TRIAGE HEALTH



Other Health-Related Topics

Checklist to Accessing Biomarker Testing

This checklist will help you understand how to access biomarker testing, if it is appropriate for you, if your insurance will cover some of the testing costs, how to appeal denials of coverage, and how to access financial help, if needed.

1. Understand the Terms

What is a biomarker?

A biomarker is a gene, protein, or other substance that is in your blood, bodily fluids, or cells.

What is biomarker testing?

Biomarker testing is a way to look for those biomarkers that can provide information about your medical condition. Biomarker testing can be called different names, including:

- Genomic testing or profiling
- Tumor testing or subtyping
- Tumor genetic testing
- Somatic testing
- Companion diagnostic testing (when paired with a specific treatment)

Some biomarker tests can test a solid tumor, and some can test your blood and other fluids (i.e., liquid biopsies).

Why is biomarker testing useful?

Biomarkers may affect how certain treatments will work, and understanding your biomarkers can help you and your health care team make treatment decisions that are best for you. This is often called personalized or precision medicine. Biomarker testing is a key part of getting access to precision medicine. For example, some targeted treatments may only work if you have certain biomarkers.

Is biomarker testing different from genetic testing?

Genetic testing is not the same as biomarker testing. Genetic testing is a test to find out if you have an inherited genetic mutation. You inherit your genes, and sometimes genetic mutations, from your parents. Genetic mutations may make it more likely that you will develop a specific medical condition. For example, if you have the BRCA1 or BRCA2 mutations, you have a higher chance of getting breast, ovarian, and other cancers. For more information about genetic testing, visit: cdc.gov/genomics-and-health/counseling-testing/genetic-testing.html.

2. Talk to Your Health Care Team

To find out if biomarker testing is appropriate for you, it is important to talk to your health care team. Here are some potential questions that you can ask about biomarker testing:

- Is biomarker testing available for my medical condition?
- How do I know if I need a test?
- What are the risks and benefits?
- Will you use a blood or tissue biopsy to do the testing?
- Were any tests done as part of my biopsy or surgery?
- Will insurance cover the cost of testing?
- What are my options if I don't have insurance?
- Who will help me understand my test results?
- How will the results guide treatment decisions?
- Will I need to repeat biomarker testing in the future?

3. Find Out if it is Covered by Insurance

The cost of biomarker testing depends on the test, the type of medical condition you have, and your health insurance. Some tests are covered by Medicare and Medicaid. If you are participating in a clinical trial, the trial may cover the cost of biomarker testing. Individual or employer-sponsored health insurers will usually cover biomarker tests when they are

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"medically necessary." When deciding if a test is medically necessary, insurers weigh different factors to see if the test is appropriate and necessary to treat you.

- Single gene or multigene panel tests: Tests that look at one gene are more likely to be covered by insurance. Some panel tests are covered by insurance (e.g., private insurance, Medicare, Medicaid, etc.).
- Diagnosis or indication: Some biomarker tests are only covered for certain diagnoses. Others are only covered when you meet other criteria, like having a specific stage of cancer or prognosis.
- What is being tested (e.g., tissue from a tumor or liquid biopsy, usually from blood)?

Other factors that impact coverage:

- Is pre-authorization required? Many individual and employer-sponsored health insurers require you to get approval from them before you get a biomarker test.
- Some insurance policies list approved tests, while others do not. Even if a test is not named in your policy, it may be covered when "medically necessary."
- Some companies require the use of specific tests, sold by specific companies.

As of 2026, half of states have passed laws requiring some form of insurance coverage for biomarker testing, and more states are considering similar bills. But these laws only apply to some plans in those states, such as Medicaid. Even if your state has not passed a law, insurance companies should still approve testing based on whether it's "medically necessary." For details on state laws and which plans they apply to, visit TriageHealth.org/StateLaws.

4. Appeal Any Denials of Coverage

A health insurer may deny coverage for a biomarker test when you or your health care team asks for a pre-authorization or after you get the test. You can appeal those denials. You have the right to appeal a denial even if your state does not have a biomarker testing law. Know the type of appeal you are filing and its deadline:

- There are generally two types of appeals when you have an individual or employer-sponsored health plan:
  - Internal – an appeal directly to the health insurer
  - External – an appeal to an independent medical review organization
- Medicare, Medicaid, TRICARE and VA Health Care each have different rules and deadlines to appeal denials of coverage. Check your denial letter for the details.

Your health insurer might say that the test is not medically necessary, or that the test is experimental or investigational. Work with your health care team to argue that the test is medically necessary. They may file the appeal for you. Some tips for appealing:

- Get the denial reason in writing, along with the insurer's specific coverage policy for the test.
- Ask your health care team if the test is recommended by NCCN, ASCO, or another major clinical guideline for your medical condition. Pointing to a guideline may strengthen your argument, especially against an "experimental" denial.

For more information about Health Insurance Appeals, visit: TriageHealth.org/Appeals.

5. Get Financial Help, If You Need It

Financial assistance resources may be available to help cover the out-of-pocket costs that you may have to pay when you get a biomarker test. Here are some examples of assistance programs that help cover out-of-pocket costs:

- Exact Sciences: exactsciences.com/cancer-testing/coverage-financial-assistance or 866-267-2322
- Foundation Medicine: foundationmedicine.com/patient/financial-support
- Caris Life Sciences: carislifesciences.com/patients/patient-services/financial-services
- Tempus: access.tempus.com
- Myriad Genetics: myriad.com/affordability/financial-assistance
- NeoGenomics: neogenomics.com/billing#financial-assistance
- CancerCare: cancercare.org/copayfoundation
- Patient Advocate Foundation - Cancer Genetic and Genomic Testing Fund: totalassist.org/funds/cancer-genetic-and-genomic-testing

Visit TriageHealth.org/Financial for help navigating finances and finding other financial assistance resources.

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