



Blue Cross Blue Shield of Massachusetts

Genetic Testing Program FAQs

Overview

Blue Cross Blue Shield of Massachusetts uses Carelon Medical Benefits Management, an independent company, to administer a prior authorization program for genetic tests as of January 1, 2019.

Q: Which Blue Cross Blue Shield of Massachusetts members require prior authorization through Carelon?

A: Please check member benefits and eligibility to determine whether prior authorization is required. Blue Cross Blue Shield of Massachusetts will require physicians and clinicians ordering genetic tests to request prior authorization for:

- Commercial HMO/POS members who have a Massachusetts PCP (including New England Health Plan members)
- Commercial PPO/EPO plan members

Your request will be reviewed by Carelon, and they will notify you of the decision.

Q: Which Blue Cross Blue Shield of Massachusetts members are not part of the Carelon prior authorization program?

A: Blue Cross Blue Shield of Massachusetts will not require prior authorization with Carelon for Indemnity, Federal Employee Program, Medicare Advantage, and Medex members. Please follow your usual process for these members.

For Federal Employee Program members, please continue to contact the Blue Cross Blue Shield of Massachusetts Clinical Intake department for prior approval requirements.

Q: Where can I find medical necessity criteria (medical policies or clinical guidelines)?

A: Click [here](#) to get links to medical necessity criteria.

Categories of tests that require prior authorization include, but may not be limited to:

- Genetic testing for hereditary risk of cardiac disease
- Genetic testing for hereditary cancer susceptibility
- Genetic testing for single-gene and multifactorial conditions
- Pharmacogenetic and thrombophilia genetic testing
- Reproductive carrier screening and prenatal diagnosis
- Solid and hematologic tumor and malignancy testing
- Whole exome and genome sequencing

Prior authorization is **not required** for genetic testing associated with organ transplantation.

For a list of codes that require prior authorization as part of this program, refer to:
[Carelon Genetic Testing Management Program CPT and HCPCS Codes medical policy 957.](#)

As always, providers should check benefits and eligibility to determine the member's benefits and any authorization requirements.

Q: Is prior authorization required for preimplantation genetic testing?

A: Please refer to the Blue Cross Blue Shield of Massachusetts [Preimplantation Genetic Testing medical policy: 088. Biopsy of the embryo will continue to require prior authorization directly](#) from Blue Cross Blue Shield of Massachusetts, but the associated genetic testing does not require prior authorization if performed for preimplantation genetic diagnosis (as opposed to screening).

Q: When should I [ordering physician or clinician] request prior authorization?

A: **Before** the member receives a genetic test (see categories of tests that require prior authorization above). Carelon will accept authorization requests **30 days prior** to the date of service.

Requests that meet criteria are authorized immediately (in real time). Most requests are closed within one business day of Carelon receiving all of the requested information.

As always, providers should check benefits and eligibility to determine the member's benefits and any authorization requirements.

Q: How do I request prior authorization with Carelon?

A: There are three ways:

1. Through the [Blue Cross Blue Shield of Massachusetts](#) website - for Blue Cross Blue Shield of Massachusetts contracted providers only (links you directly to the Carelon *ProviderPortal*SM)
 - Log in and click **eTools>Carelon**
 - Press **Go now**
2. Go directly to the *ProviderPortal* (registration is required)
 - Go to providerportal.com

Note: If you've already registered for the *ProviderPortal* for Blue Cross Blue Shield of Massachusetts or another insurer, you won't need to register again.

3. Call the Carelon contact center at **1-866-745-1783**
(Available Monday through Friday, 8 a.m. – 6 p.m. If you leave a voicemail after these hours, Carelon will respond the next business day.)

Q: What information will the ordering physician or clinician need to have ready to request prior authorization?

A: Here's some general information you may need to request the authorization. You can find checklists for specific tests on the Carelon Genetic Testing Program site [here](#).

- Member's first and last name, date of birth diagnosis
- Summary of the patient's clinical birth diagnosis
- Ordering provider's first and last name
- Clinical summary from the genetic counseling appointment
- Test being requested and the name of the laboratory performing the test (you'll be able to choose the test from a menu that includes branded panels, or you can manually enter it)
- Pedigree or summary of three-generation maternal and paternal family history
- Maternal and paternal ethnic background/race

Q: What should I enter as the date of service for the test?

A: The date of service is the *estimated* date that the laboratory is likely to begin the testing process.

It is *not* the date the sample is collected, unless the test is being performed on the same date the sample was collected.

Q: Should we include the authorization information with the lab requisition, so the lab knows the test was approved?

A: Yes, we recommend printing or downloading a copy of the authorization confirmation to include with the lab requisition.

Once the ordering physician, clinician, or their office staff has entered the required information into the online authorization tool, you'll get an immediate decision (in most cases). If Carelon needs more time to review the information, the system will indicate that it's pending review. And, if Carelon needs more information for their review, you'll get a request to submit additional information.

When your authorization is approved, you'll see:

- The name of the approved test & CPT code(s)
- The units approved

Q: Will my approved authorization be matched with the billed claim?

A: Yes, we're matching the approved CPT codes and unit amounts to the claim that the laboratory submits. If these fields don't match, the claim will deny. To avoid a denied claim, we urge clinical and hospital laboratories to use the **ProviderPortal** to verify that an authorization is in place before the test is performed. We suggest sharing the authorization approval information (CPT codes and units) with your billing department.

Q: Does the prior authorization number need to be on the claim form?

A: It is not required, but you can include the prior authorization number on your claim if you choose.

Q: Can a laboratory submit the prior authorization request?

A: No, only the ordering provider can request prior authorization since they have the member's clinical information available.

Q: I work in the doctor's office and will be requesting the prior authorization. Will I need CPT codes to enter the authorization request?

A: The office staff person can enter the name of the test that you are ordering for the member and request the prior authorization for that test. You are requesting authorization for the test itself, not the CPT code.

Q: If another family member is the appropriate relative for testing, what should you do?

A: Ideally, the best candidate for testing would undergo testing first. Eligibility and authorization requirements would be managed by that individual's health plan.

If the most appropriate family member isn't available for testing, the authorization can still be entered for that member and reviewed by Carelon.

Q: Is genetic counseling required before a patient receives certain tests?

A: For certain tests, genetic counseling is *recommended* before the patient (member) receives the test, but it's not required.

Q: Will labs get notified when a test is approved for a member?

A: Laboratories can check to see if a member has an authorization by using the **ProviderPortal**. Laboratories can also access a report of all authorizations requested through the portal for their laboratory.

Also, we recommend that the ordering provider include the authorization number on the lab requisition form, so you may see it there.

Q: How can I learn more about the authorization program?

A: Carelon also offers a number of resources on [its resource website](#). You'll find:

- Program information and [clinical guidelines](#)
- Tutorials (on how to enter an authorization using the Carelon online tool)
- Worksheets to help your office prepare the information needed to enter the authorization request