



## Montana Genetic Testing Financial Assistance Information

The Montana Department of Public Health and Human Services has funds available to pay for genetic testing for individuals living in Montana.

### Funding

Genetic Testing Financial Assistance funds can be used when:

- The applicant's insurance company will not pay for the test or the applicant is uninsured or underinsured.
- The applicant has no other resource to cover the requested service.

Genetic assistance funds are limited and may not meet the needs of all individuals that qualify. Funds will be approved in the order applications are received. The fund operates on a state fiscal year. New funds will be available every July first. If the application is approved, the test must be done before June 30, or a new application will be required.

### Medical Requirements

Children's Special Health Services (CSHS) reviews applications for genetic testing financial assistance. The review is based on the following information which must be specific to the applicant, documented on the application, or submitted with the application:

- Pre- and post-test genetic counseling must be provided;
- The requested test must be performed by a CLIA-certified laboratory;
- Genetic testing is recommended in place of, to confirm or to rule out, a clinical diagnosis;
- The requested test is not considered experimental or investigational;
- The requested laboratory test is to provide clinical benefit (the course of treatment may change) to the patient;
- Current signs or symptoms, or a family history suggest a genetic condition;
- Current medical records (applicant must have been seen within the last six months) and physician notes verify the confirmed or suspected medical condition for which testing is being planned.

### Application

***Special Instructions for Youth with Montana Medicaid Coverage:*** If the applicant is a child through age 20 and is covered by Medicaid or Healthy Montana Kids *Plus*, use the same process followed when submitting claims and requesting prior authorizations as outlined in the *General Information for Providers Manual* located at <http://medicaidprovider.mt.gov>.

If the requested procedure code is denied and/or not listed on the *current fee schedule* (located at the link above) you must request a review for medical necessity through Early Periodic Screening Diagnosis and Treatment (EPSDT).

Contact the EPSDT Program Officer at (406) 444-0950 and ask for a *Request for Additional Services (EPSDT)*

*Information Sheet* form. Complete and return the form to the EPSDT Program Officer. When the review is complete, the Program Officer will send a written approval or denial letter. If approved, the letter will contain instructions explaining where to send the claim or the Prior Authorization (PA) number (if necessary). If test is denied, please continue with the Genetic Testing Financial Assistance application process.

In addition to the application, the provider requesting the laboratory testing must supply the following information:

- a. Current medical records and physician notes that detail the confirmed or suspected medical condition (see Medical Requirements above).
- b. If the individual has insurance coverage you will need to pre-authorize the requested service and supply a copy of the determination.
  - Include a copy of the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services *program denial letter* if individual is a child through age 20 and is covered under Medicaid or Healthy Montana Kids *Plus*.

***Send Applications & Materials to:***

**MT Genetic Testing Assistance**

**c/o CSHS**

**PO Box 202951**

**Helena, MT 59620**

**or fax to 406-444-2750**

When a request is approved, the provider will be faxed a copy of the signed authorization.

Please note:

- Genetic financial assistance cannot be awarded prior to the signature date on the application.
- Incomplete applications will not be approved.
- Patients may submit multiple applications.
- The application must be completed and signed on the day of or prior to the blood draw.

If you have any questions, please contact CSHS 1-800-762-9891 (in-state toll free number).