

To: Preferred Administrator Providers

From: Preferred Administrators

Date: 06/10/2025

Re: OB/GYN Prior Authorization No Longer Required for certain Genetic Testing

Effective **September 01, 2024**, Preferred Administrators no longer requires OB/GYN providers to submit prior authorization for the following Genetic Testing code when referred to an In-Network Laboratory provider.

- **81443:** Genetic testing for severe inherited conditions (e.g., cystic fibrosis, Ashkenazi Jewish-associated disorders [e.g., Bloom syndrome, Canavan disease, Fanconi anemia type C, Mucopolysaccharidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (e.g., ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)

Quest Diagnostics is Preferred Administrators in-Network laboratory. Please visit us at <https://www.preferredadmin.net> under the "Find a Provider" tab for listing of In-Network Quest Diagnostics draw lab locations.

If you have any questions regarding this communication please contact our Provider Relations team at 915-532-3778 or email us at ProviderServicesDG@elpasohealth.com.