemed as not medically necessary may not be covered by your health plan				
Testing	Select Test (X) Required	Order Code	Signs/Symptoms/Diagnosis NOT COVERED Screening / Routine Codes: Z00.00 and Z13.9 Never Covered	Estimated Cost
CA 15-3		BLOD0311	Screening, diagnosis, staging or routine surveillance of breast cancer	\$127.00
CA 19-9		BLOD0312	Screening or diagnosis of gastrointestinal cancers	\$83.00
CA 125		BLOD0608	Screening for ovarian cancer or ordered due to flatulence, gas pain, malaise/fatigue, genital-organ hypertrophy	\$127.00
CEA		BLOD0587	Screening for abdominal pain and swelling, staging or routine surveillance of breast cancer	\$125.00
Chromogranin A		BLOD0126	Screening for neuro-endocrine tumors	\$127.00
Comprehensive Respiratory Pathogen Panel		NBLD0481	In many cases not medically necessary	\$1375.00
Cystic Fibrosis Panel		BLOD0505	Pre-authorization/liability form required as test is not covered in many circumstances	\$2,975.00
Enteric Panel Without C. diff, NAT		NBLD0652	In many cases not medically necessary	\$1534.00
Factor V Leiden		BLOD0379	In many cases not medically necessary	\$240.00
Factor II (G20210A)		BLOD0364	In many cases not medically necessary	\$240.00
Fibrinogen		BLOD0666	In many cases not medically necessary	\$60.00
Human Epididymis Protein 4 (HE4)		BLOD1411	Screening test for ovarian cancer or for monitoring patients with mucinous or germ cell ovarian cancer	\$157.00
Homocysteine		BLOD0579	Screening, diagnosis, or management of cardiovascular disease or a recurrent pregnancy loss without current pregnancy	\$120.00
Myotonic Dystrophy PCR		BLOD1076	In many cases not medically necessary	\$500.00
OVA-1		BLOD1302	Considered experimental or investigational	\$2,791.00
PSA		BLOD0594	Screening not considered medically necessary for asymptomatic men under 45 years of age not on testosterone therapy	\$112.00
Vitamin D 1,25 Dihydroxy		BLOD0171	Not medically necessary for routine or initial screening in the absence of clinical documentation associated with deficiency	\$113.00
Vitamin D 25-Hydroxy, Total		BLOD0409	Not medically necessary for routine or initial screening in the absence of clinical documentation associated with deficiency	\$165.00
5-Hydroxyindoleacetic Acid, Urine		NBLD0067	Screening for neuro-endocrine tumors	\$66.00
Other Genetic Testing			Pre and post genetic evaluation and prior authorization when required (Enter charge estimate to the right)	\$ _____

Patient Agreement: (Must be understood and signed by all patients acknowledging financial responsibility regardless of insurer)

I understand that my health insurance may have medical policies regarding testing that has been ordered. I understand Sanford Laboratories will file a claim on my behalf if the billing information provided is valid and complete. I have elected to receive the services ordered and agree to pay for services if my insurance plan deems the services as non-covered.

Patient or Responsible Party Signature (required): _____ **Date** _____ **Time** _____

Phlebotomist or Facility Representative Signature (required): _____ **Date** _____ **Time** _____

I choose to decline testing indicated (member signature and date) _____ **Date** _____ **Time** _____

Phlebotomist or other facility representative signature indicates a meeting with the patient and an explanation regarding non-coverage was discussed and understood. While an explanation of benefits may indicate otherwise, a valid, signed waiver constitutes financial liability on behalf of the policy holder.

Summaries of Wellmark Medical Policies

Tumor Markers in the Management of Malignancies Policy: Tumor markers include but may not be limited to CEA (carcinoembryonic antigen), CA-125 (cancer antigen), CA 19-9, CA 15-3 also known as CA 27.29, 5-HIAA (5-Hydroxyindoleacetic Acid; 24-hour urine), human epididymis protein 4 (HE4), and chromogranin A (CgA). These tests will be considered medically necessary as indicated in the policy below.
<https://www.wellmark.com/-/media/sites/public/files/medical-policies/serum-tumor>

Cardiovascular Disease Risk Tests Policy: Numerous lab tests have been proposed as potential risk markers for cardiovascular disease (CVD) to include lipid and non-lipid biomarkers (inflammatory markers and metabolic markers). Lipid markers include but are not limited to apolipoprotein B (apo B), apolipoprotein AI (apo AI), apolipoprotein E (apo E), high-density lipoprotein (HDL) subclass, low-density lipoprotein (LDL) subclass, and lipoprotein (a). Non-lipid markers include but are not limited to B-type natriuretic peptide (BNP), Coenzyme Q10 (CoQ10), cortisol, cyanocobalamin/Vitamin B-12, cystatin C, ferritin, fibrinogen, folate/folic acid, homocysteine, insulin, leptin, magnesium, myeloperoxidase (MPO), testosterone, troponin, TSH, T3, T4 and vitamin D. Current evidence is insufficient in demonstrating that the use of most of these tests to assess cardiovascular disease risk changes patient management or improves health outcomes. Refer to policy below for additional information.

<https://www.wellmark.com/-/media/sites/public/files/medical-policies/cardiovascular-disease-risk-tests>

Homocysteine Testing: Homocysteine testing is only considered medically necessary for the assessment of individuals with borderline vitamin B12 deficiency or homocystinuria (also known as cystathionine beta synthase deficiency). For all other indications homocysteine testing is considered investigational because the evidence is insufficient to support an improvement in health outcomes.

<https://www.wellmark.com/-/media/sites/public/files/medical-policies/homocysteine-testing>

PSA Screening for Prostate Cancer: Prostate cancer screening using prostate specific antigen (PSA) may be considered medically necessary for any of the following indications after informed decision-making with a health care provider: • Asymptomatic individuals 40-75 years of age who are at high- risk of prostate cancer due to any of the following factors: Black/African American individuals; Individuals with suspicious family history; or individuals with germline mutations that increase the risk of prostate cancers (see Policy Guidelines), OR • Asymptomatic individuals aged 45-75 years with average risk and life expectancy of at least 10 years. Prostate cancer screening using prostate specific antigen (PSA) not meeting the criteria in asymptomatic individuals is considered not medically necessary.

<https://www.wellmark.com/-/media/sites/public/files/medical-policies/prostate-specific-antigen>

Vitamin D Testing: 1,25-dihydroxyvitamin D may be considered medically necessary no more frequently than annually in the evaluation and monitoring of several specific medical conditions with an associated defect risk in vitamin D metabolism. 25-hydroxyvitamin D serum testing may be considered medically necessary in individuals in the evaluation of several specific medical conditions with an associated defect risk in vitamin D metabolism. The use of 1,25-dihydroxyvitamin D and 25-hydroxyvitamin D serum testing is considered investigational when tested for conditions not defined in the policy and for all other indications to include but not limited to the following: Asymptomatic/General population screening or routine testing.

<https://www.wellmark.com/-/media/sites/public/files/medical-policies/vitamin-d-testing>

Wellmark's **Molecular Testing Vendor Policies** are administered by epiCore Healthcare by Evernorth Health Services. Many genetic or molecular tests require pre-approval or prior authorization prior to testing.

BCBS Wellmark medical policies: <http://www.wellmark.com/Provider/MedPoliciesAndAuthorizations/MedicalPolicies/MedicalPoliciesAlphabetical.aspx>

BCBS Minnesota medical policies: <https://www.bluecrossmn.com/providers/medical-management/prior-authorization-lookup-tool>