



US Fee Schedule

PRICING EFFECTIVE DECEMBER 1, 2017

This information is for the sole use of a licensed healthcare practitioner and is for educational purposes only. It is not meant for use as diagnostic information. All claims submitted to Medicare/Medicaid for Genova Diagnostics' laboratory services must be for tests that are medically necessary. "Medically necessary" is defined as a test or procedure that is reasonable and necessary for the diagnosis or treatment of illness or injury, or to improve the functioning of a malformed body member. Consequently, tests performed for screening purposes will not be reimbursed by the Medicare program. Physicians may deem it medically necessary to order a single test or a portion of a profile.

Prices (U.S. Dollars) subject to change without notice.

Separate Fee Schedules available for New Jersey and New York states.

 Not currently available in New York State

 Please refer to ABN (Advance Beneficiary Notice)

 Not Reimbursable by Medicare

VERSION15





Gastrointestinal and Immunology Profiles		LIMITATION	SPECIMEN	CLIENT BILL	LIST	EASYPAY SCHEDULE A	EASYPAY SCHEDULE B
Gastrointestinal Profiles							
<i>The EasyPay A patient amount for each add-on within a panel is \$10.</i>							
2200	GI Effects® Comprehensive Profile (inc. 2205)	NY	Stool	\$457	\$2,499	\$189	\$530
2205	GI Effects® Microbial Ecology Profile	NY	Stool	\$305	\$1,999	\$125	\$335
2000	CDSA™ (Comprehensive Digestive Stool Analysis)		Stool	\$235	\$1,003	\$169	\$240
2001	CDSA/P™ (Comprehensive Digestive Stool Analysis/Para.)		Stool	\$299	\$1,226	\$189	\$325
2002	CDSA 2.0™ w/o Parasitology		Stool	\$299	\$1,114	\$169	\$325
2003	CDSA/P 2.0™		Stool	\$399	\$1,337	\$189	\$430
2100	IBStatus®	NY	Stool	\$378	\$470	\$104	\$403
2300	Microbiology Analysis		Stool	\$130	\$302	\$135	\$135
2301	Yeast Culture with KOH prep		Stool	\$66	\$89	\$69	\$69
2302	Parasitology		Stool	\$86	\$90	\$89	\$89
2304	Comprehensive Parasitology Profile		Stool	\$205	\$480	\$215	\$215
2305	Intestinal Permeability Assessment		Urine	\$105	\$133	\$114	\$125
2306	SIBO (Small Intestinal Bacterial Overgrowth) - 2 Hour		Breath	\$165	\$325	\$189	\$199
2337	SIBO (Small Intestinal Bacterial Overgrowth) - 3 Hour		Breath	\$165	\$325	\$189	\$199
2307	Lactose Intolerance		Breath	\$173	\$325	\$189	\$192
2308	Calprotectin		Stool	\$204	\$221	\$206	\$210
2309	Cryptosporidium EIA		Stool	\$47	\$48	\$48	\$48
2310	Eosinophil Protein X		Stool	\$219	\$231	\$220	\$224
2311	Fecal Lactoferrin		Stool	\$55	\$74	\$57	\$57
2312	Giardia lamblia EIA		Stool	\$47	\$54	\$50	\$50
2313	Gut Immunology		Stool	\$222	\$307	\$228	\$232
2314	H. pylori Stool Antigen HpSA	NY	Stool	\$115	\$121	\$117	\$117
2315	Pancreatic Elastase		Stool	\$281	\$307	\$290	\$297
2316	Parasitology - Direct Exam		Stool	\$25	\$34	\$26	\$26
2317	Yeast Culture		Stool	\$53	\$54	\$54	\$54
Additional Add-On Markers for specific stool tests listed above (as specified by parentheses)							
2202	Campylobacter (2200, 2205)	NY	Stool	\$27	\$40	\$10	\$28
2203	Clostridium difficile EIA (2200, 2205)	NY	Stool	\$107	\$114	\$10	\$113
2204	Escherichia coli EIA (2200, 2205)	NY	Stool	\$27	\$41	\$10	\$28
2208	Helicobacter pylori EIA (2200, 2205)	NY	Stool	\$107	\$114	\$10	\$113
2206	Fecal Lactoferrin (2200, 2205)	NY	Stool	\$55	\$74	\$10	\$55
2101	Bacteriology (2100)	NY	Stool	\$35	\$94	\$10	\$38
2102	Eosinophil Protein X (2100)	NY	Stool	\$103	\$231	\$10	\$103
2321	Bile Acids (2000, 2001)		Stool	\$103	\$231	\$10	\$110
2322	Calprotectin (2000, 2001, 2300)		Stool	\$149	\$228	\$10	\$156
2323	Campylobacter & Shiga-like Toxin by EIA (2000, 2001, 2002, 2003, 2300, Bct. Cltr., 2304)		Stool	\$55	\$80	\$10	\$57
2324	Chymotrypsin EIA (2002, 2003)		Stool	\$45	\$57	\$10	\$46
2325	Clostridium difficile EIA (2000, 2001, 2002, 2003)		Stool	\$113	\$121	\$10	\$120
2326	Cryptosporidium EIA (2302)		Stool	\$46	\$50	\$10	\$50
2327	Eosinophil Protein X (2000, 2001)		Stool	\$103	\$231	\$10	\$108
2328	Fecal Fats (2002, 2003)		Stool	\$74	\$208	\$10	\$80
2329	Giardia lamblia EIA (2302)		Stool	\$46	\$50	\$10	\$50
2330	Helicobacter pylori Stool Antigen EIA (2000, 2001, 2002, 2003, 2100)	NY	Stool	\$113	\$121	\$10	\$117
2331	Macroscopic Examination for Worms (2200, 2205, 2000, 2001, 2002, 2003, 2304, 2302)		Stool	\$24	\$24	\$10	\$24



Gastrointestinal and Immunology Profiles		LIMITATION	SPECIMEN	CLIENT BILL	LIST	EASYPAY SCHEDULE A	EASYPAY SCHEDULE B
Additional Add-On Markers for specific stool tests listed above (as specified by parentheses)							
2332	MIC Sensitivities, Yeast or Bacteria (2000, 2001, 2002, 2003, 2300, Bact Cult, 2317, 2304)		Stool		No Additional Charge		
2333	Occult Blood (2002, 2003)		Stool	\$24	\$64	\$10	\$24
2334	Pancreatic Elastase (2000, 2001)		Stool	\$140	\$307	\$10	\$148
2335	Short Chain Fatty Acids Distribution (2002, 2003)		Stool		No Additional Charge		
2336	Zonulin (2200, 2205, 2003) <i>No Insurance Billing</i>	NY MC	Stool	\$30		\$30	\$30

Immunology Profiles

The EasyPay Schedule A amount for 3 or more serum immune panels is \$239 (This is for profiles: 1000, 1001, 1003, 1004, 1005, 1006 ONLY). The EasyPay Schedule B amounts are listed individually.

Individual Profiles							
1000	IgE Food Antibodies (19 IgE foods)		Serum	\$177	\$366	\$114	\$187
1001	IgG Food Antibodies (87 IgG foods + Total IgE) *	NY	Serum	\$220	\$1,038	\$199	\$235
1002	Add-On IgG Vegetarian (21 IgG foods) (1001 IgG Food)	NY		\$63	\$364	\$10	\$66
1003	IgE Inhalants (14 IgE inhalants + Total IgE)		Serum	\$239	\$430	\$114	\$249
1004	IgE Molds (15 IgE molds + Total IgE)		Serum	\$245	\$415	\$114	\$256
1005	IgG Spices (24 IgG spices + Total IgE) *	NY	Serum	\$160	\$451	\$154	\$170
1006	Celiac & Gluten Sensitivity		Serum	\$350	\$516	\$105	\$375
1031	Add-on Zonulin (1000, 1001, 1003, 1004, 1005, 1006) <i>No Insurance Billing</i>	NY MC	Serum	\$30		\$30	\$30
1007	Allergix® IgG4 Food Antibodies Profile 90	MC	Serum	\$230	\$1,014	\$265	\$265
1008	Allergix® Bloodspot IgG4 Food Antibodies Profile 30	NY MC	Blood Spot	\$136	\$340	\$184	\$187

Nutritional Profiles		LIMITATION	SPECIMEN	CLIENT BILL	LIST	EASYPAY SCHEDULE A	EASYPAY SCHEDULE B
NutrEval® Profile							
3000	NutrEval® FMV	NY	Blood/Urine	\$499	\$2,027	\$189	\$559
3001	NutrEval® Plasma	NY	Blood/Urine	\$499	\$2,027	\$189	\$559
3532	Add-On Vitamin D	ABN	Serum	\$57	\$154	\$10	\$60
Additional Add-On Genomic Markers for NutrEval FMV and Plasma					<i>No Insurance Billing</i>		
5112	SNP - APO E (C112R + R158C)	NY MC	Buccal Swab	\$30		\$30	\$30
5111	SNP - MTHFR Combined (A1298C + C677T)	NY MC	Buccal Swab	\$30		\$30	\$30
5106	SNP - TNFA	NY MC	Buccal Swab	\$30		\$30	\$30
5102	SNP - COMT (V158M)	NY MC	Buccal Swab	\$30		\$30	\$30
ONE® Profile							
3200	ONE® - Optimal Nutritional Evaluation	NY	Urine	\$450	\$1,390	\$189	\$475
3532	Add-On Vitamin D (Blood)	ABN	Serum	\$57	\$154	\$10	\$60
3533	Add-On CoQ10		Plasma	\$205	\$256	\$10	\$217
ION® Profile							
3100	ION® Profile (Combined AA 20, Nut & Tox Ele, Vit D, CoQ10 + Vitamins, FA Plasma, LP, Organix Comp)	MC	Blood/Urine	\$499	\$2,099	\$189	\$559
3102	ION® Profile with Amino Acids 40	MC	Blood/Urine	\$529	\$2,099	\$235	\$599
3104	CardiolION™ Profile	MC	Blood/Urine	\$700	\$2,159	\$275	\$730
3519	Add-On Vitamin K Assay (3100, 3102, 3104)	NY MC	Serum	\$126	\$243	\$10	\$146
3106	Add-On Serum Chemistries (3100)	NY MC	Serum	\$77	\$146	\$10	\$88
3605	Add-On Neopterin/Biopterin Profile (3100, 3102, 3104)	NY MC	Urine	\$95	\$184	\$10	\$111



Nutritional Profiles		LIMITATION	SPECIMEN	CLIENT BILL	LIST	EASYPAY SCHEDULE A	EASYPAY SCHEDULE B
Organic Acid Profiles							
3300	Metabolic Analysis Profile	NY	Urine	\$330	\$1,282	\$175	\$355
3301	Organix® Comprehensive Profile	MC	Urine	\$325	\$1,303	\$175	\$355
3302	Organix® Dysbiosis Profile	MC	Urine	\$215	\$624	\$159	\$247
3304	Organix® Basic Profile (w/o Dysbiosis Markers)	MC	Urine	\$215	\$655	\$159	\$247
Integrated Profiles							
3400	TRIAD SM Profile (Combined tests AA20, Orgx Comp, and 1007 IgG Foods)	NY MC	Blood/Urine	\$525	\$1,647	\$179	\$550
3401	TRIAD Bloodspot SM Profile (Comb. tests AA20, Organix Comp, and 1008 Bloodspot IgG Foods)	NY MC	BldSp/Urine	\$525	\$1,647	\$179	\$550
Amino Acid Profiles							
3500	Amino Acids Analysis, Urine	NY	Urine	\$355	\$535	\$366	\$376
3501	Amino Acids Analysis, Plasma	NY	Plasma	\$355	\$535	\$366	\$376
3502	Bloodspot SM Amino Acids 11 Profile	NY MC	Blood Spot	\$154	\$232	\$175	\$175
3503	Bloodspot SM Amino Acids 20 Profile	NY MC	Blood Spot	\$221	\$309	\$249	\$254
Fatty Acid Profiles							
3508	Essential & Metabolic Fatty Acids Analysis		Blood	\$239	\$442	\$249	\$249
3509	Fatty Acids Profile - Plasma	MC	Plasma	\$275	\$526	\$285	\$285
3511	Bloodspot SM Fatty Acids Profile	NY MC	Blood Spot	\$140	\$265	\$165	\$165
Vitamin Profiles							
3514	Fat-Soluble Vitamins Profile (A, E, D, K, CoQ10, & β-Carotene)	MC	Serum	\$250	\$487	\$284	\$291
3516	Vitamin D Assay	ABN	Serum	\$113	\$153	\$152	\$153
3519	Vitamin K Assay	MC	Serum	\$164	\$198	\$185	\$188
Oxidative Stress Profiles							
3600	Oxidative Stress 2.0 Blood		Blood	\$275	\$301	\$299	\$300
3601	Oxidative Stress 2.0 Urine	NY	Urine	\$323	\$442	\$357	\$367
3602	Sulfate		Serum	\$55	\$58	\$58	\$58
3603	Cysteine		Serum	\$53	\$58	\$58	\$58
3604	Glutathione		Whole Blood	\$46	\$58	\$58	\$58
3606	Lipid Peroxides		Urine	\$123	\$177	\$138	\$139
3610	DNA/Oxidative Stress Marker (8-OHdG)	NY	Urine	\$95	\$184	\$120	\$120
3605	Neopterin/Biopterin Profile	NY MC	Urine	\$126	\$243	\$150	\$150
Cardiovascular Health Profiles							
3700	CV Health®	ABN	Blood	\$287	\$406	\$144	\$298
3701	CV Health Plus Genomics™	NY ABN	Blood	\$696	\$1,421	\$160	\$785
3532	Add-On Vitamin D (for 3700, 3701)	ABN	Serum	\$57	\$154	\$10	\$60
3702	Comprehensive Cardiovascular Assessment	ABN	Blood	\$183	\$328	\$190	\$193
Element Profiles							
3524	Nutrient & Toxic Elements Profile	NY MC	Blood	\$215	\$402	\$240	\$240
3526	Toxic Metals Profile	NY MC	Whole Blood	\$132	\$255	\$95	\$95
3527	Comprehensive Urine Elements Profile (Timed or 24-hour)	NY	Urine	\$130	\$294	\$140	\$140
3528	Elemental Analysis	NY	Plasma	\$207	\$301	\$215	\$219
3529	Toxic Element Clearance Profile (Timed or 24-Hour)	NY MC	Urine	\$90	\$172	\$95	\$95



Endocrinology Profiles		LIMITATION	SPECIMEN	CLIENT BILL	LIST	EASYPAY SCHEDULE A	EASYPAY SCHEDULE B
Sex Hormones - Serum							
4000	Hormonal Health™		Serum	\$369	\$742	\$169	\$395
4001	Male Hormonal Health™		Serum	\$422	\$612	\$169	\$446
4002	Add-On Androstenedione (4000, 4001)		Serum	\$58	\$115	\$10	\$61
4003	Add-On Follicle Stimulating Hormone (4000, 4001)		Serum	\$105	\$168	\$10	\$114
4004	Add-On Luteinizing Hormone (4000, 4001)		Serum	\$58	\$169	\$10	\$61
4005	Add-On Prolactin (4000, 4001)		Serum	\$58	\$176	\$10	\$61
3532	Add-On Vitamin D (4000, 4001)	ABN	Serum	\$60	\$154	\$10	\$63
4006	Estrogen Metabolism Assessment		Serum	\$200	\$231	\$205	\$205
Sex Hormones - Saliva							
4100	Menopause Plus™	NY	Saliva	\$350	\$1,448	\$159	\$375
4101	Menopause™	NY	Saliva	\$175	\$1,024	\$125	\$200
4102	Rhythm Plus™	NY	Saliva	\$450	\$2,076	\$175	\$475
4103	Rhythm™		Saliva	\$275	\$1,731	\$149	\$300
4104	Menopause Check Plus™ (Single Sample w/DHEA)	NY	Saliva	\$265	\$478	\$155	\$275
4105	Male Hormones Plus™	NY	Saliva	\$325	\$752	\$175	\$350
4106	One Day Hormone Check™	NY	Saliva	\$399	\$1,003	\$169	\$426
4110	Cortisol, Salivary		Saliva	\$60	\$65	\$65	\$65
Sex Hormones - Urine							
4200	Complete Hormones™ 24 HR/FMV	NY	Urine	\$350	\$1,789	\$159	\$375
4209	Essential Estrogens™ 24 HR/FMV	NY	Urine	\$275	\$766	\$149	\$300
4203	Add-On Triiodothyronine, T3 (4200, 4209)	NY	Urine	\$55	\$139	\$10	\$62
4204	Add-On Cortisol, Free (4200, 4209)	NY MC	Urine	\$58	\$196	\$10	\$64
Additional Add-On Genomic Markers for Complete Hormones and Essential Estrogens					<i>No Insurance Billing</i>		
5116	Add-On Genomics SNP - CYP1B1 (N453S + L432V)	NY MC	Buccal Swab	\$30		\$30	\$30
5111	Add-On Genomics SNP - MTHFR Combined (A1298C + C677T)	NY MC	Buccal Swab	\$30		\$30	\$30
5109	Add-On Genomics SNP - VDR	NY MC	Buccal Swab	\$30		\$30	\$30
5102	Add-On Genomics SNP - COMT (V158M)	NY MC	Buccal Swab	\$30		\$30	\$30
4213	Estrogen Metabolism Assessment		Urine	\$195	\$241	\$205	\$205
4214	Add-On Bone Resorption Assessment	ABN	Urine	\$97	\$122	\$103	\$103
4215	Estronex® Profile	NY MC	Urine	\$205	\$369	\$230	\$230
4216	Estronex® with Bone Resorption Profile	NY MC	Urine	\$250	\$486	\$275	\$281
Endocrine Adrenals							
4300	Adrenocortex Stress Profile		Saliva	\$158	\$363	\$115	\$175
Endocrine Thyroid							
4400	Comprehensive Thyroid Assessment	ABN	Serum	\$210	\$288	\$220	\$220
Endocrine - Melatonin							
4108	Comprehensive Melatonin Profile	NY	Saliva	\$83	\$132	\$89	\$89
Endocrine Bone							
4500	Bone Resorption Assessment	MC	Urine	\$105	\$122	\$119	\$119
Stand-Alone Endocrine Testing							
4601	Prostate Specific Antigen (PSA)	ABN	Serum	\$137	\$168	\$142	\$143
4600	T3		Serum	\$118	\$139	\$120	\$120



Genomic Profiles		LIMITATION	SPECIMEN	CLIENT BILL	LIST	EASYPAY SCHEDULE A	EASYPAY SCHEDULE B
Genovations®		<i>No Insurance Billing</i>					
5000	CardioGenomicPlus® Profile	NY MC	Buccal Swab	\$523		\$523	\$523
5001	DetoxiGenomic® Profile	NY MC	Buccal Swab	\$555		\$555	\$555
5002	EstroGenomic® Profile	NY MC	Buccal Swab	\$748		\$748	\$748
5003	Sub Panel Estrogen Metabolism	NY MC	Buccal Swab	\$344		\$344	\$344
5004	ImmunoGenomic® Profile	NY MC	Buccal Swab	\$300		\$300	\$300
5005	NeuroGenomic™ Profile	NY MC	Buccal Swab	\$450		\$450	\$450
5006	Add-On Apo-E (apolipoprotein E) (5001, 5004, 5005)	NY MC	Buccal Swab	\$222		\$222	\$222
A la carte SNPs~							
Total Price = Base Fee + each SNP ordered							
5100	BASE FEE~	NY MC		\$178		\$178	\$178
5101	GSTP1 (I104V + A113V)	NY MC	Buccal Swab	\$115		\$115	\$115
5102	COMT (V158M)	NY MC	Buccal Swab	\$58		\$58	\$58
5103	SOD2 (A16V)	NY MC	Buccal Swab	\$61		\$61	\$61
5104	GSTM1	NY MC	Buccal Swab	\$58		\$58	\$58
5105	ILO	NY MC	Buccal Swab	\$61		\$61	\$61
5106	TNFA	NY MC	Buccal Swab	\$58		\$58	\$58
5107	IL-6	NY MC	Buccal Swab	\$58		\$58	\$58
5108	ILB	NY MC	Buccal Swab	\$61		\$61	\$61
5109	VDR	NY MC	Buccal Swab	\$58		\$58	\$58
5110	MTHFR (C677T)	NY MC	Buccal Swab	\$58		\$58	\$58
5111	MTHFR Combined (A1298C + C677T)	NY MC	Buccal Swab	\$122		\$122	\$122
5112	APO E (C112R + R158C)	NY MC	Buccal Swab	\$129		\$129	\$129
5113	CETP (TAQ1B + D422G + R54I)	NY MC	Buccal Swab	\$122		\$122	\$122
5114	PAI	NY MC	Buccal Swab	\$115		\$115	\$115
5115	GP3a	NY MC	Buccal Swab	\$115		\$115	\$115



Environmental Profiles		LIMITATION	SPECIMEN	CLIENT BILL	LIST	EASYPAY SCHEDULE A	EASYPAY SCHEDULE B
Toxic EffectsSM Profiles							
6000	Toxic Effects CORESM Profile <i>No Insurance Billing</i> (includes profiles 6002, 6003, 6004, 6005, 6006, 6007)	NY MC	Serum/ Whole Bld/ Urine	\$575		\$599	\$599
6001	Porphyryns Profile	NY MC	Urine	\$183	\$267	\$208	\$212
6002	Phthalates & Parabens Profile	NY MC	Urine	\$246	\$337	\$277	\$283
6003	Chlorinated Pesticides Profile	NY MC	Serum	\$235	\$323	\$264	\$270
6004	PCBs Profile	NY MC	Serum	\$235	\$323	\$264	\$270
6005	Volatile Solvents Profile	NY MC	Whole Blood	\$309	\$409	\$347	\$356
6006	Organophosphates Profile	NY MC	Urine	\$256	\$351	\$291	\$298
6007	Bisphenol A (BPA) Profile	NY MC	Urine	\$235	\$323	\$264	\$270
6009	CP, PCB, Volatile Solvents Profile	NY MC	Serum/ Whole Blood	\$575	\$793	\$599	\$599
6010	BPA, Phthalates & Parabens, OP Profile	NY MC	Urine	\$560	\$724	\$599	\$599

NY Not currently available in New York State

ABN Please refer to ABN (Advance Beneficiary Notice)

MC Not Reimbursable by Medicare

Prices and availability are subject to change without notice. Prices are rounded to the nearest dollar.

Shipping for US Territories (Puerto Rico and Guam) is not included.

- Shipping Method for *receiving* specimen collection packs:
 - » FedEx Ground – No shipping charges incurred.
 - » Expedited shipping charges may apply.
- Shipping Method for *returning* specimen collection packs:
 - » FedEx – No shipping charges incurred when shipped from physician's office or established FedEx location.
 - » Return shipping of specimen to Genova Diagnostics is included in the price.
- Shipping terms may change due to contracted carrier changes.

Practitioner billing not available in New Jersey, New York, or Rhode Island.

Components of a profile may be ordered individually. Specific analytes can be found online at www.gdx.net, select **Test Menu**.

International customers contact Client Services for a distributor in your country. International Fee Schedules are available upon request.



EasyPay Insurance Billing Guidelines

The EasyPay Insurance Billing Program is the insurance billing option for patients with private or commercial insurance, including Medicare Advantage plans and Genova contracted insurances.

Submission of a payment method for the EasyPay Schedule A and B amount indicated on this fee schedule is required for the patient to be included in the EasyPay billing program. In an effort to make our testing available and affordable to all patients, we offer a Payment Plan program for patients eligible for our EasyPay Schedule B billing option or not filing insurance.

Please refer to the program guidelines below for additional requirements of the EasyPay program or visit www.gdx.net/prc for comprehensive information.

How To:

If followed completely, the EasyPay program helps manage patient out-of-pocket expenses.

Step 1 – Determine Eligibility for EasyPay Schedule A or EasyPay Schedule B

Select EasyPay Schedule A for all patients who are covered by commercial or private insurance providers, including Medicare Advantage, UNLESS, their insurance company is on the EasyPay B list of insurance providers at www.gdx.net/prc. Patients who do not have commercial insurance or wish to cash pay are also eligible for EasyPay Schedule B. For more information on HSA and HRA programs, see below.

Step 2 – Submit Payment with the Test Requisition

The EasyPay Schedule A or B payment amount and the proper test requisition form must accompany the specimen to qualify for the EasyPay program. Convenient and secure payments for EasyPay Schedule A and B can be made by patients at www.gdx.net/prc.

EasyPay Schedule B Payments

Easy Pay Schedule B may be paid one of two ways.

- Pre-payment
- Payment Plan

For qualifying tests, priced at \$200 or higher, the initial payment is 40% of the EasyPay Schedule B price. The remaining amount due will be charged in up to 3 equal installments. There is a one-time fee of \$10 to participate in a Payment Plan that will be billed on the patient's next installment. Payments can easily be made on our secure patient portal at www.gdx.net/prc.

Step 3 – ICD-10 Diagnosis Code Requirement

Practitioners **MUST** include ICD-10 diagnosis coding on all test requisitions for patients participating in the EasyPay program.

Step 4 – Include Insurance Information

Patients participating in the EasyPay program must provide insurance information and have active coverage on the date of service in order for Genova Diagnostics to file the claim.

Other Program Details and Requirements

If the patient receives payment directly from the insurance provider, the insurance payment and a copy of the Explanation of Benefits (EOB) must immediately be forwarded to Genova Diagnostics.

Patients may be required to provide a copy of the Explanation of Benefits (EOB) from their insurance provider to maintain eligibility for the EasyPay Program.

The EasyPay Schedule A and B amount submitted will be applied to the amount due as indicated on the EOB provided by the insurance provider. If applicable, a statement will be generated to the patient for deductibles, co-insurance, or co-pays assigned over the EasyPay amount submitted. Refunds will be issued automatically in the event that total payments exceed the total billed amount.

In order to substantiate medical necessity for testing and to qualify for insurance reimbursement, health care practitioners may be required to provide medical records. Failure to provide this information to the insurance provider in a timely manner may result in the patient being billed for the total list price of the test.

If any of the items above are not provided, the patient could be responsible for up to the list price of the test minus payments received by Genova Diagnostic.

How We Apply Payment

- Non-contracted insurance: Genova Diagnostics applies the payment prior to submitting to insurance
- Contracted insurance and Medicare Advantage: Genova Diagnostics applies the payment after insurance processing, if applicable

Health Reimbursement Accounts (HRAs) and Health Savings Accounts (HSAs) –

Patients with high deductible plans with health reimbursement accounts should consider choosing to cash pay the EasyPay Schedule B amount to prevent substantial deductions from their HRA/HSA account. Please do not include insurance information.

Patients not submitting insurance will receive an itemized statement to submit reimbursement from their insurance carrier or health reimbursement account. Please see www.gdx.net/prc for more detailed information.

Medicare & Tricare

Genova Diagnostics is a Medicare provider. Genova Diagnostics only participates with Medicaid of North Carolina. All other Medicaid patients, should select the "No Insurance" billing option and submit the EasyPay Schedule B amount along with their requisition.

Medicare & Medicaid programs are excluded from the EasyPay program. However, Genova Diagnostics will submit claims directly to Medicare and eligible Medicaid programs on behalf of the patient.



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