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.

Starting Jan. 1, 2021, we require a notification or approved prior authorization for certain genetic and molecular lab tests for UnitedHealthcare Exchange plan members. The Genetic and Molecular Lab Testing prior authorization process helps you know which tests need advance notification and which tests require a completed prior authorization request.

- Advance notification requests can be completed by either the lab performing the test or the ordering care provider.
- If a test requires an approved prior authorization, those requests must be completed by the ordering care provider.

Frequently Asked Questions

What is the Genetic and Molecular Lab Testing Notification/Prior Authorization process for UnitedHealthcare Exchange members?

Providers can call UnitedHealthcare Provider Services at 877-303-7736, 7 a.m. – 7 p.m. Central Time, Monday – Friday, to request prior authorization for genetic and molecular testing.

This process was developed to help ordering care providers, labs and their patients get coverage determination by giving them information regarding:

- 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 for tests requiring prior authorization, the ordering care provider will receive 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.

UnitedHealthcare manages all policies, requirements and related utilization management programs.
Do I need to register for this process?
No, you do not need to register for this process.

When does this process go into effect?
This process is effective for dates of service starting Jan. 1, 2021.

Eligibility and Process Requirements

Which genetic and molecular tests require notification/prior authorization through this process?
You can find the current list of genetic and molecular tests that are included in the requirement at UHCprovider.com/genetics.

Which UnitedHealthcare Exchange members are included in the Genetic and Molecular Lab Test Notification/Prior Authorization requirement?
All UnitedHealthcare Exchange members are included in the Genetic and Molecular Lab Test Notification/Prior Authorization requirement.

Can the lab performing a genetic or molecular test determine if a member requires a completed notification/prior authorization?
Yes. Labs can see if a member needs a completed advance notification or prior authorization request through the Genetic and Molecular Lab Testing Notification/Prior Authorization process by calling UnitedHealthcare Provider Services at 877-303-7736, 7 a.m. – 7 p.m. Central Time, Monday – Friday.

Advance notification requests can be completed by either the lab performing the test or the ordering care provider. Provider Services can tell you which of your tests require only an advance notification.

If a test requires an approved prior authorization, those requests must be completed by the ordering care provider. Tests that require an approved prior authorization will have an associated medical policy that includes the clinical criteria we use to determine the appropriate use of the test. Applicable policies are listed in the following questions.

Do tests that are ordered when a particular test result indicates that additional testing should be performed (reflex tests) require prior authorization or advance notification?
Yes. You need to complete the Genetic and Molecular Lab Testing Notification/Prior Authorization process when the reflex test will be billed using any of the Genetic and Molecular Lab Testing Notification/Prior Authorization CPT® codes found at UHCprovider.com/genetics.

What information will be considered as part of the clinical coverage reviews for these genetic and molecular tests?
Clinical coverage reviews conducted as part of our Genetic and Molecular Lab Testing Notification/Prior Authorization process will be based on UnitedHealthcare’s clinical policy requirements for coverage. If a request needs review or requires additional clinical information, we’ll notify the ordering care provider.

We’ll use the following medical policies to review requests made through the Genetic and Molecular Lab Testing Notification/Prior Authorization process. These policies include clinical criteria and information about coverage eligibility for related services. You can find the policies at UHCprovider.com/policies > Commercial Policies > Medical & Drug Policies and Coverage Determination Guidelines.

Does the new requirement include molecular and genetic tests related to medications?
Yes. However, approval for any medication will be determined by the member’s pharmacy benefits manager based on the member’s coverage and eligibility.
Does this Genetic and Molecular Lab Testing Notification/Prior Authorization process change any requirements for genetic counseling?
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 > Menu > Find a Provider.

For an inpatient member, when the treating care provider orders a genetic or molecular test that requires notification/prior authorization, does the treating care provider need to complete the Genetic and Molecular Lab Testing Notification/Prior Authorization process?
No. You won’t need to complete the notification/prior authorization process if you’re ordering genetic or molecular testing that will be billed with a place of service as “inpatient.”

However, services billed with any other place of service (for instance, observation, ambulatory services, outpatient, etc.) will require the ordering care provider to complete the Genetic and Molecular Lab testing notification/prior authorization process.

Genetic and molecular tests that require notification/prior authorization as part of the Genetic and Molecular Lab testing notification/prior authorization process that are billed by an independent laboratory with a location of “lab” require a notification/prior authorization, regardless of whether the patient was inpatient at the time of the specimen collection.

How do I complete the Genetic and Molecular Lab Testing Notification/Prior Authorization process?

- **Ordering care providers**: When you determine 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 notification/prior authorization process by calling into UnitedHealthcare Provider Services at 877-303-7736, 7 a.m. – 7 p.m. Central Time, Monday – Friday).

  If your request meets UnitedHealthcare’s clinical and coverage guidelines, and we don’t need additional information, you’ll get the coverage determination decision when you submit the request. If more information or clinical documentation is needed, we’ll contact you.

  When you’re ordering a test, you’ll use the following information.

  **Member information**
  - Member’s UnitedHealthcare ID number (from the member ID card)
  - Member’s UnitedHealthcare group number (from the member ID card, as applicable)
  - 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 notify you if we need clinical information. Some tests only require an advance notification.
• Labs/rendering care providers: For eligible tests, you can complete the advance notification process on behalf of an ordering care provider. If the test requires prior authorization, the ordering provider will need to provide the clinical information to complete the request.

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.

Can a nurse practitioner complete the Genetic and Molecular Lab Testing Notification/Prior Authorization process and request a lab test for a member? Yes. Nurse practitioners can complete the process if one of the following is true:
• They are an independent care provider and bill UnitedHealthcare for services under their own NPI number
• They bill for their services under a physician or health care system

Can a representative of an ordering provider complete the Genetic and Molecular Lab Testing Notification/Prior Authorization process and request a lab test for a member? Yes. A representative can complete the process if they’re one of the following:
• Employed by the physician practice
• Employed by a multidisciplinary health system that routinely delivers health care services beyond laboratory testing

Can a genetic care counselor complete the Genetic and Molecular Lab Testing Notification/Prior Authorization process and request a lab test for a member? Yes. Genetic care counselors can complete the notification/prior authorization process if they’re one of the following:
• Employed by a multidisciplinary health system that routinely delivers health care services beyond laboratory testing
• An independent care provider and bill UnitedHealthcare for services under their own NPI number

Genetic care counselors can’t request a notification/prior authorization if they are employed by a free-standing lab and their services are complimentary or they are billed under the lab NPI.

Can pathologists or a member of the practice’s prior authorization team complete the Genetic and Molecular Lab Testing Notification/Prior Authorization process and request a lab test for a member? Yes. Pathologists or members of the practice’s prior authorization team can complete the process if:
• The individual is employed by a multidisciplinary health system that routinely delivers health care services beyond laboratory testing
• The pathologist is an independent care provider and bills UnitedHealthcare for services under their own NPI number

Pathologists can’t request a notification/prior authorization if they are employed by a freestanding lab.

What date applies when I’m completing the Genetic and Molecular Lab Testing Notification/Prior Authorization process if I don’t know the exact date of the test? If the specimen has already been collected, please use the date of collection. You can select a date in the past. The date of service must be on or after Jan. 1, 2021. If the specimen hasn’t been collected yet, use the date you contact us to complete the Genetic and Molecular Lab Testing Notification/Prior Authorization process. A coverage approval is effective for 90 days.

However, you won’t be able to use a date in the past to complete the Genetic and Molecular Lab Testing Notification/Prior Authorization process for a test that has been completed, billed and denied due to “no
notification/prior authorization.” In those cases, the lab/rendering care provider can submit an appeal. The appeal process is outlined at UHCprovider.com/claims > Submit a Claim Reconsideration / Begin Appeal Process.

Confirming a Coverage Approval

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

• **Ordering care providers:** If your request meets UnitedHealthcare’s clinical and coverage guidelines and we don’t need additional information, you’ll get the coverage determination decision when you submit the request. If more information or clinical documentation is needed, we’ll contact you.

  If the member’s benefit plan requires a medical necessity review, we’ll conduct a clinical coverage review. If we need additional clinical information, we’ll contact you. 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 and clicking on the Link button in the top right corner.
  - Choose the Prior Authorization & Notification tile in Link
  - Search for Existing Submissions and Drafts

What happens if the Genetic and Molecular Lab Testing Notification/Prior Authorization process hasn’t been completed for a member’s test?

• **Ordering care providers:** If the prior authorization process hasn’t been completed, the lab may not perform the test or they may contact you and wait until you complete the process.

• **Labs/rendering care providers:** If the Genetic and Molecular Lab Testing 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 prior authorization isn’t complete and/or coverage has not been 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.

Claims and Billing

Does completing the Genetic and Molecular Lab Testing Notification/Prior Authorization process guarantee that UnitedHealthcare will pay the claim?

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.

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

No. You don’t need to put the case reference number on the claim form, although you may choose to save the case reference number for future reference.

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

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.