

Myriad Genetic Laboratories, Inc.

Instructions and Documentation Submission Requirements for Medicare Patients

I. Determine if the patient meets Medicare coverage criteria for genetic testing:

- Medicare's current coverage criteria are available on the Internet through the following redirecting link:

<http://www.myriadpro.com/medicarecriteria>

Please note: Patients who are in hospice care (at home or in a facility), in a hospital or in a skilled nursing facility do NOT have Part B Medicare coverage for laboratory testing. If these patients desire to pay for testing themselves, an ABN is required (see III below).

II. For patients who DO meet Medicare criteria for genetic testing, include with your specimen submission:

- A fully completed Myriad Test Request Form (TRF).
 - Incomplete forms will not be processed
 - Include ICD-9 codes for patient diagnosis, including the specific cancer location
- A copy of the signed Informed Consent Form (adopted date 10/07 or newer).
- A legible photocopy of the front and back of the patient's Medicare card (enlarge if possible).

III. For patients who DO NOT meet Medicare criteria for genetic testing (including tests for which no Medicare coverage criteria exist, or when test CPT codes are not covered), include with your specimen submission all items in II above, plus:

- A fully completed Advance Beneficiary Notice of Noncoverage (ABN) that indicates each test ordered for which the patient does not meet Medicare criteria.
 - Without an ABN, testing will not begin on patients who do not meet Medicare criteria.
 - A duplicate or faxed copy of the ABN is considered to be the same as the original.

- ABNs are available through the following links:

Hereditary Cancer: <http://www.myriad.com/lib/abn/Myriad-ABN.pdf>

Personalized Medicine: <http://www.myriad.com/lib/abn/Myriad-PM-ABN.pdf>

**If you have any questions regarding your sample submission, please contact:
Myriad Customer Services: 800-4-MYRIAD (800-469-7423)**