



## FOR CLINICIANS

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**Q: Is the clonoSEQ® Assay covered by insurance?**

**A:** Depending on the type of insurance a patient has, coverage for clonoSEQ testing may differ. Adaptive will bill a patient's insurance directly for clonoSEQ testing and will work with your patient's plan to obtain the appropriate level of coverage for clonoSEQ. As is the case with any diagnostic test, some patients may still have a financial responsibility for clonoSEQ beyond what is covered by insurance.

**Q: Is clonoSEQ testing covered by Medicare?**

**A:** Medicare covers clonoSEQ testing performed on bone marrow samples from patients with myeloma or B-cell ALL at multiple time points throughout a patient's treatment. The Medicare coverage policy aligns with the FDA label for clonoSEQ and with clinical practice guidelines. The Centers for Medicare & Medicaid Services (CMS) require that non-covered patients complete an Advance Beneficiary Notice (ABN) prior to receiving testing services. You can access the full coverage policy details for clonoSEQ via the CMS website at <https://go.cms.gov/2GL4Ej5>. Please refer to [www.clonoSEQ.com/ordering](http://www.clonoSEQ.com/ordering) for more information or to download an ABN template.

**Q: What happens if a patient's insurance limits or denies payment for clonoSEQ testing?**

**A:** In the event that coverage for clonoSEQ is limited or denied, Adaptive will appeal the claim when possible and work on behalf of the patient to seek payment for clonoSEQ testing services. Adaptive may require support from you and your office in the appeals process. We greatly appreciate your partnership in this process on behalf of your patients.

**Q: What documentation is needed from physicians and/or their offices to support clonoSEQ appeals?**

**A:** In many cases, Adaptive will have the information required to submit an appeal on behalf of a patient. Whenever possible, Adaptive will work to limit the effort required by you and your office to support the appeals process. However, for certain types of appeals, insurance companies may require additional information and records, including:

- A Letter of Medical Necessity (LOMN) signed by the ordering physician. If an LOMN is required, Adaptive will notify physicians via the clonoSEQ Diagnostic Ordering Portal.
- Clinic note(s) associated with a patient visit related to the clonoSEQ order.
- Medical records including clinical history, treatment plans, and notes.

If patient consent is required for an appeal, Adaptive will send a consent form along with a letter to the patient briefly explaining the need for consent and will follow up accordingly.

**Q: What if my patient received a bill for clonoSEQ testing and cannot afford the payment?**

**A:** Adaptive Assist, our Patient Support Program, offers a variety of tools for patients who may have difficulty with their financial responsibility for clonoSEQ testing. Patients can call our Patient Support

Team at 1-855-236-9230 to discuss their individual financial circumstances and the assistance options available to them if they qualify.

**Q: What are the patient eligibility criteria to qualify for financial assistance\*?**

**A:** To be eligible for financial assistance, a patient must meet **all** of the following criteria:

- Be a US citizen or legal resident age 18 years or older;
  - Pediatric patients under the age of 18 are eligible, but require the application form to be signed by a parent or legal guardian.
- Be uninsured or have insurance that does not cover the full cost of clonoSEQ testing;
- Meet financial need requirements based on the patient's income and the number of persons in their household, and;
- Submit a completed and signed Patient Financial Assistance Program application.
  - **NOTE:** patients should be prepared to provide documentation supporting financial need (e.g. tax return, W-2, pay stub) in the event that the patient is randomly selected for the program's upfront enrollment verification process.

**Q: How does a patient apply for financial assistance for clonoSEQ testing?**

**A:** For new or existing clonoSEQ patients, applying for financial assistance is designed to be a simple and straightforward process.

1. Patients can call 1-855-236-9230 to discuss their insurance and individual financial circumstances in order to better understand their potential financial responsibility for clonoSEQ testing.
2. The patient must then complete, sign, and submit (via email, fax, or mail) an Adaptive Assist™ Patient Financial Assistance Program application.
3. Our Patient Support Team will evaluate the application and notify the patient in writing of the enrollment decision and financial assistance level, if applicable.
  - If randomly selected for the upfront enrollment verification process, a patient will be notified of the need to submit supporting documentation (e.g. tax return, W-2, pay stub) within 45 days.

The application is available for download at [www.Adaptive-Assist.com](http://www.Adaptive-Assist.com) or from your clonoSEQ Key Account Manager. If a patient has questions or would like to speak to our Patient Support Team, they can call 1-855-236-9230.

**Q: What if a patient has a question about a clonoSEQ statement from Adaptive or an Explanation of Benefits (EOB) that they received from their insurance company for clonoSEQ testing?**

**A:** For questions about billing, payment options, insurance coverage, or assistance, patients can call the Adaptive Assist Patient Support Team at 1-855-236-9230. Representatives are available Monday through Thursday from 9AM to 7PM and Friday from 9AM to 5PM EST.

\*Adaptive's patient support program and patient financial assistance program are subject to change at the discretion of Adaptive.