NAME: **SS#:**
REGARDING:

Industry and Local 338 Welfare Fund

LOCAL: 338
STATUS: Full Time

ISSUE: Hospital/Medical – Excluded Services #M26/102-2858

FUND RULE:

"Summary of Material Modifications

CHANGES TO THE WELFARE FUND EFFECTIVE JULY 1, 2019

The Board of Trustees have carefully considered the relative merits of cell-based therapy and have decided to exclude all such therapy under the Plan effective July 1, 2019. As such, the Exclusions and Limitations section of the Hospital and Health Benefits/PPO Benefits found in the SPD is amended with the addition of the following to the list of exclusions.

Exclusions and Limitations
In addition to services listed under "What's Not Covered" in the prior sections, the Fund does not cover the following:

- **Charges related to gene therapy**

  Gene therapy typically involves replacing a gene that causes a medical problem with one that does not, adding genes to help the body fight or treat disease, or inactivating genes that cause medical problems. The Fund does not cover any charges related to gene therapy, whether those therapies have received approval from the U.S. Food and Drug Administration ("FDA") or are considered experimental or investigational. Illustrative examples of gene therapy include therapies such as Kymriah and Yescarta, as well and Luxturna and Zolgensma, but new applications for gene therapies are submitted every year. The Fund does not cover any related genetic testing intended to determine whether particular genetic mutations are present and/or whether particular drug therapies might work for a particular patient before any of the above gene therapy is initiated."

(Industry and Local 338 Welfare Fund Summary of Material Modifications, December 2019)

SUMMARY:

Date(s) of Service:	February 6, 2026
Claim(s) Received:	March 10, 2026
Claim(s) Denied:	March 11, 2026
Appeal Received:	June 11, 2026

The **provider,** LabCorp Genetics, is appealing for payment of a claim for genetic testing that was denied. The provider states, in summary, "The patient's physician ordered the LabCorp Genetics test due to its validated clinical utility in clarifying disease risk, guiding clinical decision making, and assisting both the physician and patient in making medical management decisions. This test analyzes genes associated with a hereditary disposition."

Records indicate that LabCorp Genetics submitted a claim for genetic testing (CPT 81479) rendered on February 6, 2026 with the diagnosis "Family history of genetic disease." The claim was denied because the Fund does not cover gene therapy or genetic testing.

Note: The provider billed $1,285.00 for the claim under review, and the PPO allowance is $642.50. If approved by the Trustees, the Plan would pay $383.50. The participant's responsibility would be $259.00.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

2026153B81587

May 14, 2026

labcorp INVITAE

BCBS New York
ATTN: Appeals Department
PO BOX 1407, CHURCH STREET STATION
EMPIRE - APPEALS DEPARTMENT
NEW YORK, NY 10008-1407

Re:
Patient Name: [redacted]
DOB: [redacted]
Date of Service: 02/06/2026
Subscriber ID#: RWB0006063BW
Claim #: 2026066BK5231
Accession #: LG7865248

Tax ID #: 992210303

THIS IS A FORMAL APPEAL

To Whom It May Concern:

We received your explanation of benefits for the above-noted member's claim which was denied for No Medical Necessity. The patient's physician ordered the Labcorp Genetics test due to its validated clinical utility in clarifying disease risk, guiding clinical decision making, and assisting both the physician and patient in making medical management decisions. This test analyzes genes associated with a hereditary disposition. By providing potentially prognostic information, the results of the test directly impact clinical decision making and guide both the physician and patient in medical management.

Labcorp Genetics has developed and validated novel next-generation sequencing (NGS) methods that extend the analytic range of NGS to detect challenging classes of variants while maintaining excellent performance. Sensitivity and specificity have been proven in five studies that included a total of 1,457 patients; the analytic sensitivity of Invitae's test was greater than 99.9%. The ability to correctly report negative results was 100%. Labcorp Genetics is a College of American Pathologists (CAP) accredited and Clinical Laboratory Improvement Amendments (CLIA) certified clinical diagnostics laboratory. Labcorp Genetics' testing includes genes and panels that are carefully curated.

The test was ordered due to the patient's diagnosis of Z84.81.

In summary, based on the above information, and the physician's decision to order the test, we are requesting coverage at this time for the claim.

Attached is the treatment requisition form (physician order), lab report, and available medical records for your review. Please let us know if you are in need of further information to process the claim for payment. Thank you for your prompt attention to this matter. I look forward to your reconsideration.

Respectfully,

Richard Dione
richard.dione@labcorp.com
Appeals Specialist
Labcorp Genetics

Associated Administrators, LLC
911 Ridgebrook Rd.
Sparks MD 21152

Explanation of Benefits - This is NOT a Bill
Please retain for Tax Purposes

Forwarding Service Requested

**********ALL FOR AADC 105
PB-COL-34-ENV 4560 17
[redacted]

Industry & Local 338 Welfare Fund

If you have any questions, please call (855) 412-3797

Statement Date: 03/11/26

TYPE	DESCRIPTION
B	Basic Benefit
M	Major Medical Benefit

Dates of Service	Procedure	Amount Charged	Not Covered	Remark Codes	Amount Allowed	Deductible	Type	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
Claim #: DMCD48			**Patient:** [redacted]						**Patient Acct. #:** XXXXX7465		
Provider: GENETICS LABCORP			**Employee:** [redacted]						**Employee #:** 0006063BW		
02/06-02/06/2026	DIAG. LAB&X-RAY	1,285.00	1,285.00	A1	0.00	0.00	M	0	0.00	0.00	642.50
	TOTALS	1,285.00	1,285.00		0.00	0.00			0.00	0.00	642.50

Total Plan Benefit 0.00

Total Plan Pays 0.00
Less COB Adjustment: 0.00
Less Provider Payment Adjustment: 0.00
Total Benefits Paid: 554.95

Dates of Service	Procedure	Amount Charged	Not Covered	Remark Codes	Amount Allowed	Deductible	Type	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
Claim #: DMCD49			**Patient:** [redacted]						**Patient Acct. #:** XXXXX7465		
Provider: RUN HEALTHCARE CRYSTAL			**Employee:** [redacted]						**Employee #:** 0006063BW		
03/05-03/05/2026	OFFICE CALL	450.00	111.04	A1	338.96	0.00	M	100	298.96	0.00	40.00
03/05-03/05/2026	SURGERY	340.00	84.01		255.99	0.00	B	100	255.99	0.00	0.00
	TOTALS	790.00	195.05		594.95	0.00			554.95	0.00	40.00

Total Plan Benefit 594.95

Total Plan Pays 554.95
Less COB Adjustment: 0.00
Less Provider Payment Adjustment: 0.00
Total Benefits Paid: 554.95

Claim	Line	Code	Description
DMCD48	001	A1	SERVICE IS NOT COVERED BY YOUR PLAN.
DMCD49	001	A1	SPECIALIST OFFICE VISIT CO-PAYMENT APPLIED.
DMCD49	00C	B1	MEMBER IS NOT RESPONSIBLE FOR ANTHEM DISCOUNT OF $195.05.

	Amount Charged	Not Covered		Amount Allowed	Deductible		Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
STATEMENT TOTALS	2,075.00	1,480.05		594.95	0.00		554.95	0.00	682.50

Appeal Rights

If your claim has been wholly or partially denied (as shown in the Messages section on the front of this Explanation of Benefits, or "EOB"), you have the right to appeal this decision within 180 days of your receipt of this EOB. You may submit written comments, documents, and other information relating to your claim. You have the right to designate, in writing, a representative to act on your behalf. You must provide the Fund with the representative's name, address, and telephone number, and the Fund will direct all future communications to the representative.

If the Fund relied upon an internal rule, guideline, or protocol in making the decision, it will be available upon request, free of charge. If the Fund based its determination upon medical necessity, experimental treatment, or similar exclusion or limit, such explanation is available upon request and free of charge. If the Fund obtained any advice from a medical expert on the claim (even if the advice was not relied upon) the Fund will identify, upon request, the firm providing the medical expert's advice.

The Board of Trustees will review your appeal at its next scheduled meeting unless the appeal is filed within 30 days of that meeting, in which case it will be reviewed at the following meeting. If circumstances require more time for a decision, you will be notified in writing. The notice will describe the reason for the delay, and the approximate date a decision will be made. The decision will be made no later than the third Board of Trustees meeting following the date the Fund receives your appeal. The review will take into account all information you submit relating to your claim. The Fund will notify you in writing of the Board of Trustees' decision within five days after the decision is made. In the event your appeal is denied, you have the right to bring a civil action under Section 502(a) of the Employee Retirement Income Security Act.

If your situation meets the definition of urgent under law, your review will be conducted within the urgent time frames established by law. An appeal of an Urgent Care Claim denial may be oral or in writing. You or your doctor should supply all information for an Urgent Care Claim appeal by hand delivery to the Fund Office or by telephone to 1-855-412-3797 or by fax to 1-877-227-3536.

In the event that your internal appeal is denied, you may be entitled to request an external review, as defined by the Patient Protection and Affordable Care Act (PPACA). If your claim is urgent, you may be entitled to request an expedited external review. Please contact the Fund Office for details about the availability of an external review.

If your claim is denied, in whole or in part, you are not required to appeal the decision. Further, you have the right to file suit in federal or state court under Section 502(a) of ERISA on your claim for benefits. However, you must exhaust your administrative remedies by appealing the denial to the Board of Trustees before you have the right to file suit in state or federal court. Failure to exhaust these administrative remedies will result in the loss of your right to file suit, as described in the ERISA Rights statement in your Summary Plan Description.

Should you have any questions about your appeal rights, please contact Participant Services at the number shown in your SPD, or mail your appeal to "Associated Administrators, LLC, 911 Ridgebrook Road, Sparks, Maryland 21152-9451, Attn: Appeals Coordinator". You may also contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272).

Spanish (Español): Para obtener asistencia en Español, llame al 855-412-3797.