

# Genetic and Molecular Lab Testing Notification/Prior Authorization Process Frequently Asked Questions (FAQ) Effective Nov. 1, 2017

## Key Points

- Starting Nov. 1, 2017, notification/prior authorization is required for certain genetic and molecular tests. The requirement applies to certain UnitedHealthcare Commercial benefit plans.
- The online notification/prior authorization process will give care providers a quick coverage determination when their requests for these tests meet UnitedHealthcare clinical guideline criteria. Labs can quickly confirm online if services are eligible for payment. Quicker responses can help save time.
- Labs must register to participate as part of the Genetic and Molecular Lab Testing Notification/Prior Authorization process. Payments will only be authorized for those genetic and molecular tests performed by registered labs.
- Genetic and molecular lab test notification/prior authorization coverage approvals are good for 90 days.

## Overview

We're committed to working with consumers and care providers to support improved population health outcomes, positive care experiences and affordable products. An increasingly important part of this commitment includes coordinating coverage guidelines and policies for new and emerging technologies, including genetic testing.

By working with you, we can provide access to this emerging field and promising new treatments for patients while balancing patient safety and clinical evidence. Our new online notification/prior authorization process for genetic and molecular lab tests will help provide access while supporting a better care experience for members and care providers.

Starting Nov. 1, 2017, notification is required for certain genetic and molecular lab tests for certain UnitedHealthcare Commercial benefit plans. Ordering care providers will complete the notification/prior authorization process online or over the phone. Labs must register their tests to participate as part of the Genetic and Molecular Lab Testing Notification/Prior Authorization process.

## Frequently Asked Questions and Answers

### How Does the Process Work?

#### **Q1. What is the Genetic and Molecular Lab Testing Notification/Prior Authorization process?**

- A1. The online notification/prior authorization process was developed to help ordering care providers, labs and their patients get a quicker coverage determination by showing them:
- If a member's benefit plan requires prior authorization
  - When additional clinical information is required to make a coverage decision
  - Whether the request meets UnitedHealthcare's clinical and coverage policy criteria



When the request meets all the criteria and no additional information is needed, the ordering care provider will get the coverage determination decision when the request is submitted. If the member's benefit plan requires services to be medically necessary in order to be covered, we'll conduct a clinical coverage review as part of our prior authorization process. If we need additional clinical information, we'll contact the ordering care provider.

Beacon Laboratory Benefit Solutions, Inc. (BeaconLBS), a lab services management company working on behalf of UnitedHealthcare, will manage the online notification/prior authorization request system.

Using UnitedHealthcare's clinical policy requirements for all coverage determinations, BeaconLBS created a streamlined online notification/prior authorization process. UnitedHealthcare will manage all policies, requirements and related utilization management programs.

When ordering tests online, care providers will be able to choose the test and the lab to perform the test, but only if the lab registers their tests for the process. BeaconLBS will register participating labs for the process.

## **Q2. Do I need to register for this process?**

A2. **Ordering Care Providers:** No, you don't need to register to complete the notification/prior authorization process online. However, you'll need an Optum ID to access the Genetic and Molecular Test app in Link.

To get to the Genetic and Molecular Test app, you'll sign in to Link by clicking on the Link button in the top right corner of [UHCprovider.com](http://UHCprovider.com). If you don't have an Optum ID or need help remembering your ID or password, click New User. [Learn more](#) about Link.

**Labs/Rendering Care Providers:** Yes, labs will need to take action and register. After Nov. 1, 2017, payments will only be authorized for those genetic and molecular tests performed by labs registered with BeaconLBS as part of the Genetic and Molecular Lab Testing Notification/Prior Authorization process. We encourage all network and out-of-network outpatient labs that perform genetic or molecular tests to register.

You can start the registration online or over the phone:

- Online: Go to [BeaconLBS.com](http://BeaconLBS.com) > Login > Lab Login.
- Phone: Call BeaconLBS at **800-377-8809** (7 a.m. – 7 p.m., local time).

BeaconLBS will need the following information to complete your registration for all applicable testing to support accurate and timely prior authorization and claims payment:

- The test name, unique test identifier, all associated CPT codes and units billed
- Your National Provider Identifier (NPI) and Clinical Laboratory Improvement Amendments (CLIA) number
- A valid email address for your lab

You may, at any time, make changes to your online test directory by contacting your BeaconLBS representative for assistance.

## **Q3. Which genetic and molecular tests require notification/prior authorization through this process?**

A3. The following genetic and molecular tests are included in the requirement:

- Tier 1 Molecular Pathology Procedures
- Tier 2 Molecular Pathology Procedures
- Genomic Sequencing Procedures
- Multianalyte Assays with Algorithmic Analyses that include Molecular Pathology Testing
- These CPT<sup>®</sup> codes:
  - 0001U
  - 0004M - 0008M
  - 0009M (required starting on Jan. 1, 2018)
  - S3870 (required starting on Jan. 1, 2018)

- 81161 - 81421
- 81423 - 81479
- 81507
- 81519
- 81545 – 81599

**Q4. Which UnitedHealthcare Commercial members are included in the new notification/prior authorization requirement?**

A4. The notification/prior authorization requirement applies to UnitedHealthcare Commercial benefit plans. However, it does not apply to the following affiliate plans:

- Neighborhood Health Partnership
- Sierra
- UnitedHealthcare of the Mid-Atlantic
- UnitedHealthcare Oxford
- UnitedHealthcare of the River Valley
- UnitedHealthcare West
- UnitedHealthOne

It also doesn't apply to care providers in Florida who are subject to the Laboratory Benefit Management Program.

**Q5. What information will be considered as part of the clinical coverage reviews for these genetic and molecular tests?**

A5. Clinical coverage reviews conducted as part of our prior authorization process for these tests will be based on UnitedHealthcare's clinical policy requirements for coverage. If a request needs review or requires additional clinical information, UnitedHealthcare will contact the ordering care provider.

We'll use the following medical policies ([UHCprovider.com/policies](http://UHCprovider.com/policies) > Commercial Policies > [Medical & Drug Policies and Coverage Determination Guidelines](#)) to review requests for genetic and molecular testing:

- Carrier Testing for Genetic Diseases (effective Nov. 1, 2017)
- Chromosome Microarray Testing
- Fetal Aneuploidy Testing Using Cell-Free Fetal Nucleic Acids in Maternal Blood
- Genetic Testing for Hereditary Cancer (effective Nov. 1, 2017)
- Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions (effective Nov. 1, 2017)
- Pharmacogenetic Testing (effective Nov. 1, 2017)
- Whole Exome and Whole Genome Sequencing (effective Nov. 1, 2017)

**Q6. Does the new requirement include molecular and genetic tests related to medications?**

A6. Yes. However, approval for any medication will be determined by the member's pharmacy benefits manager based on the member's coverage and eligibility.

**Q7. Does this notification/prior authorization process change any requirements for genetic counseling?**

A7. No. UnitedHealthcare doesn't require genetic counseling before approving coverage of genetic testing.

However, genetic counseling can give the member more information about the tests and help them understand the results. If a care provider determines that a member might benefit from genetic counseling, we recommend that the counseling be done by an independent genetic care provider who isn't employed by a genetic testing lab. You can find a list of participating care providers at [UHCprovider.com](http://UHCprovider.com) > Menu > [Find a Provider](#).

## Notification/Prior Authorization Process

### Q8. How do I complete the notification/prior authorization process?

A8. **Ordering Care Providers:** When you decide that a test included in the Genetic and Molecular Lab Test Notification/Prior Authorization requirement might be needed, you'll be responsible for completing the online notification/prior authorization process, which is available through Link:

- Sign in to Link by going to [UHCprovider.com](http://UHCprovider.com) and clicking on the Link button in the top right corner.
- Choose the Genetic and Molecular Test app in Link.
- Fill out the requested information.

If your request meets UnitedHealthcare's clinical and coverage guidelines, you'll get a decision right when you submit your request online. If more information or clinical documentation is needed, we'll contact you.

When you're ordering a test, you'll need information about the member, your contact information and information about the lab and the test.

#### Member information

- Member's UnitedHealthcare ID number (from the member ID card)
- Member's UnitedHealthcare group number (from the member ID card)
- Member's name
- Member's date of birth

#### Ordering care provider contact information

- Your phone number, in case we need to contact you about the submitted information
- Your fax number

#### Lab and test information

- Lab name
- Test name

Additional reviews or clinical information may be requested to determine if the request meets UnitedHealthcare's clinical policy requirements for coverage. We'll contact you if we need clinical information.

You can also complete the notification/prior authorization process over the phone by calling BeaconLBS at **800-377-8809** (7 a.m. – 7 p.m., local time, Monday through Friday).

**Labs/Rendering Care Providers:** You can't complete the notification/prior authorization process for a member. You'll be responsible for confirming that coverage approval is on file before performing the requested test. If coverage approval is not on file, you should contact the ordering provider to request that they complete the notification/prior authorization process.

### Q9. What date should I enter when I'm completing the notification/prior authorization process if I don't know the exact date of the test?

A9. If the specimen has already been collected, please use the date of collection. If the specimen hasn't been collected yet, use the date you contact us to complete the notification/prior authorization process. A coverage approval is effective for 90 days.

### Q10. How does the ordering care provider know if a lab's test is registered?

A10. When the ordering care provider is signed in to the online system and is completing the notification/prior authorization process, they'll be able to search for labs. If the test isn't listed for the lab, or the lab isn't listed as a registered lab, the ordering care provider can't choose that test or lab.

**Q11. I want to order a test from a specific lab, but I can't find that lab in the online system. How can I request that a lab or test be added?**

A11. Care providers can contact the lab and request that they register with BeaconLBS. The care provider can also contact BeaconLBS at **800-377-8809** and ask that they reach out to the lab.

**Confirming a Coverage Approval**

**Q12. How can I confirm if coverage has been approved for a member?**

A12. **Ordering Care Providers:** If your request meets UnitedHealthcare's clinical and coverage guidelines, you'll get a decision right when you submit your request online. If more information or clinical documentation is needed, we'll contact you. After that review, we'll send you the coverage decision.

You'll also get a copy of the letter sent to the member when coverage is approved or not approved.

You can view the status of your request online:

- Sign in to Link by going to [UHCprovider.com](http://UHCprovider.com) and clicking on the Link button in the top right corner.
- Choose the Genetic and Molecular Test app in Link.
- Search for the notification/prior authorization request.

You'll need one of the following combinations to search:

- Care provider tax ID number (TIN), member ID number and date of birth
- Care provider TIN, member ID number and name
- Care provider TIN, member last name, first name, date of birth and state

**Laboratories/Rendering Care Providers:** You'll be able to confirm coverage approval online.

- Sign in to Link by going to [UHCprovider.com](http://UHCprovider.com) and clicking on the Link button in the top right corner.
- Choose the Genetic and Molecular Test app in Link.
- Search for the notification/prior authorization request.
- All UnitedHealthcare members with a genetic or molecular test to be completed by your lab will be displayed. The display will include the current status of the request.

If the notification/prior authorization process has not been completed, you should contact the ordering provider to request that they complete the notification/prior authorization process.

**Q13. What happens if the notification/prior authorization process hasn't been completed for a member's test?**

A13. **Ordering Care Providers:** If the notification/prior authorization process hasn't been completed, the lab may not perform the test at all or they may contact you and wait until you complete the process.

**Labs/Rendering Care Providers:** If the notification/prior authorization process has not been completed, please contact the member's ordering care provider and ask that they complete the process. If the notification/prior authorization isn't complete and coverage approved before you administer a test, claims will be denied, and the member can't be billed for services. We'll send you a claims denial notice and we'll outline your appeal process.

Remember, you can't bill the member for any claims denied because of a failure to complete the notification/prior authorization process, according to your UnitedHealthcare Participation Agreement.

**Q14. Can a member choose to have a test even if prior authorization is denied?**

A14. Yes the member may choose to have a test regardless of whether the test is covered under the member's benefit plan. If coverage for a test is denied, you may bill the member for the service in accordance with the terms of our participation agreement and our protocols ([UHCprovider.com/policies](http://UHCprovider.com/policies)). You can't, however, bill the member for claims that are denied due to failure to complete the notification/prior authorization process.

## Claims and Billing

**Q15. Does completing the notification/prior authorization process guarantee that UnitedHealthcare will pay the claim?**

A15. No. Payment for covered services is based on the member's eligibility on the date of the service, any claim processing requirements and the terms of your Participation Agreement.

**Q16. Do I need to include the case reference number on the claim form to ensure payment?**

A16. No. You don't need to put the case reference number on the claim form.

**Q17. Can a lab make changes to a test after they've registered their tests with BeaconLBS?**

A17. Yes. You may, at any time, make changes to your online test directory by contacting your BeaconLBS representative for assistance. If you don't have one, please call BeaconLBS at **800-377-8809** or email [askbeacon@beaconlbs.com](mailto:askbeacon@beaconlbs.com) for assistance.

**Q18. Can coverage be approved for one lab, but billed by another? For instance, we might send out a test to another lab to perform.**

A18. Yes. The lab billing for the test should review the notification/prior authorization approval to ensure that the rendered services match the tests authorized and that the authorization matches the CPT codes and unit values submitted on the claim. If the billing lab needs to update the services, CPT codes, or anything on the approved authorization, the lab will need to contact the ordering care provider and ask them to submit a new request.

## More Information

**Q19. Where can I find more information and training on this process?**

A19. We have resources along with information on training for this process at [UHCprovider.com](http://UHCprovider.com) > Prior Authorization and Notification Resources > Genetic and Molecular Lab Testing Notification/Prior Authorization.

Details on completing the notification/prior authorization process will also be included in upcoming issues of the Network Bulletin ([UHCprovider.com/news](http://UHCprovider.com/news)).

**Q20. Who can I contact if I have questions about the process?**

A20. **Labs/Rendering Care Providers:** Contact BeaconLBS at **800-377-8809** for information about registering your lab and tests or mapping your tests.

**All Users:** If you have other questions, please email us at [unitedoncology@uhc.com](mailto:unitedoncology@uhc.com).



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