

# Genetic and molecular lab testing prior authorization/advance notification

## Frequently asked questions

Our genetic and molecular testing prior authorization/advance notification process is designed to support a positive experience for you and your patients who are our members.

Certain benefit plans require this process. For a full list, visit our [Genetic and molecular testing prior authorization](#) page.



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### What happens if my request doesn't meet all criteria?

If the member's benefit plan requires services to meet clinical criteria to be authorized, we'll conduct a clinical coverage review as part of our prior authorization process. If we need additional clinical information, we'll contact your office.

### Do I need to include the prior authorization approval number on the claim form to ensure payment?

Yes. You need to put the prior authorization approval number on the claim form.

### Do I need to include the appropriate DEX (Diagnostics Exchange) Z-Code on my prior authorization/advanced notification submission?

No. You don't need to include the DEX Z-Code on your requests authorizations at this time.

### Can I choose which laboratories to use?

You can choose the laboratory if it has registered their tests in the UnitedHealthcare Laboratory Test Registry. If you can't find a specific laboratory or test in the online system, call us at **877-303-7736**. We'll contact the laboratory with a request to complete the test registration process.

### I'm a provider. Do I need to register for this process?

To submit prior authorization requests and advance notifications, please use the UnitedHealthcare Provider Portal. From any page on [UHCprovider.com](#), select Sign In and enter your One Healthcare ID. If you don't have a One Healthcare ID, [register now](#).

## **What do laboratories need to do to complete this process?**

The following information is necessary to complete the laboratory registration:

- The test name, unique test identifier assigned by the laboratory, and the associated CPT® code
- The laboratory's national provider identifier (NPI) number and Clinical Laboratory Improvement Amendments (CLIA) number
- A valid email address

## **Can the performing laboratory determine if a member requires a completed prior authorization/advance notification?**

Yes. Laboratories can see if a member needs advance notification or prior authorization by logging in to the **UnitedHealthcare Provider Portal**. From the left-hand tabs, select Prior Authorizations & Notifications. This check can be completed by procedure code or by member.

## **Can the performing laboratory submit a request for prior authorization?**

No. If a test requires an approved prior authorization, those requests must be submitted by the ordering care provider. Laboratories can only view and select tests that require advance notification. Tests that require an approved prior authorization have an associated medical policy with the clinical criteria to determine the appropriate use of the test.

## **Can the performing laboratory submit advance notification?**

For tests that do not require prior authorization, the laboratory can submit the advance notification. The laboratory should let the ordering care provider know that it is submitting the advance notification.

## **Which genetic and molecular tests require advance notification/prior authorization through this process?**

You can find the current list of CPT codes included in the requirement at [UHCprovider.com/genetics](https://UHCprovider.com/genetics).

## **Which UnitedHealthcare members are included in this requirement?**

You can find the current list of benefit plans with advance notification/prior authorization requirements at [UHCprovider.com/genetics](https://UHCprovider.com/genetics).

## **When tests results indicate that additional testing is needed (e.g., reflex test), do the additional tests require prior authorization or advance notification?**

Yes. You need to complete the prior authorization/advance notification approval process when the reflex test will be billed using any of the CPT codes at [UHCprovider.com/genetics](https://UHCprovider.com/genetics).

## **What if a laboratory lists the original and reflex test on the same panel?**

If the tests are registered together, you only need to complete the process once. If the tests are registered separately, you need to complete the process for each test. Those tests may be submitted at the same time.

## **Am I required to complete the process if UnitedHealthcare is the secondary payer?**

No. If UnitedHealthcare is the secondary payer, you don't have to complete the process.

## **What information is considered as part of the clinical coverage reviews for these tests?**

Clinical coverage reviews are based on our clinical policy requirements for coverage. If a request needs review or requires additional clinical information, we'll contact you. You can find the policies used to review requests made through this process at [UHCprovider.com/policies](https://UHCprovider.com/policies) > Select plan > Medical & Drug Policies.

## **Does the new requirement include molecular and genetic tests related to medications?**

Yes. However, approval for any medication will be determined by the member's pharmacy benefits manager based on the member's coverage and eligibility.

## **Does the prior authorization/advance notification process change any requirements for genetic counseling?**

No. We don't require genetic counseling before approving coverage of genetic testing. However, genetic counseling can give the member more information about the tests and help them understand the results. If you would like a member to benefit from genetic counseling, we recommend that the counseling be done by an independent genetic care provider who isn't employed by a genetic testing laboratory. You can find a list of participating care providers at [UHCprovider.com/findprovider](https://UHCprovider.com/findprovider).

## **Why do I see the following notice when I try to complete the process online?**

"If you are seeking authorization for this member for BRCA services, please contact the number on the back of the member's ID card. For services other than BRCA, no authorization is required."

This message lets you know that notification/prior authorization isn't required as part of the prior authorization/advance notification approval process for this UnitedHealthcare commercial member.

## **Does the treating care provider need to complete the prior authorization/advance notification approval process for inpatient members?**

No. You won't need to complete the advance notification/prior authorization process if you're ordering genetic or molecular testing that will be billed with an inpatient place of service. However, services billed with any other place of service (e.g., observation, ambulatory services, outpatient) require the ordering care provider to complete the process.

Genetic and molecular tests billed by an independent laboratory with a lab location require advance notification/prior authorization, regardless of whether the patient was inpatient at the time of the specimen collection.

## How can I confirm if coverage has been approved for a member?

If your request meets our clinical and coverage guidelines and we don't need additional information, you'll get the coverage authorization decision when you submit the request. If more information or clinical documentation is needed, we'll contact you. You'll also get a copy of the letter sent to the member when coverage is approved or not approved.

## How do I view the status of an authorization submission or draft?

In the **portal** in the Prior Authorizations & Notifications section, scroll to Search Existing Submissions & Drafts. Searches can be completed by submitting provider, reference number or member number.

Saved drafts will be deleted after 14 days of no activity. To access a previously saved draft in the Prior Authorization & Notification system, select the View Draft Cases button. Only 1 active draft is allowed per member.

## Can a nurse practitioner or a provider representative complete the prior authorization/advance notification approval process?

Yes. Nurse practitioners or physician representatives may complete the process if they meet one of the following criteria:

### Nurse practitioners

They are eligible if:

- They are an independent care provider and bill UnitedHealthcare for services using their own NPI number
- They bill for services under a physician or health care system

### Physician representatives

They are eligible if:

- They are employed by the physician practice
- They are employed by a multidisciplinary health system that routinely delivers health care services beyond laboratory testing

## Who else can complete the prior authorization/advance notification approval process?

Genetic counselors and pathologists can complete the process if 1 of the following is true:

- They are employed by a multidisciplinary health system that routinely delivers health care services beyond laboratory testing
- They are an independent care provider and bill UnitedHealthcare for services using their own NPI number

Genetic counselors can't request a notification/prior authorization if they are employed by a freestanding laboratory, whether their services are complimentary or billed under the lab NPI. Pathologists can't request a notification/prior authorization if they are employed by a freestanding laboratory.



## **What date should I enter when I'm completing the process if I don't know the exact date of the test?**

If the specimen hasn't been collected yet, use the date you complete the prior authorization/advance notification approval process. A coverage approval is effective for 90 days. If the specimen has already been collected, use the date of collection. For most benefit plans, you can select a date up to 85 days in the past.

Note that you won't be able to use a date in the past to complete the prior authorization/advance notification approval process for a test that has already been completed and billed but was denied due to No Advance Notification/Prior Authorization. In those cases, the lab/rendering care provider can submit an appeal. Information about this process can be found on our [Pre- and post-service appeals and reconsiderations](#) page. Some plans, including some UnitedHealthcare Community Plans, do not permit prior authorizations for past dates.

## **If I submitted a prior authorization or advance notification, can I go back and make an edit?**

No. The system does not support edits to prior authorization requests once they have been submitted.

## **Who do I contact if I get a System Error message during the prior authorization/advance notification process?**

You can call us at **877-303-7736**.

## **Does completing the prior authorization/advance notification process guarantee that you'll pay the claim?**

No. Payment for covered services is based on the member's eligibility on the date of the service, any claim processing requirements and the terms of your Participation Agreement.

## **Can coverage be approved for 1 laboratory, but billed by another?**

Yes. Before submitting a claim, the laboratory billing team should verify that the services rendered match the tests authorized in the notification or prior authorization approval. They should also confirm that the CPT codes and unit values on the claim align with those in the prior authorization. If the billing laboratory needs to update any information in the approved prior authorization, they will need to contact us at **877-303-7736**.

## **Who can I contact if I have questions about the process?**

Labs and rendering care providers can contact us at **877-303-7736** for information about:

- Registering their laboratory and tests
- Accessing the prior authorization/advance notification section in the portal

## Which UnitedHealthcare Community plans participate in this process?

State	Effective date
Florida	March 1, 2019
Hawaii	July 1, 2020
Kansas	Dec. 1, 2020
Kentucky	Jan. 1, 2021
Maryland	Feb. 1, 2019
Michigan	Feb. 1, 2019
Missouri	Feb. 1, 2019
North Carolina	July 1, 2021
Nebraska	Oct. 1, 2023
New Jersey	April 1, 2019
New Mexico	July 1, 2024
New York	Feb. 1, 2019
Ohio	Nov. 1, 2020
Pennsylvania	Feb. 1, 2020
Rhode Island	April 1, 2019
Tennessee	Feb. 1, 2019
Texas	Feb. 1, 2019
Virginia	May 1, 2020
Washington	Sept. 1, 2020
Wisconsin	July 1, 2020

## Which UnitedHealthcare Individual Exchange plans participate in this process?

State	Effective date
Arizona	2021
Maryland	2021
North Carolina	2021
Oklahoma	2021
Tennessee	2021
Virginia	2021
Washington	2021
Alabama	2022
Florida	2022
Georgia	2022
Illinois	2022
Louisiana	2022
Michigan	2022
Texas	2022
Kansas	2023
Mississippi	2023
Missouri	2023
Ohio	2023
New Jersey	2024
New Mexico	2024
South Carolina	2024
Wisconsin	2024
Iowa	2025
Indiana	2025
Nebraska	2025
Wyoming	2025

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