



FAQ: Carelon Medical Benefits Management Genetic Testing Prior Authorization Program

Tufts Health Plan Public Plans

Overview

Beginning on Oct. 1, 2022, Tufts Health Public Plans is introducing a prior authorization program for genetic testing, which will be managed by Carelon. Ordering providers will be required to obtain prior authorization through Carelon for genetic/genomic or molecular tests, and Carelon will employ their evidence-based clinical guidelines to conduct medical necessity review and utilization management.

Harvard Pilgrim — which is under the Point32Health umbrella with Tufts Health Plan — introduced a similar genetic testing prior authorization program through Carelon for Commercial and Medicare Advantage members in 2018.

Carelon, a leading specialty benefits management company with more than 25 years of experience, collaborates with health plans to help improve health care quality and outcomes and manage costs for some of today's complex tests.

Requesting Authorization

Which members require prior authorization through Carelon?

Tufts Health Plan requires clinicians ordering genetic testing services to request prior authorization for Tufts Health Direct, Tufts Health Together, Tufts Health Unify, and Tufts Health RITogether members for dates of service on or after Oct. 1, 2022.

Tufts Health Plan's Commercial, Medicare Advantage, and Senior Care Options members are not included in the program.

What services require prior authorization?

Prior authorization is required for the following services:

- 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

Additionally, preauthorization through Carelon is required for the CPT codes 89290 and 89291 associated





with preimplantation genetic diagnosis.

If you select a service that does not require prior authorization from Carelon, you will be notified via a message on the Carelon *ProviderPortal*_{SM} or by a representative in the Carelon contact center that Carelon prior authorization is not required.

When can I begin contacting Carelon for authorization?

Beginning Sept. 12, 2022, Carelon's call center (800-252-2021) and Carelon's <u>ProviderPortal</u> are available for submission of order requests for genetic testing occurring on or after Oct. 1, 2022.

When should providers contact Carelon to request prior authorization?

Ordering providers should contact Carelon to request clinical appropriateness review and obtain an authorization before scheduling or performing any genetic testing services.

How do I register for the ProviderPortal?

Visit www.providerportal.com to register.

How do I submit an authorization request?

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

- Online (recommended):
 - Get fast, convenient online service via the *ProviderPortal* (registration required). *ProviderPortal* is available 24 hours/day, 7 days/week. Go to www.providerportal.com to begin.
 - Start a new order/authorization, update an existing order/authorization, and retrieve your order/authorization summary.
 - For step-by-step instructions for submitting a case, refer to the Reference Desk in the
 <u>ProviderPortal</u>. If you need any help using the <u>ProviderPortal</u>, call <u>ProviderPortal</u> support at 1-800-252-2021.
- By phone:
 - Call Carelon toll-free at: 833-342-1255
 - o Hours: Monday Friday 8 a.m. 5 p.m. (ET)





Who can submit authorization requests?

Ordering providers and their staff members may submit authorization review requests. When the ordering provider submits an order request, Carelon encourages servicing/rendering providers to verify that prior authorization has been obtained before performing a service for a Tufts Health Public Plans member. Providers can verify prior authorizations using *ProviderPortal*.

What information will Carelon require in order to evaluate a request?

The following information is needed:

- Member's identification number, name, date of birth, and health plan
- Ordering provider information
- Requested laboratory to perform the testing
- Genetic test being requested
- Patient diagnosis (suspected or confirmed)
- Clinical symptoms/indications (intensity/duration)

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.

Tufts Health Plan requires that requests are submitted prior to testing; therefore, requests submitted after testing may be denied.

For complex cases, more information may be necessary, including results of past treatment history (e.g., previous tests, duration of previous therapy, relevant clinical medical history).

Do I need to provide the date that the test is scheduled?

No, although the authorization/order number should be issued prior to scheduling the testing. The test should occur within the timeframe that the authorization will remain valid.

Can I request an urgent authorization?

Yes, ordering providers should contact Carelon at 833-342-1255 for urgent requests.

How can I determine whether authorization has been obtained for a member?

Providers can check within *ProviderPortal* or contact the Carelon call center to determine whether an order number has been obtained for a member covered under the program.

If a service is already authorized by Carelon and needs to be rescheduled beyond the original 90-day authorization period, is a new order number required?

Yes, if the date of the service is extended beyond the original 90 days, a new authorization must be requested through Carelon.

What happens if I do not call Carelon or enter information through the *ProviderPortal*?

You are encouraged to request prior authorization before the start of services. Retrospective authorization requests





may be initiated up to 2 business days after the treatment start date. Failure to contact Carelon for genetic testing prior authorization may result in claim denial.

About Determinations

Once I have submitted a request, how long will it take to receive a response from Carelon?

Requests that meet medical necessity criteria receive a response immediately in the *ProviderPortal* or on the phone with the Carelon contact center.

If it is determined that your order request does not meet the medical necessity criteria and cannot be approved immediately, you will have the option of discussing your case with one of our clinical experts. A peer-to-peer discussion with one of Carelon's physician reviewers is always offered before any adverse determination is made.

When Carelon informs your office (always via phone), that a case has pended for peer-to-peer conversation, it is important that your ordering physician calls Carelon as soon as possible to discuss the case with the Carelon physician. Until Carelon receives a phone call back from the ordering physician (or their representative physician assistant or nurse practitioner), the case will continue to pend.

At that time, if the clinical information requested is not provided and a peer-to-peer discussion didn't take place, the case will be denied, and a denial letter will be sent to the member and provider.

How will I know when a peer-to-peer is needed?

When a case pends for review, it will be assigned an "In Progress" status. Carelon will call the ordering provider requesting a call-back for peer-to-peer review, should it be required.

How long is an authorization/order number valid?

An order number issued by Carelon is valid for 90 days.

Is a letter sent to the provider whether the authorization was approved or denied?

Yes, approval and denial letters will be sent to ordering providers requesting review.

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

This notification will appear when a similar request is on file or the dates from one order to another order overlap.

Why is the 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 the laboratory is in-network, please contact the <u>Tufts Health Plan Provider Service Center</u>.

Why is my physician not available for selection in the *ProviderPortal*?

If your physician is not available for selection, contact *ProviderPortal* support at 800-252-2021.





What do 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 MD, if necessary), to clarify/collect additional clinical information via a 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.
- 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 case is denied.
- Voluntarily Withdrawn/Cancelled The provider's office canceled/withdrew the case, following submission.

About the clinical criteria

Where can I view the clinical criteria?

Carelon's <u>Genetic Testing</u> clinical guidelines are easily accessible via the Carelon website. In addition, you can refer to Tufts Health Plan's Genetic Testing webpage for prior authorization and coding information.

What methods and resources are used to develop and update the guidelines?

Development of Carelon Clinical Appropriateness Guidelines involves integration of medical information from multiple sources to support the use of appropriate genetic testing. The process for criteria development is based on peer- reviewed medical literature, including clinical outcomes research, and consensus opinion in medical practice.

Carelon Clinical Appropriateness Guidelines are reviewed annually and updated as needed. New and modified guidelines are reviewed by:

- An independent multidisciplinary physician panel, including primary care and specialty physicians from a variety of geographic areas and practice settings
- Clinical specialists and leading academic experts
- · Client medical directors
- Local advisory council (representing local physician communities)
- Physician review panels

In addition, Carelon guidelines are submitted as part of the Carelon accreditation process to the National Committee for Quality Assurance (NCQA) and URAC.





OptiNet: A tool for Providers of Genetic Counseling Services

What is the *OptiNet*® tool?

OptiNet is an online tool utilized by Carelon to collect information regarding training, certifications, and licensure from providers of genetic counseling services.

Why are providers being asked to register in OptiNet?

Tufts Health Public Plans requires pre-test genetic counseling for select tests. To register a new site in *OptiNet*, you will be asked for:

- The contact details for someone at your site either you or someone designated to maintain your site record in OptiNet
- Your site address, phone number, hours of operation, and TIN
- Counseling specialties available at your site (e.g., prenatal)
- Types of services provided (counseling in person, by phone, and/or by video conference)

If your practice has multiple locations, will need to register each site.

What does registration entail?

Step 1: Log into ProviderPortal (www.providerportal.com)

To register visit here.

Step 2: Locate your "site" in OptiNet

"Site" refers to your facility or practice.

- From ProviderPortal, navigate to the "Access Your OptiNet Registration" tab on the left side of the home page.
- Select "Genetic Testing" as the registration type and click on the green "Access Your OptiNet Registration" button.
- Once in the *OptiNet* system, select "Site Location" from the dropdown menu in the upper left-hand corner.
 To locate your site record, enter the requested search criteria. Be sure to select "Tufts Health Public Plans" from the "Health Plan" dropdown menu. Hit the "Search" button.
- OptiNet should now display your site name. Click on the "Actions" dropdown menu to the right of the site name. If "Edit" is an available option, select "Edit". If "Edit" is not an available option, you'll need to select "Register Your Site".
- Use the "Next" button to verify your site record, or if necessary, to register or edit site information.





Step 3: Add yourself or a colleague as a provider

- Toward the end of the site record, you will have the option to "Add a Provider". Select this option.
- Enter the requested information and select "Next."
- Verify that the information you supplied is accurate and complete, and note your registration number.

When registering as a genetic counselor provider you will be asked about training; board certification and licensure (including expiration dates); and clinical specialties

You will receive an email from Carelon confirming your registration.

What if I registered in OptiNet previously, but not as a part of the Tufts Health Public Plans program?

Locate your site in *OptiNet* and select "Manage Links" from the "Actions" dropdown menu. Follow the instructions for adding an additional health plan. Click "Save" and "Exit."

More Information

Where can I access additional information?

Carelon's <u>provider website</u> offers you all the tools and information you need to get started. For assistance using the **Provider**Portal, you can contact Carelon by <u>email</u> or by phone at 800-252-2021 (Monday – Friday, 8 a.m.–8 p.m. E.T.)