

Any insurance not listed on this sheet will need an authorization for labs and visits-call the number on the back of the card

Insurance Company	Network	Authorization Required?	
		VISIT	LABS
Absolute Total Care (Medicaid only)	In Network	NO	YES unless exome or full panel* (*XLID/Autism/focused exome panels still need PA)
Aetna	Out of Network	YES	YES
Avalon	In Network	N/A labs only	yes
BCBS Federal	In Network	NO	YES
BCBS(SC) - State and PPO Plans	In Network	NO	YES
BCBS (Other States)		NO	YES - IMPORTANT NOTE- We cannot file to BCBS for claims where the specimen was not collecti
Blue Choice (ZCC or empty suitcase)	In Network	YES	YES
Blue Choice	In Network	NO	YES
Blue Choice Medicaid	In Network	NO	YES unless exome or full panel* (*XLID/Autism/focused exome panels still need PA)
Champ VA	Out of Network	NO	YES
Champus	Out of Network	NO	YES
Cigna (PPO only)	In Network	NO	YES
Medical Mutual	In Network	NO	YES
Molina (Medicaid)	In Network	NO	YES unless exome or full panel* (*XLID/Autism/focused exome panels still need PA)
Planned Administrators	In Network	NO	YES
SC Medicaid	In Network	NO-unless MHN on website	NO
SC Medicare	In Network	NO	Advanced Beneficiary Notice(ABN) must be signed by patient for Molecular & Cyto labs. (Preauth cannot be obtained for Medicare).
Select Health/First Choice (Medicaid only)	In Network	NO	NEED auths for the XLID Panel (code S3870 modifier UB), Autism Panel(code S3870 modifier U5), and any test being filed with cpt code 81479. No PA needed for FULL panels using 81479.
Tricare	Out of Network	NO	YES
Tricare Prime	Out of Network	YES	YES
United Healthcare	Out of Network	YES	Yes
Wellcare (Medicaid only)	In Network	No	YES unless exome or full panel* (*XLID/Autism/focused exome panels still need PA)
LEGEND			
	SC Medicaid and HMO Plans		
	NEEDS PRE CERT/AUTH		
	NO PRE CERT/AUTH NEEDED		
	ABN required to be signed by patient		