



HIGHMARK'S LABORATORY MANAGEMENT PROGRAM ADMINISTRATIVE GUIDE

Guidelines and Requirements for Facility and Professional Providers

CONFIDENTIAL

Program effective with service dates beginning on Aug. 1, 2016.

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INTRODUCTION

Purpose

Highmark has partnered with eviCore to ensure our members are receiving the most clinically appropriate laboratory testing. eviCore manages molecular and genomic testing within the Laboratory Management Program.

The Laboratory Management Program was developed by trained genetic experts. They use evidence-based policies to ensure that the genetic laboratory services provided to Highmark's members support clinically appropriate care and are medically necessary, in accordance with their benefit policy.

Program overview

Effective with dates of service beginning on Aug. 1, 2016, Highmark requires prior authorization and claims review for several molecular and genomic tests when performed in an outpatient setting for fully insured Commercial, Affordable Care Act and Medicare Advantage members.

Note: ASO, National and FEP accounts are excluded from this program.

PROGRAM GUIDELINES

**eviCore's
molecular and
genomic
testing policies**

Highmark will adopt eviCore's molecular and genomic testing policies. They are available at:

evicore.com/LabManagement/Highmark%20Lab%20Management%20Guidelines.pdf

REQUESTING PRIOR AUTHORIZATION

Outpatient molecular and genomic tests requiring authorization

Prior authorization is required through eviCore for the following outpatient, non-emergent molecular and genomic testing:

- Hereditary cancer screening
- Carrier screening
- Tumor marker/molecular profiling
- Hereditary cardiac disorders testing
- Cardiovascular disease and thrombosis risk variant testing
- Pharmacogenomic testing
- Neurologic disorders testing
- Mitochondrial disease testing
- Intellectual disability/developmental disorders testing

Note: A [complete list of impacted procedure codes](#) is available at [eviCore.com](#), under **Online Forms and Resources**.

Authorization requirements

To ensure the authorization process is quick and efficient, physicians are required to submit the following:

- Specimen collection date (if applicable)
 - Type or test name (if known)
 - CPT code(s) and units
 - ICD-10-CM code(s) relevant to requested test
 - Test indication (personal history of condition being tested, age at initial diagnosis, relevant signs and symptoms, if applicable)
 - Relevant past test results
 - Member's or patient's ethnicity
 - Relevant family history, if applicable, (maternal or paternal relationship, medical history including ages at diagnosis, genetic testing)
 - If there is a known familial mutation, what is the specific mutation?
 - How will the test results be used in the member's or patient's care?
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REQUESTING PRIOR AUTHORIZATION, Continued

Authorization requirements (continued)

- Any pertinent clinical documentation that will support the test request
 - Patient's name, date of birth, and address
 - Member identification
 - Referring physician NPI, phone, and fax
-

Requesting authorizations

The preferred method for requesting an authorization is an electronic submission through NaviNet®. Providers who do not have access to Highmark's NaviNet system should use eviCore's preferred method of contact, eviCore.com. The website is available 24/7, 365 days a year.

As a second option, providers can use eviCore's toll-free number, 1-888-564-5492, between 7 a.m. and 7 p.m. EST. Outside of business hours, providers can leave a message to receive a return call the next business day.

Note: eviCore's call center will be closed in observance of New Year's Day, Labor Day, Thanksgiving and the day after, and Christmas Day.

Urgent request

When an authorization request is urgent due to a medically urgent condition and an authorization is needed in less than 48 hours, the referring physician's office must call eviCore healthcare at 1-888-564-5492. eviCore will make a good faith effort to render a decision within one business day.

Expired authorizations

Authorizations for genetic testing procedures are given for 60 days. If the approved procedure is not completed by the assigned Last Covered Day, providers must contact eviCore for a new request.

Post service review request

Contact Highmark Provider Services to request a post service review. Post service review requests will be considered when a claim rejects for no authorization.

Note: Be prepared to fax the appropriate medical clinical information to Highmark.

eviCore will send notification when the decision has been rendered. In the event of an approval, you must resubmit the claim to Highmark.

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REQUESTING PRIOR AUTHORIZATION, Continued

New category and drop-down selection in NaviNet The Lab Management Program will have a new selection in the **Category** drop-down box. Use **Lab Management** in the **Category** section and type in **Genetic Testing** in the **Service** section.

The screenshot shows the NantHealth NaviNet Selection Form. The form is titled "Selection Form" and includes the Highmark logo. It is divided into three steps:

- Step 1:** "Please select a Referred from Service Provider and enter the Proposed Date of Service (both are required):"
 - Service Provider: [Dropdown menu]
 - Proposed Date of Service: [Text input field]
- Step 2:** "For faster results, enter Member ID with Date of Birth and/or Member First Name:"
 - Member ID: [Text input field]
 - Member Date of Birth: [Text input field]
 - Member First Name: [Text input field]
 - Member Last Name: [Text input field]
- Step 3:** "Please select a Category and then a Service from the selections below:"
 - Category: [Dropdown menu showing "Lab Management"]
 - Service: [Dropdown menu showing "Genetic Testing"]
 - [Add Category/Service button]
 - Category and Services Added:**
 - Category: [Text box]
 - Service: [Text box]

AUTHORIZATION DETERMINATION

Authorization determination Determination of an authorization may require further review before approval or denial. All authorization determinations will be available for viewing in NaviNet through the **Referral/Authorization Inquiry** transaction. The provider is notified by phone and in writing for all cases. The member is only notified in writing for all cases except for Medicare Advantage members with urgent cases that are notified in both phone and writing.

Authorization information All authorizations will include the following:

- Authorization ID number that consists of one alpha and nine numeric characters (e.g., A123456789)
- Time period for which the authorization is valid
- Service/procedure approved
- Description
- Units requested
- Units approved
- Modifier

Authorization denials eviCore will notify the physician, rendering laboratory site, and member in writing of a denial and will provide a rationale for the determination within one working day of a decision.

Note: Appeal information will be provided with the denial communication.

Peer-to-peer consultation If Commercial members receive a denial, the ordering physician can consult with an eviCore medical director or certified genetic counselor on a peer-to-peer basis.

For Medicare Advantage members, if further clinical discussion is needed for approval, the ordering physician can request a pre-decision consultation.

For peer-to-peer or pre-decision consultations, the ordering physician can contact eviCore Healthcare at 1-888-564-5492, Option 4. Fax: 1-866-699-8128.
Email: appealsfax@evicore.com.

CLAIMS REVIEW REQUIREMENTS

Claims review

Claims associated with molecular and genomic procedure codes will be reviewed for accuracy and medical necessity prior to payment, based on eviCore’s policies. This review is not limited to only those codes for which authorization is required.

NOTE: Claims review is prepayment.

The following procedure codes will be subject to claims review, as part of our Laboratory Management Program.

PROCEDURE TYPE	PROCEDURE CODES
Molecular Pathology	81161-81479
Multianalyte Assays With Algorithmic Analyses (MAAA)	81500-81599 0001M-0010M
Molecular Infectious Testing	Molecular tests* within range 87149-87912 and G0476
Molecular Cytopathology Procedures (Flow Cytometry, In Situ Hybridization)	88120-88121 88182-88199
Cytogenics	88230-88299
Molecular Surgical Pathology Procedures	88341-88344, 88360-88361
Molecular S Codes	S3800-3890

*Generally defined as codes that include “DNA,” “RNA,” “nucleic acid,” and “genotype.”

Claim reconsideration reviews

When eviCore reviews claims for molecular or genomic tests and more information is needed to make a determination, eviCore will deny the claim. eviCore then sends a letter to the provider requesting additional clinical information. The provider should respond to eviCore's request and send the information to eviCore.

Once eviCore receives the requested information from the provider, they will review the information and will either approve or deny the claim based on the information submitted.

If eviCore approves the claim, they will send a letter to notify the provider of the approval. The provider must submit a new claim. Adjustments will not be made to the original claim.

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CLAIMS REVIEW REQUIREMENTS, Continued

Claim reconsideration reviews (continued)	If eviCore denies the claim, the provider may ask for a reconsideration review. Contact Highmark Provider Service to request a reconsideration review for denied claims. The provider will be required to submit supporting clinical information to Highmark. Highmark will forward the additional medical records to eviCore for review. Once eviCore completes their review, they will notify the provider through written letter of their determination.
Claim denials	Inquiries and appeals for claim denials should be directed to Highmark. Note: If your claim is denied due to no authorization, see "Post service review request" on page 6.
Claim review requirements	To review detailed information on the process for claim review requirements, check eviCore Healthcare's Clinical Guidelines .

Highmark Blue Shield is an independent licensee of the Blue Cross and Blue Shield Association.

NaviNet® is a registered trademark of NaviNet, Inc., which is an independent company that provides a secure, web-based portal between providers and health care insurance companies.

eviCore healthcare is an independent company that does not provide Highmark products or services and is solely responsible for the products and services that it provides and that are referenced in this publication.

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