



## Physician Notes

Many physicians and marketers have questions regarding information that should be included on physician notes for genetic testing. Qitek does not take any stance to provide guidance on what a physician should incorporate into their notes; however, we can provide feedback that Qitek receives directly from insurance companies. You are welcome to take this information and relay it to your clinics and physicians so that they can better serve their patient population.

The following is a list of responses we've received from various insurance companies. In general, insurance companies seek to understand why a diagnostic test should be considered reasonable and necessary. Responses include, but are not limited to:

- The test is not experimental or investigational.
- The duration and frequency of the test is appropriate.
- The test is furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition (patient's condition is noted subjectively and objectively).
- The test is furnished appropriately for the patient's medical needs and condition (patient's needs and condition are noted subjectively, objectively, including an assessment).
- The test was submitted with any appropriate and detailed lab results (i.e. blood work) supporting the test.
- The outcome of the test will potentially influence the clinical course of the patient (the physician's plan).
- The results obtained are necessary for appropriate medical and/or surgical management of the patient (the physician's plan).
- The test does not unnecessarily duplicate the results of other diagnostic services.
- The clinical notes show that the provider would use the results in the management of the patient's specific medical problem (the physician's plan).
- The patient has personal signs and symptoms or history that reflect necessity of the test.
- The patient potentially has family history that support the necessity of the test.

We will specifically note a response from an insurance company regarding a familial hypercholesterolemia test performed. Note, the above points are applicable to all genetic testing, but I am attempting to present a real world response to further display the notes an insurance company seeks. Here is a response in regards to a familial hypercholesterolemia test:

"In order for us to process this request, we needed the following information. We did not receive it. One, the reason the test is needed. Two, detailed reports of cholesterol levels. This is a fatty substance found in the blood. Three, details about any heart or blood vessel disease that may be present. Four, details about any other symptoms of familial hypercholesterolemia (FH) that may be present. This is a gene problem that causes high cholesterol. Five, details about any relatives that have high cholesterol or other signs of FH. Please note: International classifications of disease (ICD) codes alone are not enough information."



This example shows that insurance companies seek detailed information explaining detailed subjective and objective findings, an assessment, and plan to treat the patient.

Qitek will use the same standards set forth by various insurance companies to screen specimens that meet these criteria prior to performing diagnostic tests