

# Genetic and molecular lab testing prior authorization/advance notification

## Frequently asked questions

### Overview

UnitedHealthcare is committed to improved health outcomes, positive care experiences, and affordable products. Our online Genetic and Molecular Testing Prior Authorization/Advance Notification process is designed to improve the prior authorization process and provide a better care experience for your patients.

### Why is this important?

Certain UnitedHealthcare benefit plans and UnitedHealthcare Community Plan members in select states require advance notification or prior authorization for genetic and molecular tests (see [UHCprovider.com/genetics](https://UHCprovider.com/genetics) for the current list). Payment will be authorized for those genetic and molecular tests when a prior authorization/notification has been obtained through the Genetics Prior Authorization/Advance Notification process.

### Frequently asked questions

#### What is the Genetics Prior Authorization/Advance Notification process?

The Genetics Prior Authorization/Advance Notification process helps you receive quicker coverage authorizations when ordering genetic testing for your patients. When you use this process, you will learn:

- 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 clinical and coverage policy criteria

#### What happens if my request meets all criteria, and no additional information is needed?

You will receive the coverage authorization decision when the request is submitted.

#### What happens if my request doesn't meet all criteria?

If the member's benefit plan requires services to meet clinical criteria to be covered, we will conduct a clinical coverage review as part of our prior authorization process. If we need additional clinical information, we will contact your office.



### Key Points

- The Genetics Prior Authorization/Advance Notification process helps you receive quicker coverage authorizations when ordering genetic and molecular labs for your patients
- Prior authorization requests and advance notifications are submitted through the UnitedHealthcare Provider Portal

## **Do I need to include the prior authorization approval number on the claim form to ensure payment?**

Yes. You need to put the prior authorization approval number on the claim form.

## **Do I need to include the appropriate DEX (Diagnostics Exchange) Z-Code on my prior authorization/advanced notification submission?**

No. You do not need to include the DEX Z-Code on your requests at this time.

## **Can I choose which laboratories to use?**

You will be able to choose the laboratory if the laboratory has registered their tests in the UnitedHealthcare Laboratory Test Registry. If you cannot find a specific laboratory or test in the online system, contact UnitedHealthcare at **877-303-7736**. UnitedHealthcare will contact the laboratory with a request to complete the test registration process.

## **I am a provider. Do I need to register for this process?**

To submit prior authorization requests and advance notifications, you will need to use the UnitedHealthcare Provider Portal. You will need a One Healthcare ID to access the portal. You can create a One Healthcare ID at [UHCprovider.com/access](https://UHCprovider.com/access)

## **What do laboratories need to do to complete this process?**

The following information is necessary to complete the laboratory registration:

- The test name, unique test identifier assigned by the laboratory, and the associated CPT® code
- The laboratory's national provider identifier (NPI) number and Clinical Laboratory Improvement Amendments (CLIA) number
- A valid email address

## **Can the performing laboratory determine if a member requires a completed notification/prior authorization?**

Yes. Laboratories can see if a member needs a completed advance notification or prior authorization by logging in to the UnitedHealthcare Provider Portal. Simply go to the Prior Authorization & Notification section. This check can be completed by procedure code or by member.

## **Can the performing laboratory submit a request for prior authorization?**

No. If a test requires an approved prior authorization, those requests must be submitted by the ordering care provider. Laboratories can only view and select tests that require advance notification. Tests that require an approved prior authorization have an associated medical policy with the clinical criteria we use to determine the appropriate use of the test.

## **Can the performing laboratory submit advance notification?**

For tests that do not require prior authorization, the laboratory can submit the advance notification. The laboratory should let the ordering care provider know that it is submitting the advance notification.

## **Which genetic and molecular tests require advance 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](https://UHCprovider.com/genetics).

## **Which UnitedHealthcare members are included in this requirement?**

You can find the current list of benefit plans with advance notification/prior authorization requirements at [UHCprovider.com/genetics](https://UHCprovider.com/genetics).

## **When tests results indicate that additional testing is needed (reflex test), do the additional tests require prior authorization or advance notification?**

Yes. You need to complete the prior authorization/advance notification approval process when the reflex test will be billed using any of the Genetic and Molecular Lab Testing Advance Notification/Prior Authorization CPT® codes found at [UHCprovider.com/genetics](https://UHCprovider.com/genetics).

## **What if a laboratory lists the original and reflex test on the same panel?**

If the tests are registered together, you only need to complete the process once. If the tests are registered separately, you need to complete the process for each test. Those tests may be submitted at the same time.

## **Am I required to complete the process if UnitedHealthcare is the secondary payer?**

No. If UnitedHealthcare is the secondary payer, you don't have to complete the process.

## **What information is considered as part of the clinical coverage reviews for these tests?**

Clinical coverage reviews are based on UnitedHealthcare clinical policy requirements for coverage. If a request needs review or requires additional clinical information, we'll contact you. You can find the policies used to review requests made through this process at [UHCprovider.com/policies](https://UHCprovider.com/policies) > Commercial Plans > 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 the prior authorization/advance notification 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 you determine 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 laboratory. You can find a list of participating care providers at [UHCprovider.com](https://UHCprovider.com) > Menu > Find a Provider.

## **Why do I see the following notice when I try to 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." This message lets you know that notification/prior authorization isn't required as part of the prior authorization/advance notification approval process for this UnitedHealthcare commercial member.

## **Does the treating care provider need to complete the prior authorization/advance notification approval process for inpatient members?**

No. You won't need to complete the advance 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 (e.g., observation, ambulatory services, outpatient) require the ordering care provider to complete the process.

Genetic and molecular tests 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 can I confirm if coverage has been approved for a member?**

If your request meets UnitedHealthcare clinical and coverage guidelines and we don't need additional information, you'll get the coverage authorization decision when you submit the request. If more information or clinical documentation is needed, we'll contact you. You'll also get a copy of the letter sent to the member when coverage is approved or not approved.

## **How do I view the status of an authorization submission or draft?**

On the "Prior Authorization & Notification Home Page," scroll down to the "Search Existing Submissions & Drafts." Searches can be completed by submitting provider, reference number, or member number.

Saved drafts will be deleted after 14 days of no activity. To access a previously saved draft in the Prior Authorization & Notification system, select the "View Draft Cases" button. Only one active draft is allowed per member.

## **Can a nurse practitioner or a provider representative complete the prior authorization/advance notification approval process?**

Yes. Nurse practitioners or physician representatives may complete the process if one of the following is true:

- A nurse practitioner can complete the process if they are one of the following:
  - 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.
- A representative can complete the process if they are one of the following:
  - They are employed by the physician practice.
  - They are employed by a multi-disciplinary health system that routinely delivers health care services beyond laboratory testing.

## **Who else can complete the prior authorization/advance notification approval process?**

Genetic counselors and pathologists can complete the process if one of the following is true:

- They are employed by a multi-disciplinary health system that routinely delivers health care services beyond laboratory testing
- They are an independent care provider and bill UnitedHealthcare for services under their own NPI number

Genetic counselors can't request a notification/prior authorization if they are employed by a freestanding laboratory, whether their services are complimentary or they are billed under the lab NPI. Pathologists can't request a notification/prior authorization if they are employed by a freestanding laboratory.



## **What date should I enter when I'm completing the process if I don't know the exact date of the test?**

If the specimen hasn't been collected yet, use the date you complete the prior authorization/advance notification approval process. A coverage approval is effective for 90 days. If the specimen has already been collected, use the date of collection. For most benefit plans, you can select a date up to 85 days in the past. Note that you won't be able to use a date in the past to complete the prior authorization/advance notification approval process for a test that has already been completed and billed but was denied due to "No Advance Notification/Prior Authorization." In those cases, the lab/rendering care provider can submit an appeal. The appeal process is outlined at [UHCprovider.com/claims](https://UHCprovider.com/claims) > Submit a Corrected Claim, Claim Reconsideration and Projects / Begin Appeal Process. Some plans, including some UnitedHealthcare Community Plans, do not permit prior authorizations for past dates.

## **If I submitted a prior authorization or advance notification, can I go back and make an edit?**

No. The system does not support edits to prior authorization requests once they have been submitted.

## **Who do I contact if I get a System Error message during the prior authorization/advance notification process?**

You can call UnitedHealthcare at **877-303-7736**.

## **Does completing the prior authorization/advance notification 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.

## **Can coverage be approved for one laboratory, but billed by another?**

Yes. The laboratory 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 laboratory needs to update the services, CPT® codes, or anything on the approved authorization, they will need to contact UnitedHealthcare at **877-303-7736**.

## **Where can I find more information on this process?**

Please go to [UHCprovider.com/genetics](https://UHCprovider.com/genetics) for the latest information and a link to the Interactive Guide for Prior Authorization and Notification.

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

Labs and rendering care providers can contact UnitedHealthcare at **877-303-7736** for information about:

- Registering your laboratory and tests
- Accessing the prior authorization/advance notification system to complete the notification/prior authorization process

**Which Community & State plans are participating in the Genetics Prior Authorization/Advance Notification process?**

<b>State</b>	<b>Effective date</b>
<b>Florida</b>	March 1, 2019
<b>Hawaii</b>	July 1, 2020
<b>Kansas</b>	December 1, 2020
<b>Kentucky</b>	January 1, 2021
<b>Maryland</b>	February 1, 2019
<b>Michigan</b>	February 1, 2019
<b>Minnesota</b>	January 1, 2022
<b>Missouri</b>	February 1, 2019
<b>Mississippi</b>	October 1, 2021
<b>North Carolina</b>	July 1,2021
<b>Nebraska</b>	October 1, 2023
<b>New Jersey</b>	April 1, 2019
<b>New York</b>	February 1. 2019
<b>Ohio</b>	November 1, 2020
<b>Pennsylvania</b>	February 1, 2020
<b>Rhode Island</b>	April 1, 2019
<b>Tennessee</b>	February 1, 2019
<b>Texas</b>	February 1. 2019
<b>Virginia</b>	May 1, 2020
<b>Washington</b>	September 1, 2020
<b>Wisconsin</b>	July 1, 2020

## Which Individual & Family plans are participating in the Genetics Prior Authorization/Advance Notification process?

State	Effective date
Arizona	2021
Maryland	2021
North Carolina	2021
Oklahoma	2021
Tennessee	2021
Virginia	2021
Washington	2021
Alabama	2022
Florida	2022
Georgia	2022
Illinois	2022
Louisiana	2022
Michigan	2022
Texas	2022
Kansas	2023
Mississippi	2023
Missouri	2023
Ohio	2023
New Jersey	2024
New Mexico	2024
South Carolina	2024
Wisconsin	2024