Genetic Testing Payment Policy

Effective: October 1, 2017

Policy Number	PP029POL	Annual Approval Date	October 1, 2024

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This reimbursement policy is intended to ensure that providers are reimbursed based on submission of the code(s) that correctly represent the health care services provided. Health New England (HNE) reimbursement policies reference Current Procedural Terminology (CPT®[1]) code descriptions, utilize coverage determination guidelines from the Centers for Medicare and Medicaid Services (CMS), and may apply other coding guidelines when determining payment. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

All EDI claims must be submitted in accordance with HIPAA 5010 Standards, and paper claims must be submitted on either CMS 1500 or CMS 1450 (UB04) claim forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing a reimbursement policy.

HNE may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to HNE enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to, legislative mandates, the type of provider agreement and the terms of that agreement, the HNE Provider Manual, and/or the enrollee's benefit coverage documents.

HNE may modify this reimbursement policy at any time to comply with changes in CMS policy and other national standard coding guidelines by publishing a new version of the reimbursement policy. However, the information presented in this reimbursement policy is accurate and current as of the date of publication. HNE encourages physicians and other healthcare professionals to keep current with any CMS policy changes and/or billing requirements, AMA CPT updates and industry standards related to the services described in this policy.

Providers are responsible for submission of accurate claims. HNE reserves the right to audit any provider and/or facility to ensure compliance with the guidelines stated in the payment policy in accordance with our provider review policy.

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1 CPT® is a registered trademark of the American Medical Association.

Payment Policy

This policy applies to all network and non-network physicians and other qualified health care professionals.

Purpose

The purpose of this payment policy is to define how Health New England (HNE) reimburses for genetic testing.

Health New England has partnered with eviCore Healthcare to utilize a Laboratory Management Program. eviCore Healthcare will pre-authorize certain outpatient Molecular and Genomic tests. Our partnership with eviCore Healthcare and the program is designed to improve quality of care, reduce costs associated with testing and provide prior authorization for medically necessary services.

Applicable Plans

- ☒ Commercial Self-Funded
- ☒ Commercial Fully-Funded
- ☒ Medicare Advantage
- ☒ BeHealthy Partnership

Definitions

Genetic Testing: Genetic testing is performed by a provider to identify a member's genetic predisposition to certain inherited conditions. Genetic tests are used to detect gene variants using human DNA, RNA or protein. Tests may be used to confirm a suspected diagnosis to predict the risk or possibility of a future illness, to detect carrier status of an unaffected individual, and to predict response to certain treatments or therapies.

Evidence-based Criteria: Evidence-based criteria is established criteria leveraging eviCore's extensive experience in Molecular and Genomic testing to ensure that appropriate testing is being ordered.

eviCore Lab Network: eviCore Lab Network is a group of Laboratory Providers contracted with eviCore Healthcare.

General Benefit Information

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services.

Authorization Requirements

Commercial/Medicare Advantage/Be Healthy

How to Determine if Prior Authorization is Needed and Obtain Prior Authorization for Molecular Genomic Testing

Most Molecular and Genomic tests require authorization through eviCore. eviCore has a comprehensive list of lab codes specific to their program with HNE posted on their website. Referring providers and laboratories should submit prior authorization requests, verify prior-authorization requirements or verify authorization status by contacting eviCore as follows:

1. Online by visiting eviCore's website at: www.evicore.com and logging into the Provider login after completing a free registration. The site is available 24 hours a day, 7 days a week and it is possible to obtain immediate authorization decisions if coverage criteria are met.
2. Via telephone by calling eviCore toll free (888-693-3211), Monday through Friday from 7a.m. to 7p.m. EST.

For those cases that do not receive immediate approval, eviCore's Certified Genetic Counselors will review and issue an authorization if the requested test meets the established evidence-based criteria. All other requests will be sent to an eviCore Medical Director for review and determination.

1. All decisions will be made within 2 business days for non-urgent requests once complete clinical information is received. All determination decisions will be sent in writing to the member, ordering provider, and laboratory if available.
3. Urgent requests must be clinically warranted and submitted telephonically. When initiating the case, the caller must clearly state that the request is "Urgent".

Authorization is not a guarantee of payment.

Indications for Coverage

Commercial/Medicare Advantage/Be Healthy

Health New England reimburses for medically necessary genetic tests. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment, you will need to make sure that prior authorization has been obtained.

Documentation Guidelines

Documentation must be adequate to verify that coverage guidelines have been met. The medical record must contain documentation of how the testing is expected to influence treatment of the condition toward which the testing is directed. The laboratory or billing provider must have on file the physician requisition which sets forth the diagnosis or condition that warrants the test(s).

Documentation requirements of the performing laboratory (when requested) include, but are not limited to, lab accreditation, test requisition, test record/procedures, reports (preliminary and final) and quality control record.

Providers are required to code to specificity, however, if an unlisted CPT code is used, the documentation must clearly identify the unique procedure performed. When multiple procedure codes are submitted on a claim (unique and/or unlisted), the documentation supporting each code should be easily identifiable.
When the documentation does not meet the criteria for the service rendered or the documentation does not establish the medical necessity for the services, such services will be denied as not medically necessary.

Billing Instructions

The servicing provider must bill with the specific code that has been authorized or the claim will be denied. The authorized services can be obtained from the ordering physician. If you do not have the authorization number or are unsure of the specific code that was authorized, please call eviCore at 1-888-693-3211.

For a more detailed description of all the molecular genetic testing program requirements, please go to:
https://www.evicore.com/healthplan/HNE_lab

Resources

1. American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
2. HNE Provider Manual
3. eviCore Healthcare

Revision History

Date	Revision
8/7/18	Policy Created
9/9/19	Reviewed with no changes
9/3/20	Reviewed with no changes
9/22/21	Reviewed with no changes
9/1/23	Reviewed with no changes
10/1/24	Reviewed with no changes