

Genetic and Molecular Laboratory Test Registry

Frequently asked questions

Overview

Effective June 1, 2021, UnitedHealthcare is managing **prior authorizations for genetic and molecular tests** in the **UnitedHealthcare Laboratory Test Registry** instead of Beacon Laboratory Benefit Solutions, Inc. (Beacon LBS).

Ordering providers should use our **Prior Authorization and Notification self-service tool** to request prior authorization or call **877-303-7736**.

This requirement applies to most UnitedHealthcare commercial and UnitedHealthcare Community Plan networks.

Laboratories will register genetic and molecular tests in the UnitedHealthcare Laboratory Test Registry, instead of the Beacon registry. As a courtesy, UnitedHealthcare has already transferred genetic and molecular test information that was previously entered in the Beacon LBS Test Registry into the UnitedHealthcare Laboratory Test Registry. Once its tests are registered, the laboratory should submit claims to UnitedHealthcare as usual, according to the referring clinician's order, applicable regulations and/or UnitedHealthcare billing guidelines.

Frequently asked questions

Why is UnitedHealthcare requiring genetic and molecular test registration?

Test registration provides UnitedHealthcare with information needed to identify the specific test ordered and performed by creating mapping between genetic and molecular tests and the methods used to bill for those tests.

Currently, although there are industry-standard ways to identify the procedures a laboratory performs, there are no industry-standard test definitions. For example, numerous "unlisted" (or "not elsewhere classified" or "not otherwise/elsewhere specified") procedure (CPT®/HCPCS) codes might map to any number of tests offered by a laboratory. Without additional information, UnitedHealthcare has no way of knowing which test is being ordered and performed.

In addition, there might be variance in a test's billing pattern (i.e., the procedure codes, units and modifiers) within the same organization or when the billing laboratory uses a reference laboratory.

Key points

Effective June 1, 2021, UnitedHealthcare is managing **prior authorizations for genetic and molecular tests in the UnitedHealthcare Laboratory Test Registry** using your laboratory's unique test code.

In the absence of industry-standard codes or other ways to identify a specific test being ordered and performed, genetic test registration is a reasonable alternative that achieves transparency. The UnitedHealthcare Laboratory Test Registry is an innovative way to address this issue, while avoiding more burdensome requirements that are increasingly used by many other payers, such as prior authorization, advance notification and third-party laboratory benefit management services. In fact, with test registration, some laboratories may experience overall cost reductions through administrative simplification, and by avoiding ongoing downstream reviews and/or denials, requests for additional information and denials of testing that have been billed with a non-specific code.

Improved transparency will help UnitedHealthcare advance the Triple Aim by improving the consumer experience, improving outcomes/reducing member harm and reducing costs for the provider and the member.

What genetic and molecular tests are included in the test registry?

Laboratories can register these genetic and molecular laboratory tests:

- Single gene tests
- Multi-gene panels
- Other molecular tests that use genetic-based methodologies, such as gene expression profiles of tumors and multiplex PCR assays of pathogens

Which genetic and molecular tests are excluded from this protocol?

All genetic and molecular testing services are included in this protocol, except:

- Testing for which UnitedHealthcare is not the primary payer
- Testing done in an inpatient, emergency, urgent care or outpatient surgery setting (i.e., Revenue Codes 450–459, 360–361, 369)

How do I register a genetic test?

Laboratories should register tests in the way they are offered to referring clinicians, whether the test is offered as a stand-alone test or as part of a broader panel.

What if an in-network laboratory doesn't register their tests?

We'll deny claim submissions for in-scope genetic and molecular tests that aren't fully registered.

If UnitedHealthcare denies a claim due to this protocol, can I balance bill the member?

No. You're prohibited from balance billing the member.

How do I categorize genetic and molecular tests when registering?

When entering a genetic test, select "Genetics" as the Master Category. Then use the Category field to identify the specific clinical area(s) within genetics that best describe the test.

How do I select the Test Type?

Genetic and molecular tests should be categorized as "Single" for single gene tests or "Panel" for multi-gene or multiplex PCR pathogen assays in the Test Type field. If you select "Other," a text description will be required in the "Other Test Type" field. Indicate the number of genes or pathogens included in the test in the "Number of Genes/Pathogens" field.

What is a GTR ID?

The National Institutes of Health's (NIH) Genetic Testing Registry (GTR) is a free online resource. It's a centralized location for comprehensive genetic test information voluntarily submitted by test providers. Each clinical test submitted to the GTR is assigned a GTR ID, an alphanumeric identifier.

We recommend that every genetic and molecular test in the UnitedHealthcare Laboratory Test Registry includes a GTR ID.

As a reminder, the UnitedHealthcare [Molecular Pathology Reimbursement Policy](#) requires that the NIH GTR ID be included on claims for tests billed with CPT code 81479 when an authorization has not been obtained through the notification/prior authorization process.

What is a laboratory test code?

A laboratory test code is a unique identifier that a clinician uses to order a test. It's assigned by the laboratory. The test code uniquely identifies the test offered by the laboratory (like a product SKU) and corresponds to what the clinician ordered.

Laboratories define unique test codes to precisely identify each test being ordered and rendered. The exact implementation of the test code concept varies by laboratory. Note that this unique test code is separate from the procedure code you use for billing purposes. Depending on the number of genetic and molecular tests you offer and how you present them to clinicians, your laboratory may not yet have an alpha-numeric coding system in place.

To facilitate a simple user experience, UnitedHealthcare is not specifying which coding method to adopt nor any specific code values you must use to uniquely identify your tests. The registration process is flexible and allows you to use test codes that make sense for your laboratory. UnitedHealthcare Laboratory Test Registry acts as a "crosswalk" between your test codes and the related procedure code.

Can I register more than 1 test for a given procedure (CPT/HCPCS) code?

Yes. This scenario occurs most often with non-specific procedure codes (e.g., 81407, 81479) or when a given test could be ordered both stand-alone and as part of a broader panel of testing.

For such cases, you register each test using the non-specific procedure code and provide additional details as to the exact nature of the test.

Can I register a genetic test that has more than 1 procedure code?

No. The number of units for genetic and molecular tests should be "1." All genetic and most molecular tests must be registered with 1 CPT code. This helps with the notification/prior authorization process as well as claims adjudication.

Using a single CPT code per molecular and genetic test also aligns with our [Molecular Pathology Reimbursement Policy](#). Molecular panels of infectious pathogens may include multiple procedure codes.

How do I register genetic tests that can be ordered either as stand-alone tests or as a part of a panel?

Gene panels should be registered with one CPT code (e.g., 81479 or a more specific code that applies, such as 81413). Using multiple CPT codes for individual genes is not appropriate for registering gene panels.

Many laboratories offer single gene tests for the elements that make up a comprehensive genetic panel because clinicians sometimes order individual, gene-specific testing. If a laboratory offers a single gene test that can be ordered individually, the test should be registered as an individual test. If the single gene test is only available as part of a larger panel, it should not be registered as an individual test.

My laboratory bills UnitedHealthcare using multiple tax ID numbers (TINs).

Do I need to submit test registrations for each TIN?

Yes. The protocol will verify that the billing TIN has registered the test code listed on the claim. To learn more about multi-TIN access and One Healthcare IDs that can access multiple TINs, please review the [UnitedHealthcare Multi-TIN Access Quick Reference Guide](#).

What is the review process for test registrations?

Test registrations will be placed into Pending Review status for a review by UnitedHealthcare staff, who will “release” the tests if all required data elements have been supplied by the laboratory. If there are any questions or issues, the UnitedHealthcare staff will contact the laboratory using the Lab Action Required notifications.

What do the different test registration statuses mean?

The test registry application lists your registered tests by status on the various tabs displayed on the homepage of the application.

The following table explains the various test registration statuses:

Test registration status	Definition
Draft	Draft test registrations have not been fully submitted to UnitedHealthcare. Once you've completed the test registration details, please click submit.
Lab Action Required	Test registrations with the Lab Action Required status need further information from the laboratory before the test registration can be placed into Released status.
Pending Review	Test registrations to be reviewed by UnitedHealthcare before being released or placed into the Lab Action Required status.
Released	Released test registrations need no further information from the laboratory.
Denied	Denied test registrations have been reviewed and denied by UnitedHealthcare. Further information will be provided in the denial reason displayed in the test application status section of the test details.

Questions?

If you have any questions about the Laboratory Test Registry, contact your Provider Advocate. If you're not sure who your Provider Advocate is, please visit uhc.com/contact-us/for-providers and select your state.

If you're having system issues, call the UnitedHealthcare Connectivity Help Desk at **866-842-3278** (option 1), available Monday–Friday, 7 a.m.–9 p.m. CT.



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