

# Genetic testing precertification

FREQUENTLY ASKED QUESTIONS



Question	Answer
1. What genetic tests require precertification?	Refer to the <a href="#">list of applicable CPT &amp; HCPCS codes</a> that require genetic testing precertification. We also have a <a href="#">Blue Advantage list of CPT &amp; HCPCS codes</a> that require genetic testing precertification.
2. Who can submit a precertification request?	Ordering physicians or their staff may submit the precertification request.
3. Is genetic counseling required?	Genetic counseling is not required.
4. Do all Blue Cross and Blue Shield of Alabama health plans require precertification?	No, all health plans do not require precertification. Providers need to check eligibility and benefits for each member to determine if a precertification is required for genetic testing.
5. How do I request precertification with Carelon Medical Benefits Management?	<p><b>Preferred method (available 24/7):</b></p> <ul style="list-style-type: none"> <li>Go to <a href="https://AlabamaBlue.com/providers">AlabamaBlue.com/providers</a> and log in.</li> <li>Click “GO” to verify Eligibility and Benefits.</li> <li>Enter your patient’s required information and select “Continue.”</li> <li>Go to the “Additional Coverage” tab and look for Genetic Testing Program. Click the “GO” button below “Initiate Precertification.”</li> </ul> <p><b>OR</b></p> <p>Call Blue Cross and Blue Shield of Alabama’s precertification toll-free phone line at 1-866-803-8002 (available Monday through Friday, 8 a.m. – 5 p.m. Central time).</p>
6. What if the website is not available?	If the website is unavailable, call the precertification toll-free phone line at 1-866-803-8002 to initiate or verify a precertification.
7. What are Carelon’s days and hours of operation?	<p>If you need to contact Carelon, the company’s hours of operation are 8 a.m. to 5 p.m. Central time, Monday through Friday. Carelon is closed in observance of the following holidays:</p> <ul style="list-style-type: none"> <li>New Year’s Day</li> <li>Martin Luther King Jr. Day</li> <li>Memorial Day</li> <li>Independence Day</li> <li>Labor Day</li> <li>Thanksgiving Day and the day after</li> <li>Christmas Day</li> </ul>
8. Where can I find Blue Cross and Blue Shield of Alabama’s genetic testing medical policies?	Blue Cross’ <a href="#">genetic testing medical policies</a> can be found online. Our <a href="#">Blue Advantage Genetic Testing Management Program policies</a> are available for review online. Additionally, <a href="#">Carelon’s clinical guidelines</a> are located online.
9. In what order will Carelon apply national, local, or Carelon policies for Blue Advantage precertification for genetic testing?	They will be applied in this order: National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs) based on the performing laboratory’s jurisdiction and, lastly, Carelon clinical guidelines. For information about NCDs/LCDs, visit <a href="https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx">https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx</a> .



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<p><b>10. What information will the ordering physician or clinician need to request precertification?</b></p>	<ul style="list-style-type: none"> <li>• Patient’s Blue Cross Contract Number.</li> <li>• Patient’s first and last name, date of birth</li> <li>• Ordering provider’s first and last name</li> </ul> <ul style="list-style-type: none"> <li>• Primary diagnosis code (ICD-10)</li> <li>• Test being requested and the name of the laboratory performing the test</li> </ul> <p>Depending on the type of test, providers may also need the following types of clinical information:</p> <ul style="list-style-type: none"> <li>• Medical records</li> <li>• Test results</li> <li>• Summary of three-generation maternal/paternal family history</li> <li>• Maternal and paternal ethnic background</li> </ul>
<p><b>11. How long does the precertification process take?</b></p>	<p>Requests that meet criteria are authorized in real time. Most requests are completed within one business day after you have supplied all requested information.</p> <p>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. If Carelon needs more information for their review, you’ll get a request to submit additional information.</p> <p>When your authorization is approved, you’ll see:</p> <ul style="list-style-type: none"> <li>• The name of the approved test and CPT code(s)</li> <li>• The units approved</li> </ul>
<p><b>12. Who can verify if a precertification has been approved?</b></p>	<p>The ordering provider, ordering provider’s staff and servicing/rendering provider can verify if a precertification has been approved or not approved by checking the status via <b>ProviderAccess</b>.</p>
<p><b>13. If the precertification is approved, is the patient limited to a particular preferred genetic testing laboratory?</b></p>	<p>Yes, only the preferred genetic testing provider listed on the precertification is allowed.</p>
<p><b>14. Is there an appeal process if a precertification is not approved?</b></p>	<p>Yes. Appeal rights are detailed in communications sent to providers with each adverse determination. You will have 180 days to file the appeal.</p> <p>Blue Advantage appeal rights are detailed in communications sent to the provider and member with each adverse determination. You will have 60 days to file the appeal.</p>
<p><b>15. Can a laboratory initiate the precertification for the referring provider?</b></p>	<p>The program is intended for ordering physicians to initiate the precertification and provide clinical justification for the referral, which must be supported by the patient’s medical record.</p> <p>It is at the discretion of the ordering physician to select a method to complete the precertification process. However, it is the responsibility of the ordering physician to ensure the accuracy and integrity of the information provided to Carelon.</p> <p>Failure to comply with the precertification requirements may result in claim refunds or other steps that affect a provider’s continued participation in the PMD network.</p>

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16. How long will a precertification approval be valid?	Precertification is valid for 90 days from the sample collection date. This also applies to precertification for Blue Advantage members.
17. Does the precertification/case number have to be included on the claim form when filing for the genetic test?	It is not required, but you can include the prior authorization number on your claim if you choose.
18. If the physician orders the genetic test and does not request a precertification, can the service be reviewed post-service?	No, not unless the member's benefits allow retrospective reviews.
19. After a review is completed, is a letter sent to the provider?	Yes. Determination letters, including order numbers for authorized tests, are sent to the ordering provider, servicing provider and the patient. Order numbers for authorized tests are available through <b>ProviderAccess</b> as soon as a test request is authorized whether the request was submitted online or by phone.
20. What should I enter as the date of service for the test?	The date of service is the <i>estimated</i> date that the laboratory is likely to begin the testing process. It is <i>not</i> the date the sample is collected, unless the test is being performed on the same date the sample was collected.
21. Should we include the authorization information with the lab requisition so the lab knows the test was approved?	Yes, we recommend printing or downloading a copy of the authorization confirmation to include with the lab requisition.



Blue Advantage® is a Medicare-approved PPO Plan provided by Blue Cross and Blue Shield of Alabama, an independent licensee of the Blue Cross and Blue Shield Association. Carelon Medical Benefits Management is an independent company that provides clinical solutions to drive appropriate, safe and affordable care on behalf of Blue Cross and Blue Shield of Alabama.