Commercial insurance coverage for your BostonGene Tumor Portrait® test

Coverage and prior authorization requirements vary by insurance plan. BostonGene can perform a basic eligibility, benefits, and prior authorization requirements check. However, because we only have access to general insurance guidelines, our verification may not capture all requirements specific to your plan.

If our verification shows that prior authorization is required, BostonGene's third-party service will try to submit a request where permitted. If we are notified during testing that the request has been denied, we will update you via email.

For the most accurate and up-to-date information about your coverage and prior authorization requirements, we highly recommend contacting your insurance company directly.

Important: BostonGene is an out-of-network provider

BostonGene is not currently contracted with commercial insurance providers. When speaking with your insurance company, please let them know that BostonGene is an out-of-network provider and ask them to confirm your out-of-network coverage and benefits.

This guide provides information and tips to help you work with your insurance company and navigate the prior authorization process.

BostonGene laboratory and test billing details

Information	BostonGene Details
Provider	BostonGene Corporation
Billing address	95 Sawyer Road, Suite 500, Waltham, MA 02453
Phone	781-552-3131
Fax	857-557-6273
NPI	1891294270
Place of service	Outpatient — independent laboratory
Provider type	Professional
CLIA #	22D2182613
CAP #	8832984
Test Name	BostonGene Tumor Portrait® test
CPT codes	81455 (x1 unit), 88381 (x1 unit)

Step 1: Gather your information

Before calling your insurance company, have the following ready:

Your insurance card

- Front and back of the card
- Member ID
- Group number
- Member Services phone number

Your ordering physician's information

- Full name and credentials (e.g., MD, NP, APRN)
- National Provider Number (NPI)
- Billing address
- Phone and fax number

Your diagnosis and ICD-10-CM code(s)

Ask your ordering physician's office if you do not have this information.

Clinical information, if requested

If authorization is required, your insurance company may request a Letter of Medical Necessity or other clinical documentation to support your request. Your ordering physician can provide this information.

Step 2: Contact your insurance company

Call the **Member Services** number on the back of your insurance card.
Tell the representative that BostonGene is an **out-of-network provider,** and ask:

Does my plan cover advanced genomic or molecular diagnostic testing performed by an out-of-network laboratory?

If yes, ask

Can you confirm I have out-of-network benefits for CPT codes 81455 and 88381?

Then ask

Is prior authorization required for these services?

If prior authorization is required

A

Ask the representative

- Who needs to submit the request?
- How should it be submitted?
- What documentation is required?
- Is there a specific form?
- Once submitted, when can you expect a decision?

If your insurance company requires the **ordering physician** to submit the request, contact your physician's office and provide the instructions you received.

B

Keep track of your request

If a prior authorization request is submitted:

- Ask for a **reference or tracking number.**
- Keep any letters, emails, or other communications from your insurance company.
- If you do not receive a decision within the expected timeframe, call Member Services and provide your reference number.

C

Send the approval to BostonGene

If a prior authorization request was submitted and approved, please send a copy of the written approval to the BostonGene Billing Department:

Email: Billing@bostongene.com

Fax: 857-557-6273

BostonGene will use the authorization information when submitting your insurance claim. Please note that testing is not automatically placed on hold while prior authorization is being processed. Once your samples are received, testing will proceed even if a prior authorization decision is still pending.

If you would like to wait for a prior authorization decision before testing begins, or if your prior authorization is denied and you would like to request cancellation, please contact your ordering provider as soon as possible. Your provider will need to contact BostonGene directly. **Cancellation may not be possible if testing has already been completed.**

Please note:

Following these steps does not guarantee insurance coverage or payment. Prior authorization approval also does not guarantee coverage or payment. Your final coverage and out-of-pocket costs depend on your specific health plan.

Questions?

Please contact the BostonGene Billing Department at **Billing@bostongene.com** if you have questions about this process. We are happy to provide any test-related information you or your insurance company may need.

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