Genetic Testing Prior Authorization Program FAQs

1. What is the genetic testing prior authorization program?

The genetic testing prior authorization program assists physicians with providing evidence-based and cost-effective care for their patients who would benefit from genetic testing. In addition, the genetic testing program helps ensure members receive care that's appropriate and affordable.

2. How will the genetic testing prior authorization program be administered?

The genetic testing prior authorization program will be administered by AIM Specialty Health® (AIM) on behalf of CareFirst.

3. Who is AIM?

AIM is a specialty benefits management company that promotes appropriate, safe, and affordable health care services through clinical appropriateness review, provider collaboration, and member engagement. CareFirst is working with AIM to support evidence-based and clinically appropriate genetic services for its members.

4. Where can I find more information about AIM genetic testing?

You can find additional program information at **http://aimprovider.com/genetictesting/**.

5. Where can I find CareFirst genetic testing medical policies?

CareFirst genetic testing medical policies can be found online at **carefirst.com/provider** and navigate to *Programs/Services,* then *Medical Policy.*

6. How can this program benefit an ordering provider's practice?

Practices can gain efficiency through:

- 24/7 online access from CareFirst's provider portal to the AIM's technology platform to process reviews in real time.

- If genetic counseling is required and not completed for a test, AIM can assist in referring patients to InformedDNA® to complete this counseling if requested.

- If the provider elects to refer to InformedDNA at the time of this request, the patient will be contacted directly to schedule an appointment.

- Assurance that the practice is providing evidence-based and clinically appropriate care.

- Synchronization with CareFirst medical policy and clinical guidelines.

7. When does the ordering provider need to start requesting prior authorization for genetic tests?

Ordering physicians or their staff need to request prior authorization for molecular genetic tests with effective dates of services on or after February 1, 2019. However, ordering providers can start as early as January 28, 2019, for a test that is scheduled on or after February 1, 2019.

8. How long is an order number valid?

Once an order request is submitted, the order summary will provide the valid timeframe of the authorization; although it is typically 90 days.

9. What services are included in the CareFirst genetic testing prior authorization program?

Effective February 1, 2019, AIM will perform the medical necessity review of molecular* genetic testing services for CareFirst members. AIM will review prior authorization requests for genetic tests against health plan clinical criteria.

Covered molecular genetic tests include:

- Reproductive carrier screening
- Prenatal testing

* Molecular genetic testing investigates the unique structure and function of genes and how changes in this structure and function may contribute to disease. Genes are the instructions in our cells that we inherit from our biological parents.

- Rare disease testing
- Whole genome sequencing
- Whole exome sequencing
- Hereditary cancer susceptibility testing
- Tumor markers categorized as genetic tests
- Hereditary cardiac disease testing
- Neurogenetic and neuromuscular testing
- Pharmacogenomics and thrombophilia testing
- Susceptibility testing for common diseases

10. How is coverage for genetic testing determined and why?

AIM will determine if the requested genetic test is medically necessary based on AIM guidelines and any criteria outlined in the CareFirst genetic testing medical policy. A link to the AIM guidelines is included within the medical policy.

11. Will all genetic tests require prior authorization effective February 1, 2019?

All genetic testing requires prior authorization through AIM except for:

- Cologuard®
- Human leukocyte antigen (HLA) testing
- Preimplantation genetic testing
- Circulating tumor cell testing
- Inpatient genetic testing

Please note: HLA testing and preimplantation genetic testing related to in vitro fertilization may require authorization through the health plan and can be managed directly in CareFirst's provider portal under the *Medical Prior Authorization* section.

In addition, emergency room and inpatient hospital admissions will continue to follow existing health plan process.

12. Which members are included in this genetic testing prior authorization program?

The program applies to members with:

- Affordable Care Act (ACA) plans
- Grandfathered individual and group plans
- Federal employee health benefits plan with health maintenance organization (HMO) plans
- Fully insured plans
- Administrative services only (ASO) plans
- University plans (plans offered to students by higher learning organizations)
- CareFirst members who are seeking care both inside and outside the CareFirst service area

13. Which members are NOT included in this genetic testing prior authorization program?

The program does not apply to members who have benefit plan coverage under the following:

- Non-CareFirst BlueCard plan members
- Medicare recipients
- Federal Employee Program® (FEP®) PPO plans
- CareFirst Administrators

14. How does a physician know if their patient requires prior authorization for genetic testing?

Physicians can look up their patient using CareFirst Direct or CareFirst On Call. Just log in to the CareFirst provider portal at **carefirst.com/providerlogin** and navigate to the *Pre-Auth / Notifications* tab to begin the request. Look for the *Add New Auth* dropdown in the upper righthand corner.

15. If the patient is not found in CareFirst Direct, does this mean that a request does not need to be entered for the member?

If a patient is not found, we recommend checking the member identification to verify the patient is a member who requires prior authorization.

16. What happens if the ordering provider does not contact AIM for prior authorization of genetic testing?

If a prior authorization is required, but has not been requested, the patient may not be able to receive the testing they need.

Once the ordering provider or their staff have entered the required information in the online authorization tool, you'll receive an immediate

decision (in most cases). If additional time is needed for the review, the system will indicate that it's pending review. If more information is needed, you'll receive a request to submit additional information.

17. Who can submit genetic testing requests?

Ordering providers or a member of their staff may submit requests for genetic testing. Log in to the CareFirst provider portal at **carefirst.com/providerlogin** and navigate to the *Pre-Auth / Notifications* tab to begin the request. Look for the *Add New Auth* dropdown in the upper right-hand corner.

18. Should we include the authorization information with the laboratory requisition, so the laboratory personnel know the test was approved?

Yes. We recommend printing or downloading a copy of the authorization confirmation to include with the laboratory requisition.

Once the ordering provider or their staff have entered the required information in the online authorization tool, you'll receive an immediate decision (in most cases). If additional time is needed for the review, the system will indicate that it's pending review. If more information is needed, you'll receive a request to submit additional information.

19. How do ordering providers submit a test request for prior authorization review?

Online: Please follow these instructions:

- Log in to the CareFirst provider portal at **carefirst.com/providerlogin** and navigate to the *Pre-Auth / Notifications* tab to begin the request. Look for the *Add New Auth* dropdown in the upper righthand corner.
- Phone: Call AIM directly at 844-377-1277, Monday–Friday, 8 a.m. – 5 p.m. EST.

20. What information is needed to submit a genetic testing order request?

Look for the genetic testing order request worksheet related to the genetic test that is being ordered to find out what information is helpful when submitting a request for genetic testing. These worksheets can be found at **http://aimproviders.com/genetictesting/resources.html**.

21. How are prior authorization requests evaluated?

- It must align with the AIM evidence-based clinical appropriateness guidelines that are the basis of CareFirst medical policy.
- Genetic counseling is required for hereditary cardiac disease testing, hereditary cancer susceptibility testing, and whole genome sequencing and exome sequencing.
- The member should use an in-network laboratory.

22. What if the prior authorization does not meet the criteria for approval?

Ordering providers or their staff have the option of discussing the case with one of AIM's clinical genetics experts. Sometimes, testing can be approved when additional clinical information is provided. Other times, a test aligned with criteria can be suggested for consideration. A peer-to-peer discussion with one of the physician reviewers is always offered before any adverse determination is made.

CareFirst recognizes that every patient is unique. While the program is designed to identify the most appropriate test for an individual patient, there may be specific reasons to order another test. The genetic testing prior authorization program is designed to have the flexibility to approve such requests through outreach by genetic analysts and ultimately peer-to-peer review.

23. What order date should be included on the request for prior authorization?

Please complete the date of service field with the date that the laboratory likely will begin the testing process. Do NOT use the date the sample is collected unless the test is being performed by the laboratory on that same day. If the exact test date is unknown, please enter an estimated date that is one to three days after the sample is scheduled to arrive at the laboratory; doing so will facilitate approvals in the vast majority of situations.

CareFirst requires that requests are submitted prior to testing; therefore, requests submitted after testing may be denied.

24. Once a request has been submitted, how long will it take to receive a response from AIM?

Requests that meet criteria will receive a response instantly online or by phone from the AIM contact center (844-377-1277). Requests requiring further review may take up to three days, although this may vary by CareFirst jurisdiction.

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

AIM will review each genetic test request against CareFirst medical policy criteria 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. Genetic counseling is required for the following test categories:

- Hereditary cardiac disease testing
- Hereditary cancer susceptibility testing
- Whole genome sequencing
- Whole exome sequencing

26. After a case is completed, will the ordering provider be notified whether the services were approved or denied?

Yes. The ordering provider will receive written notification of the final decision. In addition, the ordered tests and approvals, including an order number, can be obtained immediately online. To verify that a request has been made, log in to the CareFirst provider portal at **carefirst.com/providerlogin** and navigate to the *Pre-Auth / Notifications* tab, then select *Genetic Testing Auth Status* which is located under the search bar.

27. What does the laboratory need to do to process a genetic test?

The laboratory must verify that the prior authorization request has been approved and receive the transaction number before processing any specimens. Failure to do so will impact reimbursement.

28. Will the laboratory's approved authorization be matched with the billed claim?

Yes. The approved CPT codes and unit amounts will be matched to the claim submitted by the laboratory. If the fields don't match, the claim will be denied. To avoid this, laboratory personnel are encouraged to verify that an authorization is in place before the test is performed. In addition, we suggest sharing the authorization approval information (CPT codes and units) with the laboratory billing department.