Genetic and molecular lab testing notification/prior authorization process

Overview

Beginning June 1, 2021, UnitedHealthcare will manage prior authorizations for genetic and molecular tests, instead of Beacon Laboratory Benefit Solutions, Inc. (Beacon LBS). UnitedHealthcare will continue to manage all policies, requirements and related utilization management programs.

UnitedHealthcare is committed to improved health outcomes, positive care experiences and affordable products. Our online Genetics Prior Authorization/Advanced Notification (PAAN) process is designed to improve the prior authorization process and provide a better care experience for your patients.

Why is this important?

Certain UnitedHealthcare commercial benefit plans and UnitedHealthcare Community Plan members in select states and Oxford plans (**see UHCprovider.com/genetics for the current list**) require prior authorization for certain genetic and molecular lab tests. Payment will be authorized for those genetic and molecular tests when a prior authorization/notification has been obtained through the PAAN approval process.

Key Points

- Beginning June 1, 2021, UnitedHealthcare will manage prior authorizations for genetic and molecular tests, instead of Beacon Laboratory Benefit Solutions, Inc. (Beacon LBS)

- The Genetics PAAN process helps you receive quicker coverage authorizations when ordering genetic and molecular labs for your patients

Frequently asked questions and answers

What is the Genetics PAAN approval process?

The Genetics PAAN approval process helps you receive quicker coverage authorizations when ordering labs 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's 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.

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

If the member's benefit plan requires services to be medically necessary in order 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.

Can I choose which labs to use?

You will be able to choose the test and the lab to perform the test, but only if the lab registers their tests in the UnitedHealthcare Laboratory Test Registry for the process. If you cannot find a specific lab in the online system, contact UnitedHealthcare at **877-303-7736**. UnitedHealthcare will contact the lab to register the lab and their tests.

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

Yes. You'll need a One Healthcare ID to access the Prior Authorization & Notification tool in Link. If you don't have a One Healthcare ID or if you need help remembering your ID or password, click New User. If you have questions, you can learn more about Link or call our Help Desk at **866-842-3278**, option 1, 7 a.m.–9 p.m. CT, Monday–Friday.

To get to the Prior Authorization & Notification tool, sign in to Link by clicking on the Link button in the top right corner of **UHCprovider.com** and then select the "Prior Authorization & Notification" tile.

To learn more about Link, please visit **UHCprovider.com/link**. You'll find information about Link access in the "Getting Started with Link" and "User ID & Password Management" sections.

What do laboratories need to do to complete this process?

The following information is necessary 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 national provider identifier (NPI) number and Clinical Laboratory Improvement Amendments (CLIA) number
- A valid email address for your lab
- Eligibility and process requirements

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 by logging into Prior Authorization & Notification on the Link Dashboard. This check can be completed by procedure code or by member.

Can a lab submit a request for prior approval?

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 advanced notification. 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.

Can a lab complete the PAAN approval process and request a lab test for a member?

In some cases, the lab can submit a PAAN advanced authorization 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 Genetic and Molecular Lab Testing Notification/Prior Authorization request by logging into Prior Authorization & Notification.

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You may also 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.

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 commercial members are included in this requirement?

You can find the current list of members who require notification/prior authorization at **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 PAAN approval 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 if a lab 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 on the required CPT code list. 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 will be based on UnitedHealthcare's 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** > 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 the PAAN approval 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 lab. You can find a list of participating care providers at **UHCprovider.com** > Menu > Find a Provider.

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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 PAAN approval process for some UnitedHealthcare commercial members. However, some of the excluded commercial plans may require prior authorization for genetic and molecular tests. You can find prior authorization requirements for commercial plans at **http://uhcprovider.com/priorauth** > Plan Requirements for Advance Notification/Prior Authorization.

If the member needs BRCA testing, but doesn't need to complete the PAAN approval process, you may call the Provider Services phone number on the member's health plan ID card.

Does the treating care provider need to complete the PAAN approval process for inpatient members?

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 (observation, ambulatory services, outpatient, etc.) will require the ordering care provider to complete the process.

Genetic and molecular tests 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 Genetics PAAN process?

Ordering care providers:
- 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 tool in Link
- Fill out the requested information
- You can also call UnitedHealthcare at **877-303-7736** (7 a.m.–7 p.m., local time, Monday–Friday)

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

If your request meets UnitedHealthcare's 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.

Some tests only require an advance notification. Laboratories can submit an advance notification request on behalf of the ordering care provider through the Prior Authorization & Notification system. We encourage you to ask the lab if they will be completing this part of the process.

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" link. 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 1 active draft is allowed per member.

Who can request the different types of approvals?

- 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

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Can a nurse practitioner or other provider representative complete the PAAN approval process and request a lab test for a member?

Yes. Nurse practitioners or other physician representative may 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
- A representative can complete the process if they are one of the following:
- Employed by the physician practice
- Employed by a multi-disciplinary health system that routinely delivers health care services beyond laboratory testing

Who else can complete the PAAN approval process and request a lab test for a member?

Genetic counselors and pathologists can complete the process and request a lab test if one of the following is true:

- Employed by a multi-disciplinary 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 counselors can't request a notification/prior authorization if they are employed by a freestanding lab and 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 lab**

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 has already been collected, please use the date of collection. You can select a date up to 85 days in the past. If the specimen hasn't been collected yet, use the date you contact us to complete the PAAN approval process. A coverage approval is effective for 90 days. You won't be able to use a date in the past to complete the PAAN approval 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.

If I submitted a prior authorization or advanced 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 and advance notification process?

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

Does completing the PAAN 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.

Can coverage be approved for one lab, but billed by another?

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 UnitedHealthcare at **877-303-7736**.

Where can I find more information on this process?

Please go to **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/Rendering Care Providers: Contact UnitedHealthcare at **877-303-7736** for information about:
- Registering your lab and tests
- Accessing the Prior Authorization & Notification system to complete the notification/prior authorization process

All users: If you have other questions, please email us at **united_genetics@uhc.com**.