



Authorization for Supplementary Molecular Testing

Your physician has referred you for a thyroid biopsy using a procedure called Fine Needle Aspiration (FNA). During this brief procedure, cells are removed from the thyroid using a thin needle, processed in the laboratory and examined by a pathologist. In the majority of cases (>90%), a diagnosis can be made from the examination of the cells alone. In about 10 percent of cases, additional molecular testing is recommended by the pathologist to determine if the nodule is benign, or if surgery will be recommended to remove the nodule. This test will not be sent out unless it is deemed necessary by the pathologist.

Unfortunately, molecular testing can be expensive. Insurance benefits for such services vary from company to company. You may be responsible for a deductible or coinsurance payment, depending on your personal coverage. Your doctor will advise you if this test is recommended. At that time, you should call your insurance company to determine your financial responsibility for this procedure. You will only be billed for this procedure if the specimen is sent out for testing.

Insurance companies have created a series of numeric codes, which are used by physicians to identify the procedures that have been done. The code for the thyroid molecular testing is:

CPT 81545: Oncology (thyroid), gene expression analysis of 142 genes (Afirma), to be performed by Veracyte, Inc. You must ask your insurance company 1) if they cover this test; 2) if there is a copay; 3) how much money will be charged to your deductible. You can also call patient support for the Afirma test at 1.888.9AFIRMA (1.888.923.4762), or visit their website at www.afirma.com/patients for additional information.

To avoid any surprise bills, we will not send out the specimen for molecular testing until this form is signed and returned to the CareMount Department of Pathology. If you have any questions, feel free to discuss these with the physician at the time of your biopsy.

I have read and understand the information contained in this document, and I authorize CareMount Medical to send my thyroid FNA specimen(s) for molecular testing.

Patient Name (please print): _____ Date of Birth: _____

Patient Signature: _____ Today's Date: _____

***Return to CMM Department of Pathology via fax at 914-302-8334
or mail to 110 South Bedford Rd, Mount Kisco NY 10549***