HPHC Molecular Diagnostics Management Program

Frequently Asked Questions

About the program

What is the HPHC Molecular Diagnostics Management Program?

The Harvard Pilgrim Health Care (HPHC) Molecular Diagnostics Management Program addresses the complexities of molecular diagnostics by supporting evidence-based genetic testing at in-network laboratories.

Your participation is required when recommending molecular diagnostics for HPHC members, including those covered by HPHC Medicare Advantage (effective January 1, 2018), or Access America, EPO, HMO, NNP, OAH, POS, and PPO plans (effective March 1, 2018). Claims submitted for molecular/genetic tests performed on or beyond these effective dates will not be paid if prior authorization has not obtained through the HPHC Molecular Diagnostics Management program.

How is the program administered?

The program is administered by Carelon Medical Benefits Management. Your participation in the program is most easily managed using the Carelon ***Provider****Portal*$_{SM}$ (www.providerportal.com) available 24/7.
You can also call Carelon directly at 855-574-6476 (Monday – Friday, 8 a.m. – 5 p.m. ET.)

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

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 molecular diagnostics for HPHC members of all age groups.

- Genetic testing for hereditary cardiac disease
- Genetic testing for hereditary cancer susceptibility
- Genetic testing for single-gene and multifactorial conditions
- Pharmacogenetic testing and genetic testing for thrombotic disorders
- Reproductive carrier screening and prenatal diagnosis
- Molecular testing of solid and hematologic tumors and malignancies
- Whole exome/genome sequencing

Additionally, prior authorization through Carelon is required for the CPT codes 89290 and 89291 associated with preimplantation genetic diagnosis.

What are the benefits of the program to my practice?

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

About clinical appropriateness review

What is clinical appropriateness review?

Clinical appropriateness review is the process by which HPHC coverage prior authorization is determined.

Who can submit review requests?

Only ordering providers and their staff members may submit review requests. Servicing/rendering providers cannot submit requests, but are encouraged to verify that prior authorization has been obtained before performing a test for a HPHC member.

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

Tests for patients covered by HPHC Medicare Advantage, Access America, EPO, HMO, NNP OAH, POS, and PPO plans must be reviewed. If in doubt, or if you attempt a review request but do not find the patient in the ***Provider****Portal,* contact Carelon or HPHC for assistance.

How do I submit a test request for review?

- Order request – Submit a review request through the ***Provider****Portal* (www.providerportal.com) or by calling Carelon directly at 855-574-6476. Our system is designed to help guide your test and laboratory selection, and alert you to any genetic counseling requirements.
- Review – We evaluate your request with regards to:
  - Alignment with Carelon evidence-based clinical appropriateness guidelines that are the basis of HPHC medical policy
  - Satisfaction of genetic counseling requirements, when required
  - Utilization of an in-network laboratory
- Determination – When your request aligns with applicable criteria, you will receive an immediate approval. Approved/authorized requests will be issued an order number.

If your request does not meet criteria for approval, you will have the option of discussing your case with one of our clinical genetics 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.

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.

Harvard Pilgrim requires that requests are submitted prior to testing; therefore, requests submitted after testing may be denied.

Putting your patients first

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, an ordering provider may have specific reasons to order another test. The program is designed to have the flexibility to approve such requests through outreach by genetic analysts and ultimately peer-to-peer review to determine if applicable clinical criteria are met.

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.

Medicare Advantage

Non-urgent requests for patients covered by Medicare Advantage will be closed within ten calendar days of receipt of the request.

Non-Medicare Advantage Plans

Non-urgent requests for patients covered by plans other than Medicare Advantage may take up to two business days* to close once you have submitted all requested information. If additional information is requested by Carelon, you have up to 45 calendar days to submit the requested information.

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

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.

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 60 days.

What if I do not submit a test for review?

Claims submitted for molecular/genetic tests performed will not be paid if prior authorization has not obtained through HPHC Molecular Diagnostics Management Program.

Carelon clinical appropriateness guidelines

Where can I find the Carelon clinical appropriateness guidelines for genetic testing?

Visit our website here.

How are the guidelines developed?

Carelon 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 quarterly – more frequently if necessitated by new evidence.

About genetic counseling

What is genetic counseling?

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

Is genetic counseling required for a test request to be authorized?

Genetic counseling may be required before some, but not all, test requests can be authorized. Where applicable, genetic counseling requirements are detailed in the Harvard Pilgrim Medical Policy for Molecular Diagnostic Management.

If genetic counseling is required for a test you request, and has already been performed, you will be required to identify the genetic counseling provider.

If genetic counseling is required for a test you request, but has not yet been performed, a list of genetic counseling providers, including local providers and providers of telephonic counseling services, will be supplied for your consideration. Verification of a genetic counseling provider's network eligibility is encouraged.

Need more information?

Our provider website 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 ***Provider****Portal,* and to find worksheets to help you gather information you'll need for each test request.

For assistance using the ***Provider****Portal* contact us by email or at 800-252-2021
(Monday – Friday, 8 a.m. – 7 p.m. ET).

carelon

8600 West Bryn Mawr Avenue
South Tower - Suite 800 Chicago, IL 60631
www.carelon.com

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