

Carelon Medical Benefits Management (Carelon) Genetic Testing Program

Frequently Asked Questions

Program Overview and Administration

1. Who is Carelon? How will the program be administered?

Carelon is a leading specialty benefits management company with more than 25 years of experience and a growing presence in the management of radiology, cardiology, genetic testing, oncology, musculoskeletal, sleep management, surgical, and rehabilitation. Our mission is to help ensure health care services are more clinically appropriate, safer, and more affordable. We promote the most appropriate use of specialty care services through the application of widely accepted clinical guidelines delivered via an innovative platform of technologies and services. This program will be administered by Carelon.

2. What is the Genetic Testing Program?

The UCare Genetic Testing Program addresses the complexities of genetic testing by supporting evidence-based testing at in-network laboratories.

Carelon will review each test you request and the clinical information you submit with the request to ensure the request aligns with our evidence-based clinical appropriateness guidelines that are the basis of UCare's medical policy. If clinical criteria are met, and you select an in-network laboratory, your request is approved in real time. If a request cannot be approved at intake, program personnel, including genetic counselors and physicians, are available to support rapid resolution of your request.

Your participation is required when recommending genetic testing for UCare members effective [July 1, 2025](#). Claims submitted for genetic tests performed on or after the effective date will not be paid if [prior authorization, or plan-specific term] has not been obtained through the UCare Genetic Testing Program.

3. How does the program benefit my practice and patients?

- 24/7 online access to the Carelon provider portal a proven technology platform to process review requests in real time
- Synchronization with health plan medical policy
- Access to a list of providers available to perform genetic counseling when required, including local providers and providers of telehealth counseling services
- Assurance that your practice is providing evidence-based care
- Protection from unnecessary out-of-pocket costs for your patients

4. What is the relationship between Carelon and the health plan?

The health plan has contracted with Carelon to work directly with you to assist your efforts in patient care. Carelon will help ensure our members access to appropriate genetic testing.

5. How does Carelon work with health plans?

Carelon collaborates with health plans to help improve health care quality and manage costs for some of today's complex tests and treatments, working with physicians like you to promote patient care that's appropriate, safe, and affordable. In partnership with health plans, we are fully committed to achieving their goals – and yours – to improve health outcomes and reduce costs. Our powerful specialty benefits platform powers evidence-based clinical solutions that span the specialized clinical categories where a health plan has chosen to focus. Our robust medical necessity review process is fully compliant with regulatory and accrediting organizations, while offering a superior experience for you and the health plan's providers and members.

About the Genetic Testing Program

1. When will this program begin?

Beginning June 16, 2025, Carelon's call center and Web site, provider portal are available for submission of order requests for genetic testing occurring on or after July 1, 2025.

2. What testing is included in the program?

The program includes but is not limited to tier one and tier two molecular pathology CPT codes. Below, please find a partial list of testing scenarios managed to support high-value, high-quality genetic testing for <PLAN NAME> members of all age groups.

- Reproductive Carrier Screening
- Prenatal Testing
- Preimplantation Genetic Testing (PGT)
- Rare Disease Testing
- Whole Exome / Genome Sequencing
- Hereditary Cancer Testing
- Tumor Markers
- Hereditary Cardiac Testing
- Neurogenetic and Neuromuscular Testing
- Pharmacogenomics and Thrombophilia Testing
- Susceptibility Testing for Common Diseases

3. Does the program include inpatient services?

No, the following settings are excluded from the Genetic Testing Program:

- Inpatient studies
- Studies performed as part of ER/observations visit
- Studies that are a component of outpatient elective surgery

4. Which UCare members require prior authorization through Carelon?

Please check member benefits and eligibility to determine whether prior authorization is required. UCare requires clinicians ordering genetic testing to request prior authorization for all UCare members except those covered by a Medicare Supplement.

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

5. Which members are not included in the [Insert Program Name]?

The [Program Name] does not include the following members:

- [NOT INCLUDED PROGRAM 1]
- [NOT INCLUDED PROGRAM 2]
- [NOT INCLUDED PROGRAM 3]

6. Are your clinical criteria available for review?

Yes, the Carelon Clinical Guidelines are easily accessible online. See [Clinical Guidelines](#). You can also find these within the Carelon provider portal when clinical review requests are initiated.

7. How are the guidelines developed?

Carelton clinical appropriateness guidelines are developed by board-certified genetic counselors and medical geneticists through systematic reviews of peer-reviewed resources, medical society guidelines, and practice bulletins. The process for assessing the clinical appropriateness of testing is consistent with the CDC ACCE Model Process for Evaluating Genetic Tests. Guidelines are reviewed and updated at least twice annually – more frequently if necessitated by new evidence.

8. What is genetic counseling?

For more about genetic counseling and its role in ensuring appropriate genetic testing, visit www.aboutgeneticcounselors.com.

About the Carelon Clinical Review Process

1. How do I participate in the Genetic Testing Program through Carelon?

The best way to submit a review request is to use the Carelon provider portal.

provider portal allows you to open a new order, update an existing order, and retrieve your order summary. As an online application, provider portal is available 24 hours a day, 7 days a week. Your first step is to register your practice in provider portal- if you are not already registered. Go to www.providerportal.com to register.

If you have previously registered for other services managed by Carelon (diagnostic imaging, radiation therapy), there is no need to register again.

2. Is registration required on Carelon provider portal?



Each member of your staff who enters review requests will need to register. Here is how to do it:

- Step one: Go to www.providerportal.com and select “Register Now” to launch the registration wizard
- Step two: Enter user details and select user role as “ordering provider”
- Step three: Create username and password
- Step four: Enter the NPIT numbers for your providers. You may need to add the NPI for each physician for whom you will be submitting requests.
- Step five: Check your inbox for an email from Carelon. Click on the link to confirm email address

The Carelon provider portal support team will then contact the user to finalize the registration process.

3. What do I need to register?

- Your email address
- The tax ID number for the providers whose orders you will be entering
- Your phone and fax number

4. What does the Carelon provider portal allow me to do:

- Submit a new order request
- Update an existing order
- Retrieve your order summary

5. Will members be able to contact Carelon?

Members should contact [Health Plan] directly if they have any questions.

6. Who can submit review requests?

Only ordering physicians and their staff members may submit review requests. Servicing/laboratory providers cannot submit requests, but are encouraged to verify that [prior authorization, or plan-specific term] has been obtained before performing a test for a UCare member. Servicing/laboratory provider can verify [prior authorization, or plan-specific term] using provider portal.

7. How does a physician office staff member obtain an order number from Carelon and request clinical appropriateness review?

There are two ways providers can contact Carelon to request review and obtain an order number:

Online

- Get fast, convenient online service via the Carelon provider portal (registration required). provider portal is available 24 hrs/day, 7 days/week. Go to www.providerportal.com to begin.

By phone

- Call Carelon toll-free at: (833) 821-1954
- Hours: Monday – Friday 8AM- 5PM (CDT)

If your request does not meet criteria for approval, you will have the option of discussing your case with one of our clinical genetic experts. Sometimes, testing can be approved when additional clinical



information is provided. Other times, a test aligned with criteria can be suggested for your consideration. A peer-to-peer discussion with one of our physician reviewers is always offered before any adverse determination is made.

We recognize that every patient in your practice is unique. While the program is designed to identify the most appropriate test for an individual patient, you may have specific reasons to order another test. The program is designed to have the flexibility to approve such requests through outreach by genetic counselors and ultimately peer-to-peer review.

****Important note about order dates****

When requesting an authorization for genetic testing, 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 you do not know the exact test date, please enter an estimated date that is one (1) to three (3) days after the sample is scheduled to arrive at the laboratory; doing so will facilitate approvals in the vast majority of situations. UCare requires that requests are submitted prior to testing; therefore, requests submitted after testing may be denied.

8. When should providers contact Carelon to request clinical appropriateness review?

Providers should contact Carelon to request clinical appropriateness review and obtain an order number encouraged.

9. How do I know if tests for my patient must be reviewed?

Genetic tests for patients covered by UCare must be reviewed. If in doubt, or if you attempt a review request but do not find the patient in the Carelon provider portal, contact Carelon or UCare for assistance.

10. What happens if I do not call Carelon or enter information through the Carelon provider portal?

You are encouraged to request prior authorization before the start of testing. Retrospective requests may be initiated up to 2 business days after testing start date. Failure to contact Carelon for genetic testing prior authorization may result in claim denial.

About Determinations

1. Once a review request has been submitted, how long will it take to receive a response from Carelon?

Requests that meet criteria are authorized in real time. Most requests are closed within a one business day after you have supply all requested information.

2. After a review is completed, is a letter sent to the provider?

[Update based on client program]

Yes. Determination letters, including order numbers for authorized tests, are mailed to the ordering provider, servicing provider and the patient. Order numbers for authorized tests are available through provider portal as soon as a test request is authorized whether the request was submitted online or by phone.

3. How long is an order number valid?

An order summary is provided for each test review requested. The summary will note the valid timeframe for an authorized test, although typically authorizations are valid for 90 days.

4. Can we request an urgent authorization?

If you have an urgent request, please contact Carelon at (833) 821-1954. Urgent request will receive a response within 72 hours of receipt.

5. Can an authorization number for a medical necessity determination expire?

Yes, Carelon communicates the expiration date in the approval notification provided for each case.

6. What if I do not submit a test for review?

Claims submitted for genetic tests performed will not be paid if [prior authorization, or plan-specific term] has not been obtained through the UCare Genetic Testing Program.

7. If a test is not approved by Carelon, is there an option to appeal the decision?

Yes, providers may call Carelon within 10 calendar days of a denial decision to request a reconsideration. If a reconsideration request does not lead to an approval, or more than 10 calendar days passed, providers and members can submit 1st level appeals to [Health Plan or Carelon]. Denial letters include appeal instructions for both providers and members.

About the provider portal

1. How do I enter a request on the Carelon provider portal?

For step-by-step instructions for submitting a case, go to the Reference Desk in the [provider portal](#)

2. Why is a Duplicate Order notification displayed on my Order Request?

This notification will appear when a test is requested more than one time. It indicates the selected test has already been approved for the participant.

3. Why is my genetic testing laboratory showing as Out-of-Network?

The laboratory is Out-of-Network and the benefits may not apply or may be paid at a lower rate. If you believe your provider is in-network, check with your Network Provider representative at UCare to see that your provider is entered into the system as in-network. Provider and member files are sent daily by UCare to Carelon.

4. Why is my provider not available for selection in the Carelon provider portal?

If your provider is not available for selection, contact Carelon provider portal support at 800-252-2021.

5. What should I enter as the date of service for the test?

Please complete the date of service field with the date that the laboratory likely will begin the testing process.

6. What does the Case Status notifications on the Order Summary indicate?

Case Status indicates the overall determination on the request submitted for Carelon review:

- **In Progress** – case is pending Carelon clinical review. The request will be reviewed by a genetic counselor (and Carelon physician, if necessary), to clarify/collect additional clinical information via phone call to the provider's office. Peer-to-peer may be offered to gather additional clinical information to evaluate the request against medical necessity criteria.
- **Completed** – case has been reviewed by Carelon and an order number has been given.
- **Authorized** – case requiring Carelon approval has been authorized.
- **Non-Authorized** – case requiring Carelon approval does not meet medical necessity criteria and has not been authorized. The entire case is denied.
- **Voluntarily Cancelled** – the provider's office canceled/withdrew the case.
- **Not Reviewed/Error Entry** – the case was withdrawn (i.e., accidentally entered, duplicate case entry).
- **Review Cancelled** - the case was identified as a duplicate due to it being previously submitted.

7. What if I can't find the genetic test I'm searching for?

You are able to manually add a genetic test by entering the test name, CPT codes associated with the test, and in some cases, the genes associated with the test.

Only procedures managed by Carelon as part of the program can be submitted for review. If you are unable to find the diagnosis in the system, you may call Carelon Customer Service at 800-252-2021 or contact UCare.

More Information

1. Where can I access additional information?

The provider website, <https://providers.carelonmedicalbenefitsmanagement.com/genetictesting/>, offers you all the tools and information you need to get started. Visit the site to view a step-by-step tutorial on registering for and using the Carelon provider portal, and to find worksheets to help you gather information you'll need for each test request.

For assistance using the Carelon provider portal contact us by email (WebCustomerService@carelon.com) or at 800-252-2021 (Monday – Friday, 8 a.m. – 5 p.m. CT.)

2. I couldn't attend an end-user training webinar. Can I get a copy of the training presentation?

[Applicable if Health Plan will post slides on its website]. You can find a PDF of the webinar slides on the [Health Plan Website].