Molecular Pathology Reimbursement Policy

Frequently Asked Questions

Overview

The goal of the Molecular Pathology Reimbursement Policy is to bring clarity, consistency and transparency to molecular diagnostics/genetic testing claims adjudication. Claim edits have been developed to help ensure correct coding for claims submitted that have **not** obtained an authorization through the Genetic and Molecular Testing Prior Authorization (GMTPA) program. These edits and requirements are outlined in this Network Bulletin article (page 18) and are available in the Reimbursement Policy.

Claims subjected to authorization requirements through the GMTPA program will be managed through updates to the lab's registration with Beacon Laboratory Benefit Solutions, Inc. (BeaconLBS®).[1] Tests will need to be updated on a consistent basis to reflect the new coding requirements, as outlined in the policy.

The National Institute of Health (NIH) launched the Genetic Testing Registry (GTR), a free online resource that provides a centralized location for comprehensive genetic test information that is voluntarily submitted by test providers. The intended audience for the GTR is health care providers and researchers.[2]

The following are answers to some frequently asked questions regarding the Genetic Test Registry (GTR) ID, billing and reimbursement and the Molecular Pathology Reimbursement Policy.

Frequently Asked Questions

How long does it take to receive a GTR ID when registering a test with the NIH?

Laboratory information must be entered first. New laboratories have a wait period of two to three business days for GTR staff to review the laboratory record. Test information from the laboratory can be entered only after the laboratory has been registered in the GTR. When tests are registered, test information is visible within 24 to 48 hours.

How do we register GTR IDs for custom panels?

A clinical test in the GTR is defined as the equivalent of a laboratory order code. For detailed submission instructions, go to ncbi.nlm.nih.gov/gtr/docs/submit/#submission or contact gtr@ncbi.nlm.nih.gov.

If we use a reference lab for a particular test, how do we register our GTR ID?

Labs should register their clinical tests as needed to comply with the policy. A clinical test in the GTR is defined as the equivalent of a laboratory order code. For detailed submission instructions, see www.ncbi.nlm.nih.gov/gtr/docs/submit/#submission or contact gtr@ncbi.nlm.nih.gov.

How do I register a test that's used for more than one specimen type with the NIH?

A clinical test in the GTR is defined as the equivalent of a laboratory order code. Labs can indicate multiple specimen types. For detailed submission instructions, see ncbi.nlm.nih.gov/gtr/docs/submit/#submission or contact gtr@ncbi.nlm.nih.gov.

Is the GTR the same as the Z-codes from McKesson?

No. The GTR ID is created when labs register tests with the NIH GTR. For detailed submission instructions, see ncbi.nlm.nih.gov/gtr/docs/submit/#submission or contact gtr@ncbi.nlm.nih.gov.

Do you need the GTR ID to get reimbursed by UnitedHealthcare?

Yes. For tests that have not obtained a prior authorization through the GMTPA program and are billed with CPT® code 81479, we require you to submit an NIH GTR ID on the claim. Note that a Genomic Sequencing Procedure (GSP) or Proprietary Laboratory Analyses (PLA) code should be used when appropriate. These codes don't require a GTR ID for reimbursement.

Where on the claim does the GTR code need to be submitted?

Submit the GTR unique test ID preceding the decimal in field 2400 SV101-7 on the electronic claim form or in the shaded area of the service line in section 24 on a paper claim form (example: GTR123456789).

Do we need GTR codes for all genetic tests or only those with 81479?

The NIH GTR ID is required for tests billed with CPT code 81479, for which an authorization has **not** been obtained through the GMTPA program. Note: You should use a GSP or PLA code when appropriate. These codes don't require a GTR ID for reimbursement.

Are labs permitted to bill multiple CPT codes with the new reimbursement policy?

No, labs should use one CPT code to describe each clinical test.

What PLA code(s) should be listed?

The policy will be applicable to the PLA codes that are specific to molecular pathology. These laboratory tests are registered to a proprietary clinical laboratory or manufacturer who may market the right to use their tests to multiple laboratories. These codes may only be reported by the registered proprietary laboratory/laboratories that have the proprietary relationship with the proprietary clinical laboratory or manufacturer.

How will the new policy affect inpatient versus outpatient genetic testing?

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (also known as CMS-1500), or its electronic equivalent or successor form.

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If a CPT code has multiple descriptions in the code book, which code is most appropriate to use?

Claim submissions using a Tier 2 code are acceptable when the American Medical Association (AMA) has specifically assigned its use to the performed test. All claims submitted with a Tier 2 code should be coupled with an appropriate AMA Claim Designation code.

How do we bill a claim for a patient that needs two or more genetic tests on the same date of service for different indications?

The CPT codes for the genetic tests being ordered would need to be accompanied by a modifier 59 on one of the tests. This shows they are separate and distinct and will allow multiple tests to be reimbursed.

If a physician orders more than one single gene on a patient's sample, do we need to offer the genes as a panel, or can they be considered separate tests?

If a member needs multiple single-gene tests ordered on the same date of service, the modifier 59 can be used to indicate they are separate and distinct tests.

When should in-network laboratories have their registry information updated with BeaconLBS?

Laboratories will have until Jan. 1, 2020, to complete the process of updating the information submitted to the UnitedHealthcare Molecular Pathology Registry maintained by BeaconLBS.

If a test is updated in the BeaconLBS registry and the prior authorization has been obtained, then the claim doesn't need to have the AMA Claim Designation code or Abbreviated Gene Name reported in loop 2400 or SV101-7, correct?

That's correct. Claims requiring prior authorization through the Beacon website aren't subjected to the additional fields required to be submitted on the claim.

Does UnitedHealthcare require the prior authorization number to pay a claim?

No. Prior authorization numbers are not required to be submitted with claims.

Who can I contact if I have questions?

If you have questions, please call Provider Services at **877-842-3210**. You can also call BeaconLBS at **800-377-880**.

[1]BeaconLBS® is a registered trademark of Beacon Laboratory Benefit Solutions, Inc.
[2]National Institutes of Health. Genetic Testing Registry. https://osp.od.nih.gov/scientific-sharing/genetic-testing-registry/

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