MDHHS Michigan Department of Health & Human Services

Medical Services Administration

BULLETIN MSA

Bulletin Number: MSA 20-80

Distribution: Practitioners, Outpatient Hospitals, Clinical Laboratories, Federally Qualified Health Centers, Local Health Departments, Rural Health Clinics, Tribal Health Centers

Issued: December 30, 2020

Subject: Updates to Genetic and Molecular Testing Authorization Requirements and New Authorization Request Form

Effective: February 1, 2021

Programs Affected: Medicaid, Healthy Michigan Plan, MIChild, Children's Special Health Care Services, Maternity Outpatient Medical Services (MOMS)

This policy applies to Medicaid Fee-for-Service (FFS). Medicaid Health Plans (MHPs) and Integrated Care Organizations (ICOs) must provide the full range of covered services described in this policy at a minimum and may choose to provide services over and above those specified. For beneficiaries enrolled in an MHP or ICO, the provider must check with the beneficiary's health plan for prior authorization (PA) requirements and applicable forms.

The purpose of this bulletin is to update the process for obtaining authorization for genetic and molecular testing requiring Michigan Department of Health and Human Services (MDHHS) approval. The bulletin also introduces a new laboratory authorization form that providers must use when requesting test approval.

Effective for dates of service on and after February 1, 2021, genetic and molecular laboratory test authorization requests must be submitted to MDHHS within 30 days of the specimen collection date/date of service (DOS) using the MSA-2081 - Genetic and Molecular Laboratory Test Authorization Request form. Authorization requests submitted more than 30 days from the specimen collection date/date of service will not be approved. Specimen processing should not be completed until after the authorization request has been approved.

Authorization requests will be reviewed for medical necessity based on the genetic and molecular testing standards of coverage available in the Laboratory chapter of the MDHHS Medicaid Provider Manual. Clinical documentation from the beneficiary's Medicaid-enrolled treating provider and the completed MSA-2081 must document the following:

- Indication for the test. Indications should be beneficiary-specific and medical in nature.
- Clinical notes that detail the beneficiary's related signs and symptoms.
- Family history relevant to the beneficiary's condition and test being requested.
- Other related testing or clinical findings of the beneficiary or family member.

- Documentation supporting how the test results will significantly alter the medical management or treatment of the disease. The treatment plan should be specific to the beneficiary.
- The name and National Provider Identifier (NPI) number of the laboratory performing the test.
- The name, specialty, and NPI number of the provider ordering the test.

Medical necessity letters or testing request forms created by the performing laboratory and signed by the treating provider will not be accepted as a substitute for clinical documentation from the medical record or completion of form MSA-2081.

MDHHS approval is required for most genetic or molecular laboratory tests. To determine when authorization is necessary, refer to the MDHHS Community Health Automated Medicaid Processing System (CHAMPS) Medicaid Code and Rate Reference Tool for specific procedure code guidance. The Medicaid Code and Rate Reference Tool can be accessed within CHAMPS through the External Links menu.

Form MSA-2081 may be retrieved from the Forms Appendix of the MDHHS Medicaid Provider Manual or the MDHHS website at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms >> Forms for a Word fill-in enabled version.

Tests Performed on Stored Specimens

Genetic and molecular laboratory tests performed on a stored specimen, must report the date the specimen was obtained from storage as the specimen collection date/date of service.

MSA-2081 Submission

The information on form MSA-2081 must be:

- Typed – All information must be clearly typed in the designated boxes; and
- Thorough – Complete information, including the appropriate Healthcare Common Procedure Coding System (HCPCS) diagnostic testing procedure codes with applicable modifiers, must be provided on the form. Form MSA-2081 and all documentation must include the beneficiary's name and other identifying information (i.e., beneficiary identification [ID number] or date of birth [DOB]).

Authorization requests must be submitted electronically to the MDHHS Program Review Division via Direct Data Entry (DDE) utilizing CHAMPS. Providers should enter the request directly into the CHAMPS Prior Authorization Request List page. All authorization requests must include the MSA-2081 form and supporting documentation. Documents should be electronically uploaded within the Additional Documents section of the CHAMPS authorization request. If the supporting documentation is unable to be uploaded, items may be faxed separately using the bar-coded fax cover sheet generated by CHAMPS when the fax option is selected. A notation that documentation has been separately faxed should be made in the Procedure Code Comment field of the authorization request. If the correct bar-coded fax cover sheet is not used, faxed documentation will not be associated to the authorization request.

Providers unable to submit authorization requests electronically may submit authorization requests via fax. Faxed requests should be sent to 517-335-0075. Providers must include only one authorization request per fax. Providers who are unable to submit authorization requests electronically or by fax may submit requests via mail to:

MDHHS – Medical Services Administration
Program Review Division
P.O. Box 30170
Lansing, MI 48909

Providers may check the status of an authorization request on the CHAMPS Prior Authorization Request List page. A copy of the determination letter will be mailed to the provider and beneficiary and must be retained in the beneficiary's medical record. An electronic copy of the determination letter may also be accessed by the provider within CHAMPS.

Beneficiary Eligibility

Approval of a laboratory test listed on form MSA-2081 confirms that the service is authorized for the beneficiary. Approval does not guarantee beneficiary eligibility or payment. To ensure payment, the laboratory provider must verify the beneficiary's eligibility prior to processing the test sample.

Billing Authorized Services

After an authorization is issued, the information (e.g., authorization number, procedure code, modifier, and quantity) that was approved must match the information submitted on the claim form.

Reimbursement

Most laboratory services have established fee screens that are published in the MDHHS Laboratory Fee Schedule. For Not Otherwise Classified (NOC) procedure codes and procedure codes without established fee screens, the approved reimbursement amount is indicated on the authorized MSA-2081.

Retroactive Authorization

Laboratory authorizations must be requested within 30 days of the specimen collection date/date of service unless the beneficiary was not eligible on the date and a subsequent eligibility determination was made retroactive to the DOS. If the MDHHS eligibility file does not show that retroactive eligibility was approved, the request for retroactive authorization will be denied.

Manual Maintenance

Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit questions, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

Kate Massey, Director
Medical Services Administration

Michigan Department of Health and Human Services

Genetic and Molecular Laboratory Test Authorization Request - Completion Instructions

The MSA-2081 is used by Medicaid-enrolled medical practitioners and laboratory providers to request genetic and molecular laboratory testing services that require MDHHS approval. Authorization must be requested within 30 days of the specimen collection date. Specimen processing should not be completed until after the authorization has been approved.

Authorization requests will be reviewed for medical necessity based on the genetic and molecular testing standards of coverage available in the Laboratory chapter of the MDHHS Medicaid Provider Manual. Authorization requests require medical documentation from the beneficiary's Medicaid-enrolled treating provider. Medical necessity letters or test request forms created by the performing laboratory and signed by the treating provider will not be accepted as a substitute for clinical documentation or completion of the MSA-2081.

The completed MSA-2081 and/or clinical records from the treating provider must document the following:

- Indication for the test. This should be beneficiary-specific and medical in nature.
- Beneficiary's related signs and symptoms and/or family history relevant to the requested test.
- Other related testing or clinical findings of the beneficiary or family member relevant to the requested test.
- How the test results will be utilized to significantly alter the medical management or treatment of the disease.

For complete information on coverage, documentation, claims completion, and reimbursement, refer to the following documents:

- Laboratory Chapter of the MDHHS Medicaid Provider Manual.
- Billing & Reimbursement for Professionals chapter of the MDHHS Medicaid Provider Manual.
- Laboratory databases on the MDHHS website:
  www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information.

The MSA-2081 must be typewritten to facilitate processing. A Word fill-in enabled version of this form can be downloaded from the MDHHS website www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Completion of this form is as follows:

Box 1	MDHHS Use Only
Box 2	Enter the laboratory name.
Box 3	Enter the laboratory NPI number.
Box 19	Enter the date of service. This should be the date the specimen was collected.
Box 21	Enter a complete description of the laboratory test requested.
Box 22	Enter the HCPCS/CPT Procedure Code.
Box 26	Enter the beneficiary's primary and secondary diagnoses or the CSHCS qualifying diagnosis (list both the code and description) necessitating the requested test.
Box 29	The definitive treatment or action plan should be specific to the beneficiary.
Box 30	List other insurance coverage available for services requested and additional remarks pertinent to the request.
Box 31	Must be completed for all requests.

Form Submission

This form and required documentation must be submitted electronically utilizing the CHAMPS Prior Authorization Request List page. Providers unable to submit electronically may submit the form and documentation via fax or mail to:

MDHHS - Medical Services Administration
Program Review Division
P.O. Box 30170, Lansing, Michigan 48909

Fax Number: (517) 335-0075

Providers may check the status of an authorization request on the CHAMPS Prior Authorization Request List page or by contacting the MDHHS - Medical Services Administration, Program Review Division via telephone at **1-800-622-0276.**

Michigan Department of Health and Human Services

GENETIC AND MOLECULAR LABORATORY TEST AUTHORIZATION REQUEST

1. AUTHORIZATION NUMBER (MDHHS USE ONLY)

The provider is responsible for eligibility verification. Approval does not guarantee beneficiary eligibility or payment.

This completed form and clinical records included with the form must document the following:

- Beneficiary-specific medical indication(s) for the requested test.
- Beneficiary's signs and symptoms, relevant family history, and other testing or clinical findings of the beneficiary or family member relevant to the requested test.
- How the test results will be utilized to significantly alter the medical management or treatment of the condition/disease.

2. LABORATORY NAME	3. NPI NUMBER	4. PHONE NUMBER ( ) -
5. LABORATORY ADDRESS (NUMBER, STREET, STE., CITY, STATE, ZIP)		6. FAX NUMBER ( ) -

7. BENEFICIARY'S NAME (LAST, FIRST, MIDDLE INITIAL)	8. SEX ☐ M ☐ F	9. BIRTH DATE / /	10. BENEFICIARY ID NUMBER
11. BENEFICIARY'S ADDRESS (NUMBER, STREET, APT./LOT NUMBER, CITY, STATE, ZIP)			

12. ORDERING PROVIDER'S NAME (LAST, FIRST, MIDDLE INITIAL)	13. NPI NUMBER	14. ORDERING PROVIDER SPECIALTY/TAXONOMY
15. ORDERING PROVIDER'S ADDRESS (NUMBER, STREET, STE., CITY, STATE, ZIP)		16. PHONE NUMBER ( ) -

17. FAX NUMBER ( ) -	18. CONTACT PERSON AND PHONE ( ) -	19. DATE OF SERVICE/SPECIMEN COLLECTION DATE / /

20. LINE NO.	21. TEST NAME	22. PROCEDURE CODE	23. MODIFIER	24. QUANTITY	25. CHARGE
01					
02					
03					
04					

26. DIAGNOSES (CODES AND DESCRIPTIONS) REQUIRING THE REQUESTED TESTS:	27. DISEASE/CONDITION/GENE MUTATION BEING TESTED FOR:
BENEFICIARY'S NAME (LAST, FIRST, MIDDLE INITIAL):	BENEFICIARY ID NUMBER:

28. BENEFICIARY'S SYMPTOMS, CLINICAL FINDINGS, PREVIOUS TEST RESULTS, FAMILY HISTORY, AND/OR ETHNIC BACKGROUND THAT SUPPORTS THE NEED FOR THIS GENETIC TEST. ATTACH SUPPORTING CLINICAL DOCUMENTATION AS NEEDED:

29. WILL THE TEST RESULTS CHANGE THE BENEFICIARY'S TREATMENT (FREQUENCY, INTENSITY, OR TYPE OF SURVEILLANCE OF THE DISEASE/CONDITION) OR ESTABLISH A DIAGNOSIS? IF YES, DESCRIBE:

DIAGNOSIS: ☐ NO ☐ YES, DESCRIBE:

GUIDING SURVEILLANCE: ☐ NO ☐ YES, DESCRIBE:

MEDICAL INTERVENTION: ☐ NO ☐ YES, DESCRIBE:

MEDICATION MANAGEMENT: ☐ NO ☐ YES, DESCRIBE:

OTHER: ☐ NO ☐ YES, DESCRIBE:

30. OTHER RELEVANT INFORMATION RELATED TO THE TESTING BEING REQUESTED OR ADDITIONAL REMARKS, INCLUDING OTHER INSURANCE COVERAGE ON THE DATE OF SERVICE:

31. PROVIDER CERTIFICATION: THE PATIENT NAMED ABOVE (PARENT OR GUARDIAN IF APPLICABLE) UNDERSTANDS THE NECESSITY TO REQUEST APPROVAL FOR THE SERVICES INDICATED. I UNDERSTAND THAT SERVICES REQUESTED HEREIN REQUIRE APPROVAL AND, IF APPROVED AND SUBMITTED ON THE APPROPRIATE INVOICE, PAYMENT AND SATISFACTION OF APPROVED SERVICES WILL BE FROM FEDERAL AND/OR STATE FUNDS. I UNDERSTAND THAT ANY FALSE CLAIMS, STATEMENTS OR DOCUMENTS, OR CONCEALMENT OF A MATERIAL FACT MAY LEAD TO PROSECUTION UNDER APPLICABLE FEDERAL AND/OR STATE LAW.

PROVIDER OR LABORATORY REPRESENTATIVE'S PRINTED NAME AND SIGNATURE: DATE / /

MDHHS USE ONLY

32. REVIEW ACTION AND CONSULTANT REMARKS ☐ SEE CHAMPS

☐ APPROVED ☐ RETURN

☐ DENIED ☐ NO ACTION ☐ APPROVED AS AMENDED

CONSULTANT SIGNATURE DATE

AUTHORITY: Title XIX of the Social Security Act
COMPLETION: Is voluntary but is required if payment from applicable programs is sought.

THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS) DOES NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, RELIGION, AGE, NATIONAL ORIGIN, COLOR, HEIGHT, WEIGHT, MARITAL STATUS, GENETIC INFORMATION, SEX, SEXUAL ORIENTATION, GENDER IDENTITY OR EXPRESSION, POLITICAL BELIEFS, OR DISABILITY.