

# Genetic and Molecular Lab Testing Notification/Prior Authorization Process Frequently Asked Questions 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 when UnitedHealthcare is the primary payer.
- 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. Payment 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.
- Starting June 18, 2018, registered labs will be able to submit advance notification requests.

## 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 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, we required a notification or approved prior authorization for certain genetic and molecular lab tests for certain UnitedHealthcare commercial benefit plans (see questions 4 and 5). The BeaconLBS online notification/prior authorization system helps you know which tests need advance notifications 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 have to be completed by the ordering care provider.

Labs must register their tests to participate in 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 for tests requiring prior authorization, 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:** Yes. You'll need an Optum ID to access the Genetic and Molecular Testing Prior Authorization tool in Link, and you will also have to register in the BeaconLBS system.

To get to the Genetic and Molecular Test tool, sign in to Link by clicking on the Link button in the top right corner of [UHCprovider.com](https://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.

After selecting the Genetic and Molecular Testing Prior Authorization tile, you'll be transferred to the BeaconLBS system. During your first visit to this site, you will need to register for a BeaconLBS account under your National Provider Identifier (NPI) number.

**Representatives from Labs/Rendering Care Providers:** Yes, representatives from the labs will need to register at [BeaconLBS.com](https://BeaconLBS.com).

You can start the registration online or over the phone:

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

After Nov 1, 2017, payment will only be authorized for those genetic and molecular tests performed by labs who have registered their tests with BeaconLBS as part of the Genetic and Molecular Lab Testing Notification/Prior Authorization process. You may, at any time, make changes to your online test directory by contacting your BeaconLBS representative.

BeaconLBS will need the following information to complete the lab 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 NPI number and Clinical Laboratory Improvement Amendments (CLIA) number
- A valid email address for your lab

### Eligibility and Process Requirements

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

A3. You can find the current list of genetic and molecular tests that are included in the requirement at [UHCprovider.com/genetics](http://UHCprovider.com/genetics).

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

A4. The notification/prior authorization requirement applies to UnitedHealthcare commercial benefit plans when UnitedHealthcare is the primary payer.

Starting April 1, 2018, a completed notification/prior authorization process is required for members in the UnitedHealthcare of the Mid- Atlantic, Inc. benefit plan.

#### **Q5. Which UnitedHealthcare health benefit plan members are not included in the notification/prior authorization requirement?**

A5. Members in these types of UnitedHealthcare and affiliate health plans don't need to have a completed notification/prior authorization process for genetic and molecular tests:

- All UnitedHealthcare Medicare and Medicare Advantage plans
- UnitedHealthcare Community Plans
- Commercial Plans
  - All Savers Insurance Company
  - All Savers Life Insurance Company of California
  - Golden Rule Insurance Company
  - MAMSI Life and Health Insurance Company
  - MD-Individual Practice Association, Inc.
  - Neighborhood Health Partnership, Inc.
  - Optimum Choice, Inc.
  - Oxford Health Insurance, Inc.
  - PacifiCare Life and Health Insurance Company
  - Sierra Health and Life Insurance Company, Inc.
  - UnitedHealthcare Insurance Company
  - UnitedHealthcare of the River Valley, Inc.
  - UnitedHealthcare West
  - UnitedHealthOne

The notification/prior authorization requirement also doesn't apply to:

- UnitedHealthcare benefit plan members in Florida who are subject to the Laboratory Benefit Management Program ([UHCprovider.com/policies](http://UHCprovider.com/policies) > Commercial Policies > Clinical Policies > Laboratory Benefit Management Program).

**Q6. Can the lab performing a genetic or molecular test determine if a member requires completed notification/prior authorization?**

A6. Yes. Labs can see if a member needs a completed advance notification or prior authorization request by logging into **BeaconLBS.com**.

- Go to [BeaconLBS.com](http://BeaconLBS.com) and click on the Login button in the top right corner.
- Click on Lab Login and sign in with your credentials
- Choose the Member Search menu option.
- Search using the member subscriber ID or member name and date of birth

Advance notification requests can be completed in the BeaconLBS system by either the lab performing the test or the ordering care provider. BeaconLBS can tell you which of your tests require only an advance notification and answer your questions about submitting notifications through the BeaconLBS system. Contact them at [LabSupport@beaconlbs.com](mailto:LabSupport@beaconlbs.com).

If a test requires an approved prior authorization, those requests have to be submitted through the BeaconLBS system by the ordering care provider. Tests that require an approved prior authorization will have an associated medical policy that includes clinical criteria we use to determine the appropriate use of the test. See Q9 for a list of policies.

**Q7. 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?**

A7. Yes, you need to complete the 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](http://UHCprovider.com/genetics).

Some labs have registered their original and potential reflex tests for the Genetic and Molecular Lab Testing Notification/Prior Authorization program in one test panel. If the tests are registered together, they you'll just need to complete the process once. If the tests aren't registered together, you'll need to complete the process for each test on the required CPT code list.

**Q8. Am I required to complete the notification/prior authorization process if UnitedHealthcare is the secondary payer?**

A8. No, if UnitedHealthcare is the secondary payer, you don't have to complete the notification/prior authorization process for genetic and molecular lab tests.

**Q9. What information will be considered as part of the clinical coverage reviews for these genetic and molecular tests?**

A9. 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 to review prior authorization requests for genetic and molecular testing. These policies include clinical criteria and information about coverage eligibility for related services.

- Carrier Testing for Genetic Diseases
- Chromosome Microarray Testing

- Fetal Aneuploidy Testing Using Cell-Free Fetal Nucleic Acids in Maternal Blood
- Genetic Testing for Hereditary Cancer
- Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions
- Pharmacogenetic Testing
- Whole Exome and Whole Genome Sequencing

You can find the policies at [UHCprovider.com/policies](https://UHCprovider.com/policies) > Commercial Policies > [Medical & Drug Policies and Coverage Determination Guidelines](#).

**Q10. Does the new requirement include molecular and genetic tests related to medications?**

A10. Yes. However, approval for any medication will be determined by the member’s pharmacy benefits manager based on the member’s coverage and eligibility.

**Q11. Does this notification/prior authorization process change any requirements for genetic counseling?**

A11. 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](https://UHCprovider.com) > Menu > [Find a Provider](#).

**Q12. Why do I see the following notice when I try complete the process online? “If you are seeking authorization for this member for BRCA services, please contact the number on the back of the member’s ID card. For services other than BRCA no authorization is required.”**

A12. You don’t need to complete the process for some UnitedHealthcare commercial members (see Q5). The message you see lets you know that notification/prior authorization isn’t required unless you’re requesting BRCA testing. If the member needs BRCA testing, but doesn’t need the notification/prior authorization process completed, you may:

- Submit your request by completing the [Genetic Testing for BRCA Mutations Notification/Prior Authorization Request Form](#) by fax.
- Call the Provider Services phone number on the member’s health plan ID card.

**Q13. Will a Florida-based ordering provider need to complete the genetic and molecular lab test notification/prior authorization process for a member who is not a Florida resident but is receiving care from a care provider in Florida?**

A13. Yes, Florida care providers will need to complete notification/prior authorization process for members who are temporarily receiving services in Florida.

**Q14. 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 notification/prior authorization process?**

A14. 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 notification/prior authorization process.

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

## Notification/Prior Authorization Process

### Q15. How do I complete the notification/prior authorization process?

A15. **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 ensuring the notification/prior authorization process, which is available through Link, is completed:

- 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 tool in Link. This will take you to the BeaconLBS site
- Log in at the BeaconLBS site.
- 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.

Some tests only require an advance notification. As of June 18, 2018, the lab can submit an advance notification request on behalf of the ordering care provider through the BeaconLBS system. We encourage you to ask the lab if they will be completing this part of the process.

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:** 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.

**Q16. Can a nurse practitioner complete the notification/prior authorization process and request a lab test for a member?**

A16. Yes, nurse practitioners can complete the process if they're one of the following:

- Are an independent care provider and bill UnitedHealthcare for services under their own NPI number
- Bill for their services under a physician or health care system

**Q17. Can a lab complete the notification/prior authorization process and request a lab test for a member?**

A17. In some cases, the lab can submit an advance notification request. You should let the ordering care provider know that you'll be submitting the advance notification request.

You can see if a member needs a completed advance notification or prior authorization request by logging into **BeaconLBS.com**.

- Advance notification requests can be submitted by either the lab or the ordering care provider. The lab and the ordering care provider should coordinate who will submit the request.
- Prior authorization requests need to be submitted by the ordering care provider, along with any required clinical information.

**Q18. Can a representative of an ordering provider complete the notification/prior authorization process and request a lab test for a member?**

A18. Yes, a representative can complete the process if they're one of the following:

- Are employed by the physician practice
- Are employed by a multi-disciplinary health system that routinely delivers health care services beyond laboratory testing

**Q19. Can a genetic care counselor complete the notification/prior authorization process and request a lab test for a member?**

A19. Yes, genetic care counselors can complete the notification/prior authorization process if they're one of the following:

- Are employed by an multi-disciplinary health system that routinely delivers health care services beyond laboratory testing
- Are 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 are billed under the lab NPI.

**Q20. Can pathologists or a member of the practice's prior authorization team complete the notification/prior authorization process and request a lab test for a member?**

A20. Yes, pathologists or members of the practice's prior authorization team can complete the process if:

- The individual is employed by a multi-disciplinary 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 free-standing lab.

**Q21. 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?**

A21. If the specimen has already been collected, please use the date of collection. You can select a date in the past. 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.

However, you won't be able to use a date in the past to complete the 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 ([UHCprovider.com](http://UHCprovider.com) > Claims and Payment Resources > [Submit a Claim Reconsideration / Begin Appeal Process](#)).

**Q22. 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?**

A22. Care providers can contact BeaconLBS at **800-377-8809**. BeaconLBS will contact the lab to register the lab and their tests.

**Confirming a Coverage Approval**

**Q23. How can I confirm if coverage has been approved for a member?**

A23. **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 tool 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.

**UHCprovider.com**

- Sign in to Link by going to [UHCprovider.com](http://UHCprovider.com) and clicking on the Link button in the top right corner.
- Select "Prior Authorization and Notification."



- Choose “Go to the Authorization and Notification App.” 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.

#### **BeaconLBS.com**

- Navigate to [BeaconLBS.com](https://BeaconLBS.com) and click on the Login button in the top right corner.
- Click on Lab Login and sign in with your BeaconLBS credentials.
- Choose Decision Support Inbox.
- Search for the notification/prior authorization requests using the member’s name, the member’s ID or the ordering care provider’s name.
- All UnitedHealthcare members with a genetic or molecular test to be completed for 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.

The lab and the ordering care provider will both get a copy of the letter sent to the member when coverage is approved or denied.

#### **Q24. What happens if the prior authorization process hasn’t been completed for a member’s test?**

A24. **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 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.

#### **Q25. Can a member choose to have a test even if prior authorization is denied?**

A25. 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](https://UHCprovider.com/policies)). You can’t, however, bill the member for claims that are denied due to a failure to complete the notification/prior authorization process.

#### **Claims and Billing**

#### **Q26. Does completing the notification/prior authorization process guarantee that UnitedHealthcare will pay the claim?**

A26. 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.

#### **Q27. Do I need to include the case reference number on the claim form to ensure payment?**

A27. No. You don’t need to put the case reference number on the claim form.

**Q28. Can a lab make changes to a test after they've registered their tests with BeaconLBS?**

A28. 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.

**Q29. Can coverage be approved for one lab, but billed by another? For instance, we might send out a test to another lab to perform.**

A29. 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 BeaconLBS.

**More Information**

**Q30. Where can I find more information on this process?**

A30. We have resources for this process at [UHCprovider.com](http://UHCprovider.com) > Prior Authorization and Notification Resources > Genetic and Molecular Lab Testing Notification/Prior Authorization.

**Q31. I don't have access to the Genetic and Molecular Testing Prior Authorization tool in Link. Where can I find information?**

A31. To learn more about Link, please visit [UHCprovider.com/Link](http://UHCprovider.com/Link). You'll find information about Link access in the "Getting Started With Link" and "User ID & Password Management" sections. If you have questions, please call the UnitedHealthcare Connectivity Help Desk at **866-842-3278**, option 1, 7 a.m. – 9 p.m. Central Time, Monday through Friday.

**Q32. Who can I contact if I have questions about the process?**

A32. **Labs/Rendering Care Providers:** Contact BeaconLBS at **800-377-8809** for information about:

- Registering your lab and tests or mapping your tests
- Registering at BeaconLBS.com to complete the notification/prior authorization process.

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

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