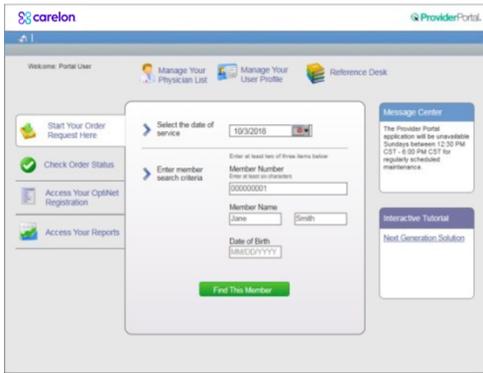


Carelon Tip Sheet - Submitting an Order Request for Genetic Testing



This is the Order Request screen

Step 1: Find the health plan member

Select the Date of Service. This is the date you expect the genetic testing to begin.

Search for Member by Member ID Number and Name/Date of Birth

Click Find This Member

Member Name	Member Number	Relation	Sex	Date of Birth	State	Health Plan
SMITH JANE	00000001	Employee	F	5/3/1983	IL	HealthPlanOne

Total Number of Records Found: 1

Step 2: Confirm member selection

Blue text is clickable. Please confirm you see the correct member by verifying name, DOB, and state.

Click the member name to continue.

You will then see a list of Carelon Medical Benefits Management Programs that that member is participating in based on their health plan.

Click Genetic Testing and Continue.

You will then see a list of any recent requests submitted on the member's behalf. This is to ensure you are not entering a duplicate request.

Please click Next to continue.

Step 2: Please select the Ordering Provider from the list below.

Name	Address	City	Specialty
ABEL JACK	877 HARBOR ST.	WATER	Internal Medicine
ABEL JANE	508 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 3: Select and Ordering Provider

You can search by name, Tax Identification Number, National Provider Identifier, or Address.

Providers also appear on a Recent tab and a Favorites tab for easy selection.

Click on the Ordering Provider's name.

You will then be asked to enter the provider's fax number. Please enter or confirm and click Save to continue.

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: Enter a Laboratory

Genetic Tests	Laboratory:	Network Status:
<input type="radio"/> 508 ONLY (CFTR) - LabTwo	<input checked="" type="checkbox"/> LabTwo	IN
<input type="radio"/> CFTR Screening Panel (CF33)-LabTwo	<input checked="" type="checkbox"/> LabTwo	IN
<input type="radio"/> Cystic Fibrosis Profile (32 mutations)-LabOne	<input checked="" type="checkbox"/> LabOne	IN
<input type="radio"/> 508 FIRST (DeltaF508 Reflex to CFTR Amplified)-LabTwo	<input checked="" type="checkbox"/> LabTwo	IN
<input type="radio"/> Ashkenazi Jewish Mutation Analysis Panel Without Cystic Fibrosis-LabThree	<input checked="" type="checkbox"/> 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-Mutation Panel-LabThree	LabThree	IN
<input type="radio"/> Preparent Carrier Screen-Jewish Panel (w/wo expanded Cystic Fibrosis)-LabFour	LabFour	OUT

Not able to find your test? Try a different Test Category or [Manually Add a Genetic Test](#)

Step 4: Enter DX code and search for test

Enter the primary ICD 10 diagnosis code for the patient. Click the code to continue.

Search for the genetic test you would like to request.

You are able to search by the name of the test or key words associated with the test. You are also able to filter by laboratory.

If you are unable to find a test, you may click on "Manually Add a Genetic Test" and follow the instructions given.

Patient Condition or Diagnosis Section
Provide the following information for the patient's genetic sample.

When is the sample collection date?

10/9/2018

Back Delete this request Continue

Step 5: Confirm the Sample Collection Date

The Sample Collection Date is used to determine 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.

Click Continue to proceed.

Step 6: Genetic Counselor Selection

If Genetic Counseling is not required, you will automatically skip this step

If Genetic Counseling is required for the test, you will be asked if it has been completed.

If Yes, enter the date counseling was completed.

If No, you will see a message displayed with further information.

If you answered Yes, you will be directed to find the Genetic Counselor. You are able to search by counselor name or facility.

If you find the genetic counselor, click on their name to continue.

If not, you may be able to manually add a genetic counselor to proceed.

Genetic Counseling Confirmation
Provide information regarding any Genetic Counseling completed.

Has genetic counseling been performed?

Yes No Unknown

When was genetic counseling completed?

10/25/2018

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 LABONE 333 THIRD STREET WATER IL 65566 Select state Search Clear

Genetic Counseling Confirmation

Last Name	First Name	Facility	Address	City	State	ZIP	Phone	Info
ABEL	JACK	LABONE	333 THIRD STREET	WATER	IL	65566	(111) 111-1111	View

Enter the Patient Clinical Information
Please answer the following questions to provide as much information as possible for clinical review.

Has cystic fibrosis carrier screening been performed previously for this patient?

No, we have no record of previous screening
 Yes, screening was performed previously
 Unknown

Next Question

Step 7: Enter Clinical Information

Depending on previous responses, you may be asked a series of clinical questions. These questions are based on the criteria set by the member's health plan.

Continue answering questions until you are taken to an Order Request Preview.

Order Request Preview

Request Status: **Has Not Been Submitted**

Member Information: Jane Smith, Member #: 000000001, 111 Sample Lane, DOR: 65566, Phone: 111.222.2222

Ordering Provider: Abel, Joe, 12 BEACH DR, LAND, IL 65566, Fax: 111.333.3334, NPI: 999999999

Servicing Provider: LabOne, 333 Third Street, Water, IL 65566-0000, Phone: 111-111-1111, NPI: 888888888

Requested Tests

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

Diagnosis

Z31.430 Encr. fem test gnt; 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

Step 8: Review and Submit your Request

Please verify that all information is correct.

Click Submit This Request to finish. You may also Save and Exit the case to return later.

Your request status will be updated shortly. If the patient meets clinical criteria, you will receive your order ID number instantly.

You are able to save the Order Request Summary that is displayed as a PDF, or print a paper copy.

Note: Carelon maintains the confidentiality of all protected health information. All data displayed is fictional and any resemblance to real person or health plans is purely coincidental.