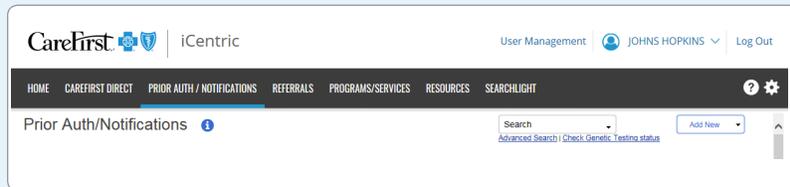


Submitting an Order Request for Genetic Testing

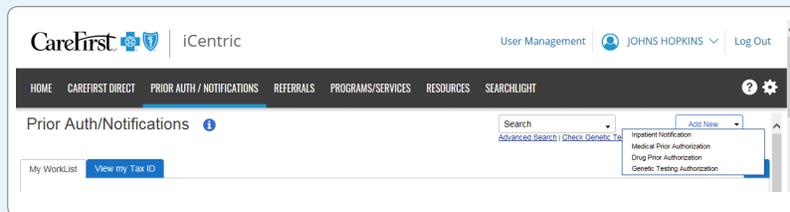
Step 1: Enter the CareFirst provider portal

- Log on to the CareFirst provider portal at carefirst.com/providerlogin.
- Navigate to the *Prior Auth/ Notifications* tab to begin your request.
- Click on the *Add New Auth* button.



Step 2: Select the patient

- Search for the patient, confirm the genetic test requires a prior authorization, and click the *Select* button to submit your request. After submitting your request you will be taken to the AIM Specialty Health® portal.



Order Request screen

Step 1: Find the member

- Select the *Date of Service* and enter the date you expect the genetic testing to be completed.
- Search for the patient by member ID number, their name and date of birth.
- Select *Find This Member*.

Step 2: Confirm member selection

- Confirm the patient by verifying their name, date of birth and state.
- Select their name to continue.
- A list of AIM programs the patient is participating in will be displayed. Click Genetic Testing to continue. Next you will see any recent requests submitted for the member, please review them to ensure you are not entering a duplicate request. Select *Next*.

Member Search Results							Records Per Page 10
Member Name	Member Number	Relation	Sex	Date of Birth	State	Health Plan	
SMITH JANE	00000001	Employee	F	5/3/1983	IL	HealthPlanOne	

DISPLAYING 1-1 OF 1 RESULTS

Total Number of Records Found: 1

[Change Member Search Criteria](#) [Delete This Request](#)

Step 3: Select the ordering provider

- Search by name, Tax Identification Number, National Provider Identifier, or address.
- Providers also appear under the *Recent* or *Favorites* tabs for easy selection.
- Select the ordering provider's name and add their fax number. Please confirm and select *Save*.

Ordering Providers				Records Per Page 10
Name	Address	City	Specialty	
ABEL, JACK	877 HARBOR ST.	WATER	Internal Medicine	
ABEL, JAKE	500 PORT DR.	WATER	Pulmonary Diseases	
ABEL, JANE	56 LAKE DR.	LAND	Miscellaneous	
ABEL, JOE	12 BEACH DR.	LAND	Neurology	
ABEL, JOEL	888 PEARL ST.	LAND	Pediatrics	
ABEL, JOEY	6 SECHS CT.	ISLAND	Infectious Diseases	
ABEL, JOHN	77 SIEBEN RD.	WATER	Orthopedic Surgery	
ABEL, JOHNNY	888 ACHT ST.	SKY	Dermatology	
ABEL, PAT	9 NOVE DR.	SKY	Pulmonary Diseases	
ABEL, PATRIC	10 DEZ ST.	LAND	Obstetrics	

Total Number of Records Found: 10

Step 4:
Enter diagnosis code and search for test

- Enter the primary ICD 10 diagnosis code for the patient and select the code to continue.
- Search for the genetic test by name, using key words or by laboratory.
- If you are unable to find the test, select *Manually Add a Genetic Test* and follow the instructions.

Patient Condition or Diagnosis Section

Provide the patient condition or diagnosis ⓘ

⊖ Z31.430 Encounter of female for testing for genetic disease carrier status for procreative management

Provide Genetic Test Information Condition or Diagnosis Section

Enter the test information to search for and select the requested Genetic Test.

🔍 Cystic fibrosis ✕

Provide the Genetic Test Information

Enter the test information to search for and select the requested Genetic Test.

Filter by: Laboratory:

Genetic Tests	Laboratory:	Network Status:
<input type="radio"/> 508 ONLY (CFTR) - LabTwo	✓ LabTwo	IN
<input type="radio"/> CFTR Screening Panel (CF33)-LabTwo	✓ LabTwo	IN
<input type="radio"/> Cystic Fibrosis Profile (32 mutations)-LabOne	✓ LabOne	IN
<input type="radio"/> 508 FIRST (DeltaF508 Reflex to CFTR Amplified)-LabTwo	✓ LabTwo	IN
<input type="radio"/> Ashkenazi Jewish Mutation Analysis Panel Without Cystic Fibrosis-LabThree	✓ LabThree	IN
▼ Additional Genetic Tests		
<input type="radio"/> CFnxt-LabFour	LabFour	OUT
<input type="radio"/> CFTR Screening Panel (CF102)-LabTwo	LabTwo	IN
<input type="radio"/> CFTR Targeted Mutation Analysis-LabTwo	LabTwo	OUT
<input type="radio"/> Cystic Fibrosis (CFTR) 165 Pathogenic Variants-LabTwo	LabTwo	IN
<input type="radio"/> Cystic Fibrosis Mutation Analysis 106-Mutaiton Panel-LabThree	LabThree	IN
<input type="radio"/> Preparent Carrier Screen-Jewish Panel (wwo expanded Cystic Fibrosis)-LabFour	LabFour	OUT

Step 5:
Confirm the sample collection date

- The sample collection date determines the valid authorization period for the request, based on health plan rules. If the date is not changed, it will default to today's date.
- Select *Continue*.

Patient Condition or Diagnosis Section

Provide the following information for the patient's genetic sample:

When is the sample collection date?

10/9/2018 🗓️

Step 6: Genetic counselor selection

- If genetic counseling is not required, you will automatically skip this step.
- If genetic counseling is required, you will be asked if it has been completed.
- If you answered *Yes*, enter the date counseling was completed. To continue, find the genetic counselor by name or facility and select their name.
- If you answered *No*, follow the instructions to continue.
- You can also add a genetic counselor manually.

Genetic Counseling Confirmation

Provide information regarding any Genetic Counseling completed:

Has genetic counseling been performed?

Yes No Unknown

When was genetic counseling completed?

2/19/2019 

Genetic Counseling Search

Search for and select the facility where the Genetic Counseling will be completed.

Search by: Counselor | [Facility](#)

LAST NAME: FIRST NAME: ADDRESS: CITY: STATE: ZIP:

ABEL JACK

[Clear](#)

Member Search Results

Records Per Page 10

Member Name	Member Number	Relation	Sex	Date of Birth	State	Health Plan
SMITH JANE	000000001	Employee	F	-3/19/1984	IL	HealthPlanOne

<< << 1 >>> >>> DISPLAYING 1-1 OF 1 RESULTS

Total Number of Records Found: 1

Step 7: Enter clinical information

- Depending on previous responses, you may be asked a series of clinical questions, based on criteria of the patient's health plan.
- Continue answering questions until you reach the *Order Request Preview*.

Enter the Patient Clinical Information

Please answer the following questions to provide as much information as possible for clinical review

Has cystic fibrosis screening been performed previously for this patient?

No, we have no record of previous screening

Yes, screening was performed previously

Unknown

**Step 8:
Review and submit your
request**

- Please verify all information is correct.
- Select *Submit This Request* to finish. You may also *Save and Exit* to return later.
- If the patient meets clinical criteria, you will receive your order ID number instantly.
- You are able to save the order request summary as a PDF or print it.

Begin another Request
Delete This Request
Go to My Homepage
PDF
Print


ProviderPortal.

Order Request Preview

Request Status:
Authorized

Member Information:
Jane Smith
Member #: 000000001
111 Sample Lane
DOB: 5/21/1983
Phone: 111-222-2222

Health Plan:
Healthplan1

Ordering Provider:
Abel, Joe
12 BEACH DR.
LAND, IL 55555
Fax: 111-333-3334
NPI: 999999999

Order ID: 1234567

Valid Dates:
10/3/2018 - 1/0/2019

Start Date:
10/3/2018

Servicing Provider:
LabOne
333 Third Street
Water, IL 55555-0000
Phone: 111-111-1111
NPI: 888888888

The Clinical information displayed was obtained by AIM through the order entry process. The information is being displayed for the convenience of the user and has not been independently verified or clinically reviewed.

Requested Tests

Test	Request Status	Reason	Action
Cystic Fibrosis Profile (32 Mutations)-LabOne			View Details

Diagnosis

Z31.430 Encntr fem test gntc dz carr status

Clinical Information (+)

Justification Questions:

Has cystic fibrosis screening been performed previously for this patient? **No, we have no record of previous screening**

