

Anthem's Genetic Testing Program FAQs

Q: What services are included in the Anthem Genetic Testing Program?

A: AIM Specialty Health® (AIM) will perform the medical necessity review of all genetic testing services as pre-authorization requests against health plan clinical criteria in phases as follows:

- All fully insured except Virginia effective July 1, 2017.
- Medicare and Medicaid phased beginning 11/1/17
- National Accounts, Local ASO, Unicare and Healthlink for JAA effective January 1, 2018 for any groups that buy the program.
- Virginia fully insured (except HMO) and local ASO PPO effective November 1, 2018
 - Important Note: VA HMO requests will continue to be managed by Anthem local VA Medical Management. VA HMO no authorization needed if done by LabCorp

Q. Will AIM review genetic counseling as part of its medical necessity review of a genetic test?

A. AIM will review each genetic testing request against Anthem's medical policy criteria, or for the Virginia Plan, against Anthem's coverage guidelines and if genetic counseling is required under the clinical criteria for that genetic test, AIM will work with the ordering provider to ensure the member obtains genetic counseling prior to completing the prior-authorization.

Q: Where can I find Anthem's genetic testing medical policies?

A: Anthem genetic testing medical policies can be found online at www.anthem.com>Menu>Provider (select state)> Medical Policy. For Virginia: Anthem genetic coverage guidelines may be found online at www.anthem.com>Providers (Virginia)> See Policies and Guidelines

Q. Which members are included in this Genetic Testing program?

A. The program applies to Anthem fully insured members for dates of service on or after 7/1/17. Virginia fully insured PPO and local ASO PPO members applies to dates of service on or after 11/1/18. The program also includes local ASO and National Accounts that buy up to the Anthem Genetic Testing program administered by AIM for dates of service on or after 1/1/2018.

Q. Which members are NOT included in this Genetic Testing program?

A. It does not apply to members that have benefit plan coverage under the following: Anthem Blue Cross and Blue Shield in Virginia and our affiliate, HealthKeepers, Inc until 5/1/18, BlueCard®, Federal Employee Program® (FEP®), California HMO plans, Hospital Only plans, and Anthem as secondary payor. In addition, VA excludes HMO members from AIM review. VA HMO requests will continue to be done by VA Medical Management. For VA HMO only, no authorization needed if done by LabCorp.

Q: If members have a previously approved genetic testing authorization on file, is the ordering provider required to obtain a new authorization from AIM?

A: Anthem will honor previously approved authorizations until the current authorization expires.

Q: Will this program change the member's out-of-pocket cost?

A: This program is not a change to existing benefits at this time. A member's out of pocket cost may be reduced by using in-network labs for genetic testing services. Please refer to the member's plan benefits.

Q: What if the member or physician wants to appeal the Genetic Testing denial?

A: The same appeal processes would apply to the genetic testing medical necessity denial by AIM as other clinical denials. If the genetic test is not clinically appropriate, the request will not be approved.

Q: If the physician orders the genetic test and does not obtain pre-service review through AIM (i.e., prior authorization or precertification), will the service be reviewed post-service?

A: Yes, if the member's benefit plan supports post-service review, the genetic test will be subject to the same medical necessity review post-service. AIM performs post-service review for members on ISG/WGS platforms covered under the AIM program. All other post service reviews are performed by Anthem Post Service.

Q. Where can I find more information about AIM Genetic Testing?

A. You can find additional program information at <http://www.aimprovider.com/genetictesting/>

Anthem Blue Cross and Blue Shield is the trade name of: In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Ohio: Community Insurance Company. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWi), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Company (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are the registered marks of the Blue Cross and Blue Shield Association.