

# 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.

Select 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

### 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 AIM 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 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.

### 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.

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**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.

**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

## 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 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 [ ] [ ] [ 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	55555	(111) 111-1111	<a href="#">View</a>

**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.

**AIM SpecialtyHealth** | Order Request | Help | Logout

Submit this Request Delete This Request Go to My Homepage PDF Print

**Order Request Preview**

Request Status: **Has Not Been Submitted**

Member Information:  
Jane Smith  
Member #: 000000001  
111 Sample Lane  
DOB: 5/29/1983  
Phone: 111-222-2222

Ordering Provider:  
Abel, Joe  
123456789 DR.  
LAND, IL 55555  
Fax: 111-333-3334  
NPI: 999999999

Health Plan: Healthplan1

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			<a href="#">View Details</a>

**Diagnosis**  
Z31.430 Encrte km 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

## 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.