

Genetic Testing Program Webinar

For the listening benefit of webinar attendees, we have muted all lines and will be starting our presentation shortly.

- This helps prevent background noise (e.g., unmuted phones or phones put on hold) during the webinar.
- This also means we are unable to hear you during the webinar.
- Please submit your questions directly through the webinar platform only.

How to submit questions:

- Open the Q&A feature at the bottom of your screen, type your question related to today's training webinar and hit "enter."
- Once your question is answered, it will appear in the "Answered" tab.
- All questions will be answered by the end of the webinar.



Genetic Testing Program

June 2024



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

Carelon Medical Benefits Management (Carelon) is an independent company that serves as an authorization manager for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.

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Welcome!

Today's presentation will give an overview of the Genetic Testing Program.

Topics will include:

- ✓ Included Services
- ✓ Services Requiring a Prior Authorization
- ✓ Key Dates for Requesting Prior Authorizations
- ✓ Accessing iLinkBlue
- ✓ Member Identification
- ✓ Carelon MBM (Medical Benefits Management) Provider Portal Demonstration



Genetic Testing Program

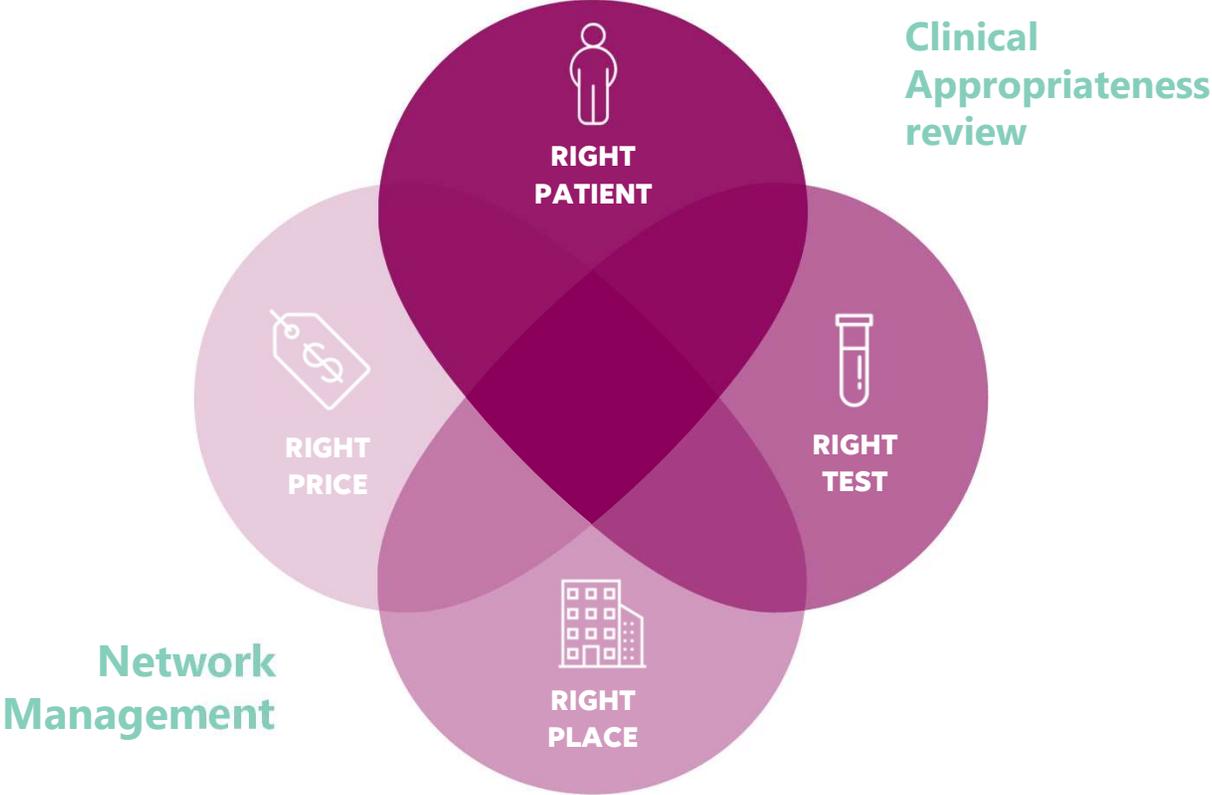


Effective July 1, 2024, Carelon will manage genetic testing reviews for Blue Cross and Blue Shield of Louisiana membership. Our objective today is to help you understand the review process and program overview.

Your practice can benefit from participation in several ways, by:

- Engaging genetic testing experts in the clinical process to confirm that genetic testing requests are clinically appropriate.
- Improving the clinical appropriateness of genetic testing through the application of evidence-based guidelines in an efficient and effective review process.
- Referring to Carelon clinical guidelines to review services for medical necessity.

Our solution addresses the medical and business practice complexities of genetic testing



Genetic and Molecular Testing Requiring Prior Authorization



Test categories include:

- Reproductive carrier screening
- Prenatal testing
- Preimplantation genetic testing (PGT)
- Rare disease testing
- Whole exome/genome sequencing
- Hereditary cancer testing
- Hereditary cardiac testing
- Tumor testing
- Neurogenetic and neuromuscular testing
- Pharmacogenomics and thrombophilia testing
- Susceptibility testing for common diseases

Setting Requiring Prior Authorization



Included setting:

- Genetic testing laboratories
- Outpatient Hospital

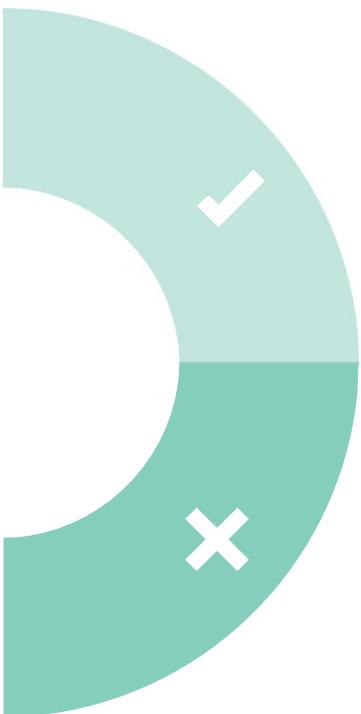


Excluded setting:

- Inpatient studies
- Studies performed as part of ER/observations visit
- Studies that are a component of outpatient elective surgery



Member Identification



Included lines of business:

*Fully Insured members

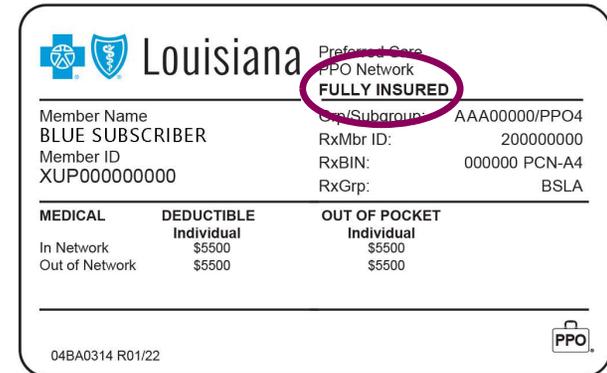
(Fully-insured members can be identified by the words "Fully Insured" on the top right corner of Blue Cross and Blue Shield of Louisiana member ID cards.)

Self-funded members

Including Office of Group Benefits (OGB) members

Excluded lines of business:

- Federal Employee Program (FEP)



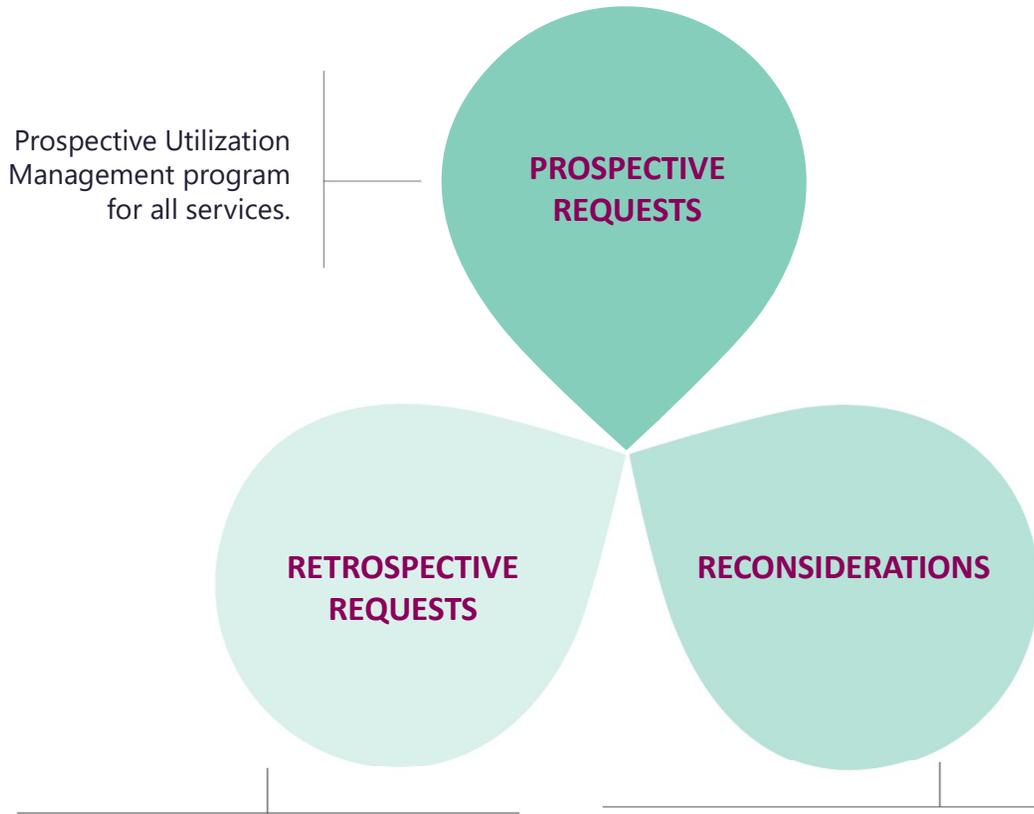
Information validated during intake:

Member information

- Member demographics and plan membership number
- Member health plan coverage
- Member participation in the Carelon program

Note: missing members can be manually added via Carelon contact center.

Ordering Provider-initiated Requests Required



Retrospective reviews within 2 business days of the initial date of service.

Carelon will accept additional clinical information not previously submitted for a denied case for a period of up to 10 business days.



Only ordering physicians and their staff members must submit prior authorization requests.

Servicing/laboratory providers cannot submit requests but are encouraged to verify that prior authorization has been obtained before performing a test for a Blue Cross member. Servicing/laboratory providers can verify prior authorization using the Carelon MBM Provider Portal.

Accessing iLinkBlue

Blue Cross requires that provider organizations have at least one administrative representative to manage our secure online services.



Louisiana

Instructions for Accessing Our Secure Online Services

Blue Cross offers many online services that require secure access. Blue Cross requires that each provider organization must designate at least one administrative representative to self-manage user access to our secure online services. These services include applications such as:

- iLinkBlue
- BCBSLA Authorizations
- Behavioral Health Authorizations
- Pre-Service Review for Out-of-Area Members (for BlueCard® members)
- and more (as we develop new services)

To Report Your Administrative Representative to Blue Cross:

1. Determine who at your organization should be an administrative representative.
2. Complete the Administrative Representative Registration Form that includes the Acknowledgment Form (on the following pages). Send completed documents to our Provider Identity Management (PIM) Team.
Email: PIMTeam@bcbsla.com Fax: 1-800-515-1128
Attn: Provider Identity Management
3. Once your administrative representative is set up, they will receive a welcome email.

Need Help?
If you have questions regarding the administrative representative setup process, please contact our PIM Team.
Email: PIMTeam@bcbsla.com
Phone: 1-800-716-2299, option 5

What is an Administrative Representative?

- A person designated to serve as the key person for delegating access to our secure online services to appropriate users for the provider.
- A person who agrees to adhere to Blue Cross' guidelines.
- A person who will only grant access to those employees who legitimately must have access in order to fulfill their job responsibilities.
- A person who promptly terminates employee access when an employee changes roles or terminates employment.

19WNC267 R06/22 Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

Administrative representative duties include:

- Identify users at your organization who will need access to our secure online services.
- Assign individual user access to the appropriate applications.
- Manage users and terminate user access when it is no longer needed.

Detailed instructions and the Administrative Representative Registration Packet can be found on our Provider Page at www.bcbsla.com/providers > Electronic Services > Admin Reps.

Need to Access iLinkBlue?

If your organization has an administrative representative:

- Reach out to your organization's administrative representative to request access.
- The administrative representative will use the Delegated Access application in iLinkBlue to set up your appropriate level of security access.
- Deeper level access to secure authorization applications.

If your organization **does not** have an administrative representative:

- Self designate at least one administrative representative at your organization.
- Complete the Administrative Representative Registration Packet. It is available online at **www.bcbsla.com/providers** > Electronic Services > Admin Reps.
- Contact our Provider Identity Management (PIM) Team at **PIMteam@bcbsla.com** or 1-800-716-2299, option 5 with questions.

Accessing iLinkBlue

The screenshot shows the iLinkBlue login interface. At the top left is the Louisiana state logo and the word "Louisiana". At the top right is a "Contact Us" button and the "iLinkBlue" logo. The background is a blue gradient with a blurred image of medical equipment. In the center is a white login form with the following elements:

- A label "Username" above a text input field.
- A label "Current Password" above a text input field.
- A green "Log In" button.
- A blue link "Forgot/Reset Password" below the button.

Logging in for the first time:

- Password must be reset.
- Click on the "Forgot/Reset Password" button.
- Follow the prompts, enter your username and click the "Request Password" button.
- The system will send you an email to reset your password. Click on the link in the email. Follow the prompts.

Prior Authorization Checklist for Ordering Providers



Order demographic requirements:

- Member's first and last name and date of birth
- Ordering provider's first and last name
- Test being requested and laboratory



Order clinical requirements:

- Summary of patient's clinical diagnosis
- Clinical summary from genetic counseling appointment
- Pedigree or summary of three-generation maternal and paternal family history
- Maternal and paternal ethnic background/race

How to Request Prior Authorization from Carelon



Beginning **June 17, 2024**, providers may submit requests for dates of services on or after July 1, 2024, for review or verify order numbers using one of the following methods:



Carelon MBM Provider Portal

- Use iLinkBlue (www.bcbsla.com/ilinkblue) to access the **Carelon MBM Provider Portal**.
- Choose the "Authorizations" iLinkBlue menu option, then click on "Carelon Authorizations" application.
- The portal is available 24 hours a day, 7 days a week.
- If you do not have access to this application, please consult with your organization's administrative representative.



Carelon Contact Center

- Dedicated toll-free number: 1-866-455-8416
- Contact center hours: Monday-Friday 8a.m.- 5p.m. CT
- Voicemail messages received after business hours will be responded to the next business day.

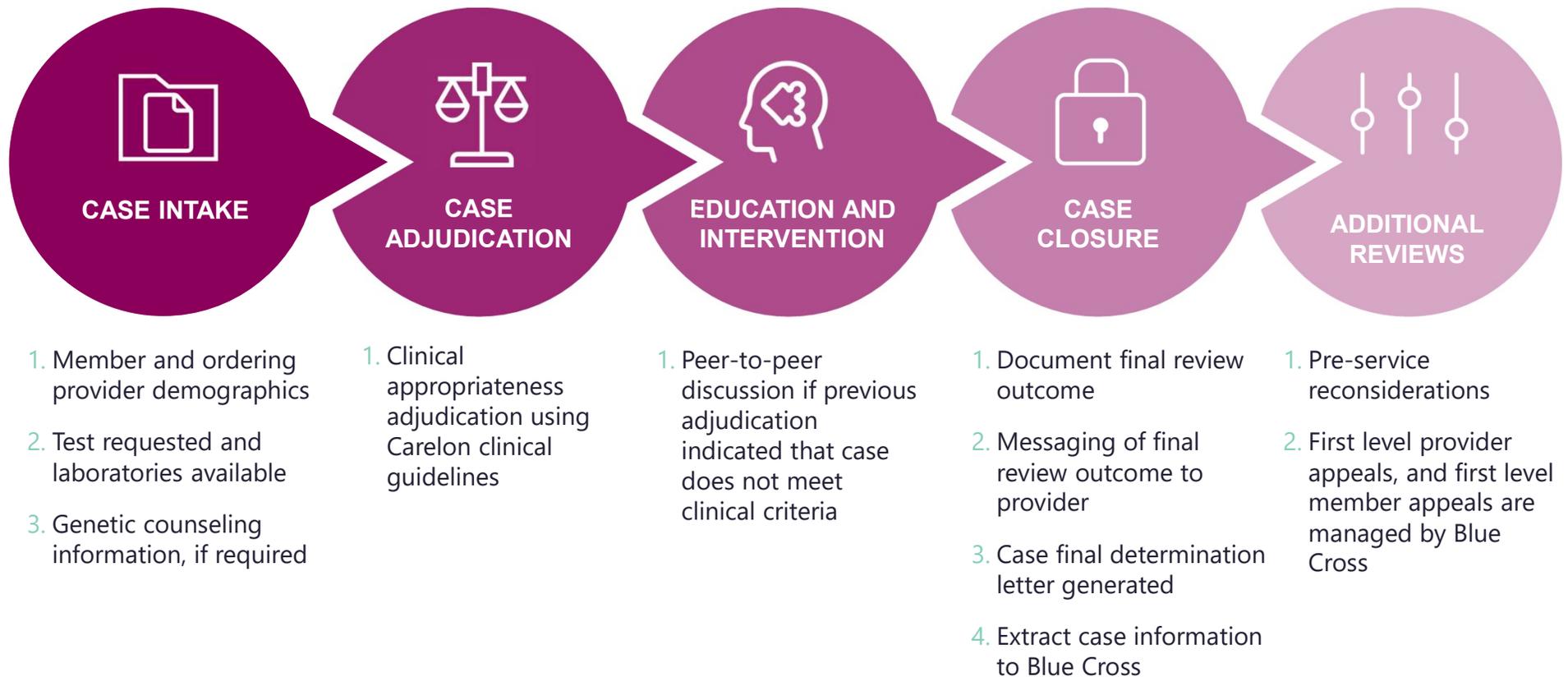
*Carelon call center is closed on the following holidays: Thanksgiving Day, the day after Thanksgiving, Christmas Day, New Year's Day, Memorial Day, Independence Day and Labor Day.



Carelon Medical Benefits Management

Note: Carelon maintains the confidentiality of all protected health information. All data displayed is fictional and any resemblance to real persons is purely coincidental.

Key UM Elements and Clinical Review Steps



How Long is a Prior Authorization Valid?



ORDER NUMBER VALID TIMEFRAME IS BASED ON:

The current date + 90 days

Carelon Closes Most Cases Within 24 Hours



Case turn-around times

- A determination will be made on non-urgent requests within three business days of receipt of the request.
- A determination will be made on urgent requests within two business days of receipt of the request.

Key Dates for Requesting Prior Authorizations

June 17, 2024

Carelon contact center and
Carelon MBM Provider Portal
open to providers.

July 1, 2024

Program goes live.



Contact center and provider portal will be available beginning on June 17th for prior authorization requests with dates of service rendered on or after July 1.

Genetic Testing Provider Microsite

Providers can visit the microsite for:

- Clinical guidelines development process
- Carelon MBM Provider Portal registration
- Entering an order request
- Order request checklists and FAQs
- Laboratory specific resources

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Welcome About the program How to participate Getting Answers Resources News blog

Genetic Testing Program

Welcome

We're entering a new era of precision medicine, where treatments can be targeted and directed at individuals, based on their unique genetic makeup. Today, there are more than 65,000 tests and the number is growing. Navigating this rapidly advancing area of medicine can be a challenge for you and your patients.

Carelon Medical Benefits Management partners with health plans to help ensure quality care associated with care that's not evidence-based. In collaboration with you and your patients, the genetic testing program helps ensure care that's appropriate.

This site will help you understand how the Carelon genetic testing program works, and the program designs vary by health plan. We encourage you to review the FAQs for each patient on the [Resources page](#).

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Welcome About the program How to participate Getting Answers Resources News blog

Program resources

Frequently asked questions

Frequently asked questions

About the Genetic Testing Program

What is the genetic testing program?
The genetic testing program assists your practice in delivering evidence-based and cost-effective care for your patients who would benefit from genetic testing. In collaboration with you and your patient's health plan, the genetic testing program helps ensure care that's appropriate and affordable.

How can this program benefit my practice?
Practices participating in the program can gain efficiency through:

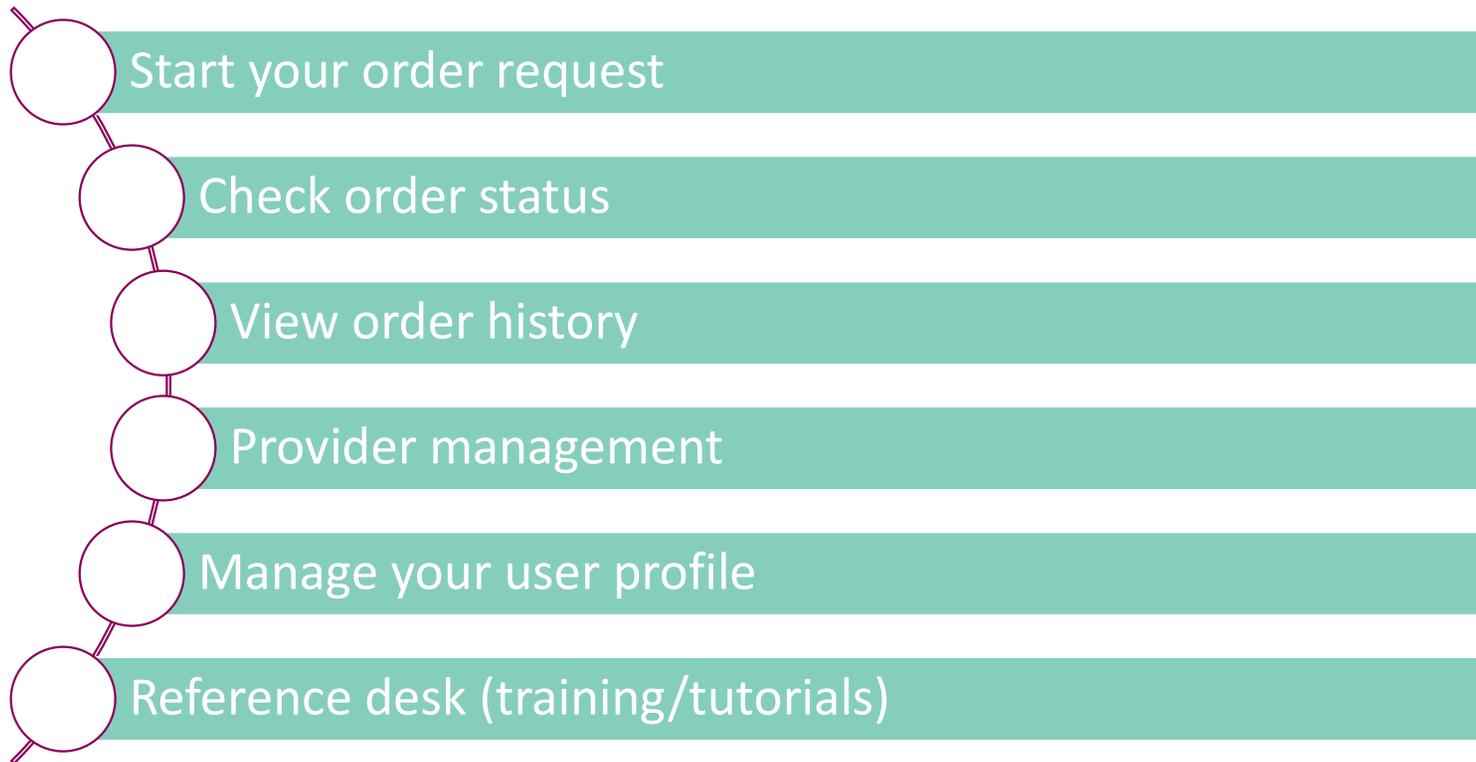
- 24/7 online access to the Carelon Medical Benefits Management **ProviderPortal**, a proven technology platform to process reviews in real time
- When requested, Carelon can provide access to a database of genetic counseling providers
- Assurance that your practice is providing evidence-based care
- Synchronization with health plan medical policy and clinical guidelines

How will the genetic testing program be administered?
The genetic testing program will be administered by Carelon on behalf of your patient's health plan. Participating in the program is most easily managed using the **ProviderPortal**, available 24/7, or by calling Carelon directly.

Look for these items at <https://providers.carelonmedicalbenefitsmanagement.com/genetictesting/>.



Carelon MBM Provider Portal Highlights



Benefits of Obtaining Prior Authorization and Post Service Reviews Using the Carelon MBM Provider Portal

Fast and Efficient	<ul style="list-style-type: none">• Self service case entry available 24/7
Customize User Profile	<ul style="list-style-type: none">• Define favorite physician list for easier lookup and faster case entry
Real-time Determinations	<ul style="list-style-type: none">• Online approvals using smart clinical algorithms• Transparent feedback before transferring to clinical review, if necessary
Click Order Status and View Order History	<ul style="list-style-type: none">• Multiple staff can enter and view practice orders to avoid duplicate order requests• Easy access to print and save PDF of Order Summary
Reference Desk	<ul style="list-style-type: none">• Training and tutorials available, including clinical criteria
Payment	<ul style="list-style-type: none">• Increases payment certainty



Carelon MBM Provider Portal Registration

Note: Carelon maintains the confidentiality of all protected health information. All data displayed is fictional and any resemblance to real persons is purely coincidental.

Provider Portal – Registration

Login to iLinkBlue (www.bcsbla.com/ilinkblue), under the Authorizations menu, choose “Carelon Authorizations.”

The image shows two overlapping screenshots from the iLinkBlue website. The left screenshot displays the 'Authorizations' menu with 'Carelon Authorizations' circled in purple. The right screenshot shows the 'Sign in or register' page with the 'Login' button circled in purple.

Left Screenshot (iLinkBlue Authorizations Menu):

- Home
- Coverage
- Claims
- Payments
- Authorizations**
- Quality & Treatment
- Resources

Authorizations Guidelines

- Do I need an authorization?

Authorizations - BCBSLA Members

- BCBSLA Authorizations
- Behavioral Health Authorizations
- Carelon Authorizations**
- Authorization/Pre-certification Inquiry
- Medical Policy Guidelines
- Lab Reimbursement Policies
- FEP Medical Policy Guidelines

Authorizations - Out of Area (Pre-Service)

- Out of Area (Pre-Service)
- Medical Policy Guidelines

Right Screenshot (Carelon Insights Sign in or register page):

- carelon insights
- What We Offer
- Who We Are
- Perspectives
- Contact Us

Sign in or register

Find the site you want to sign into below.

Medical benefits management: Specialty care

Offered through Carelon Medical Benefits Management

(Formerly AIM Specialty Health)

Provider portal

Submit a new case for prior authorization, or check on an existing one

Login

Clinical guidelines and pathways

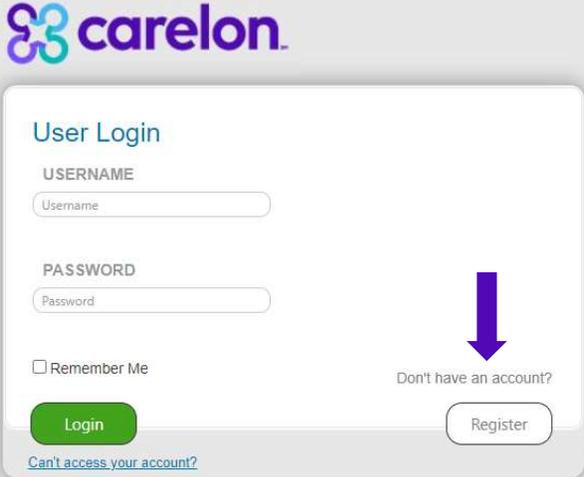
Access the evidence-based criteria used in our review process.

Visit

Provider Portal – Registration

Once the portal is accessed, the login page will be displayed.

- If new user, click “Register.”
- If you have previously registered for the Carelon MBM Provider Portal, future use of the application through iLinkBlue will not require a separate login process.



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User Login

USERNAME
Username

PASSWORD
Password

Remember Me

Don't have an account?

Login Register

[Can't access your account?](#)

Version 23.06.17.15 System Requirements

i The Provider Portal application will be unavailable Sundays between 12:30 PM CST - 6:00 PM CST for regularly scheduled maintenance.
If you have any questions regarding the new Medicare Appropriate Use Criteria Clinical Decision Support Program, see the Provider Resource links below. DO NOT call the health plans.

If you need assistance, please [Click Here](#) or contact Carelon Medical Benefits Management provider portal support at (800) 252-2021.

Provider Portal – Registration

Section 1: User details

- Enter user details including selecting user role.
- Enter a valid email address - required to complete the registration.

The screenshot shows the 'Register' page of the Provider Portal. The page header includes the 'ProviderPortal.' logo. The main heading is 'Register'. Below this, there is a contact information section for 'Web Customer Service' with the phone number '(800) 252-2021'. The main form area is titled '1. User Details' and contains several input fields: 'FIRST NAME', 'LAST NAME', 'ORGANIZATION NAME', 'ADDRESS 1', and 'ADDRESS 2 (optional)'. A 'USER ROLE' dropdown menu is open, showing options: 'Select', 'Ordering Provider', 'Servicing Provider', 'Health Plan Representative', and 'Genetic Counselor'. The 'Select' option is currently highlighted.

Provider Portal – Registration

Section 2: Login information

- Create username
- Create password
- Answer security questions

2. Login Information

USERNAME ⓘ

ABC12345 Username is available

PASSWORD ⓘ

Between 8 and 15 characters long
 At least one uppercase letter

CONFIRM PASSWORD

At least one lowercase letter
 At least one number (0-9)
 Cannot contain spaces, single quotes, or double quotes
 Cannot be the same as Username

SECURITY QUESTION ⓘ

Select ▼

ANSWER

Provider Portal – Registration

Section 3: Application Selection

- Enter your practice's Group identifier (e.g., TIN)
- Select the type of provider identifier you will be using to register
- Then type in the number in the following field

3. Application Selection

Select the applications you will need to access.

Health Plan Utilization Review Programs ⓘ

Please enter at least one valid Provider Identifier to associate your account with the available Health Plans. You may enter multiple Provider Identifiers. If your Health Plan is not displayed please contact Web Customer Service at 1-800-252-2021.

PROVIDER IDENTIFIER ⓘ

Tax ID (TIN)

Group TIN

NPI

Group NPI

Provider ID

I Agree to the Terms of Service

Support Program ⓘ

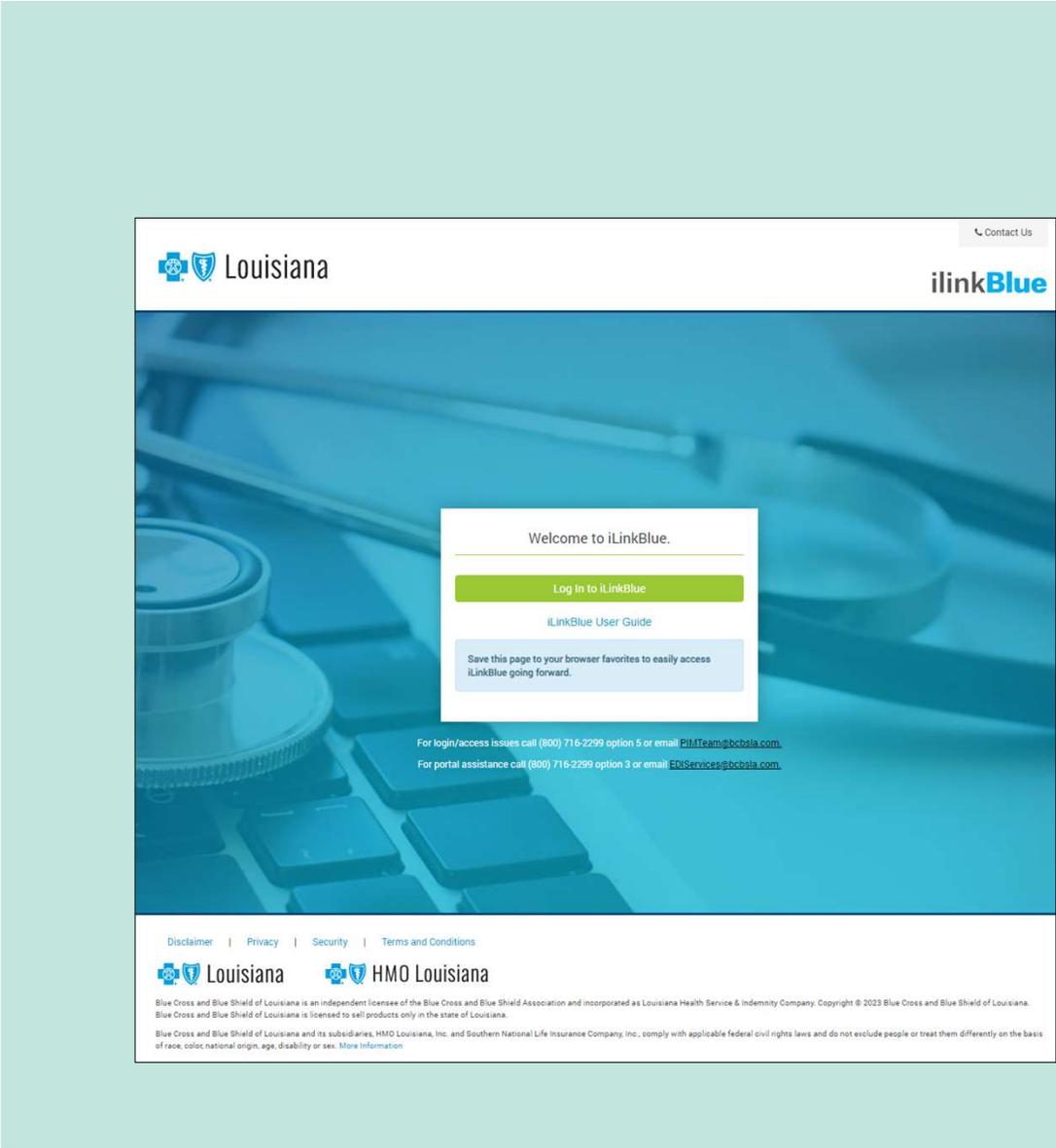


Carelon MBM Provider Portal Order Request Demonstration

Note: Carelon maintains the confidentiality of all protected health information. All data displayed is fictional and any resemblance to real persons is purely coincidental.

iLinkBlue

Access to iLinkBlue is available directly at www.bcbsla.com/ilinkblue.



iLinkBlue

Access the Carelon MBM Provider Portal by selecting “Carelon Authorizations” under the Authorization menu.

The screenshot shows the Louisiana iLinkBlue website. At the top left is the Louisiana state logo and the word "Louisiana". At the top right is the "iLinkBlue" logo. Below the logo is a navigation bar with a home icon and several menu items: Coverage, Claims, Payments, Authorizations (which is highlighted with a blue underline), Quality & Treatment, and Resources. Below the navigation bar are three main content columns. The first column is titled "Authorizations Guidelines" and contains a link "Do I need an authorization?". The second column is titled "Authorizations - BCBSLA Members" and contains several links: "BCBSLA Authorizations", "Behavioral Health Authorizations", "Carelon Authorizations" (which is circled in red), "Authorization/Pre-certification Inquiry", "Medical Policy Guidelines", "Lab Reimbursement Policies", and "FEP Medical Policy Guidelines". The third column is titled "Authorizations - Out of Area Members" and contains links for "Out of Area (Pre Service Review – EPA)" and "Medical Policy Guidelines". Below these columns is a row of six icons with labels: "Research Claims", "BCBSLA Coverage", "OOA Coverage", "Need an Auth?", "Payment Registers", and "EFT Notices". At the bottom of the page, there are two sections: "Important Blue Cross Messages" with a sub-section "Informational" containing the link "New BCBSLA Authorizations Application Live Demonstration Webinars", and "Other Sites" with the link "Davis Vision Network".

Start your Order Request

To start an order request, enter the **"Date of Service"** field on the provider portal homepage.

A member search is completed by providing the following:

- Member first name
- Member last name
- Member ID
- Member date of birth

Select **"Find this member."**

You may also:

- Order Search
- View Order History
- Check Member's Eligibility
- Provider Management
- Manage Your User Profile
- Reference Desk

Order Request

Welcome PMPHYS RAYA

Provider Management | Manage Your User Profile | Reference Desk

Start Your Order Request Here

Check Order Status

View Order History

Check Member's Eligibility

Access Your Optinet Registration

Service Date * MMDD/YYYY

Member Details:

First Name *

Last Name *

Member ID *

Date of Birth * MMDD/YYYY

Hide Search Tips ^

- For all Radiology requests use Date of Service. For Genetic Testing use the testing date. For all other requests, use Service Date.
- Do not include suffix/dependent code. For Federal Employee (FEP) members, please include the leading "R" in the search. If the member is not found, remove the leading "R" and search again. If there is an asterisk as part of the Member ID, do not enter it before searching.
- Member not found? Try entering only the first 2 characters of the patient's first and last name.

Find This Member

Message Center

Secure Message (0)

Notifications

The Provider Portal application will be unavailable Sundays between 12:30 PM CST - 6:00 PM CST for regularly scheduled maintenance.

If you have any questions regarding the new Medicare Appropriate Use Criteria Clinical Decision Support Program see the Provider Resource links below. DO NOT call the health plans.

The Provider Portal application will be unavailable on Saturday, November 6th, 12:00 PM CST - 12:00 AM CST for special maintenance activities.

Provider Resources

Radiology Tutorial

Anthem Cancer Care Quality Program

Genetic Testing Tutorial

BCBS of IL, MT, NM, OK and TX Clinical Guidelines and CPT Codes

Member Search Results

Select your modality by clicking on the eligible solution.

Programs that are currently managed by Carelon for the selected member will display above the programs that do not require a Pre-Authorization from Carelon.

The screenshot displays the 'Order Request' interface for a member named SMAC, MARY. The member's service date is 2/1/2022, and their eligibility is effective from 01/01/2020 to 12/31/9999. The interface lists several medical solution categories, each with a 'View Code List' link. The 'Genetic Testing' category is highlighted with a red box. Below the categories, there is a checkbox for 'This is an urgent request' and a 'Start Order Request' button. A note at the bottom indicates that the following solutions do not require Pre-Authorization by AIM.

Category	Description
Diagnostic Imaging	Angiography, Bone Density CT, CTA, MRA, MRI, Nuclear Medicine, PET
Cardiovascular	Coronary Angiography, Percutaneous Coronary Intervention, Arterial Ultrasound, Physiologic Arterial Study, Cardiac Devices (ICD, CRT, Pacemaker)
Sleep Management	Diagnostic Sleep Study (home/lab), Titration Study, PAP/BP/AP/CAP, Oral Appliance, MSLT, MWT
Musculoskeletal	Joint Surgery, Spine Surgery & Interventional Pain Management
Radiation Therapy	2D/3D, Brachytherapy, IGRT, IMRT, IORT, Proton, Stereotactic (SRS/SBRT), SIRT
Chemotherapy and Supportive Drugs	Review of cancer drugs, side effect management and treatment pathways
Genetic Testing	Laboratory testing for the inheritance or management of genetic conditions
Other Surgical and Endoscopic Procedures	Site of Care review for certain outpatient surgical & endoscopic procedures
Rehabilitation	Physical Therapy, Occupational Therapy and Speech Therapy

Ordering Provider Selection

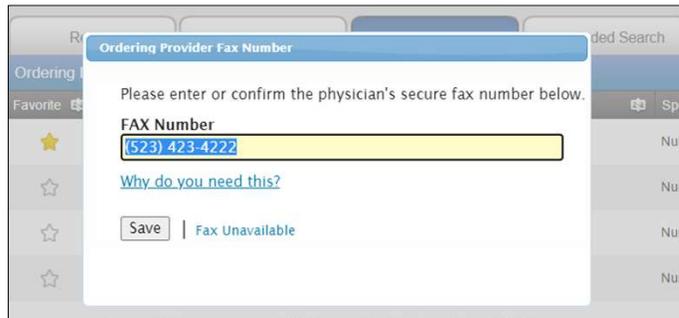
The screenshot shows a web application interface for "Ordering Provider Selection". At the top, there is a navigation bar with "Order Request" and "Logout". Below this, a progress indicator shows "Step: 1 2 3 4 5 6", with "2" highlighted. The main content area is divided into several sections:

- Member Information:** A box containing "SMAC, MARY" with an "Edit" link and "Hide Details" link. Below this are fields for "Member #", "Date of Birth", "Start Date: 2/1/2022", and "Health Plan".
- Step 2 Instruction:** "Step 2: Please select the Ordering Provider from the list below."
- Ordering Provider Search:** A sidebar on the left with a "Search Type:" section containing radio buttons for "Name" (selected), "TIN or NPI", and "Address". Below this are input fields for "First Name:", "Last Name:", and a "State" dropdown menu set to "Indiana". A "Search" button and a "Clear" link are at the bottom.
- Ordering Providers Table:** A table with columns: "Favorite" (star icon), "Name", "Address", "City", "Specialty", and "Health Plan". A single row is visible, with the "Name" cell containing a redacted name. Below the table is a "Withdraw this request" button.
- View and Results:** A "View:" dropdown set to "Local" and a status bar at the bottom of the table that says "DISPLAYING 1-1 OF 1 RESULTS".

Ordering providers that are associated with group identifier (e.g., TIN, NPI, etc.) in the user's registration will be available for selection

For practices with multiple providers, establishing "**Favorites**" will allow for increased intake efficiency.

Ordering Provider Fax Confirmation



The screenshot shows a mobile application interface with a dialog box titled "Ordering Provider Fax Number". The dialog box contains the following text and elements:

- Title: Ordering Provider Fax Number
- Instruction: Please enter or confirm the physician's secure fax number below.
- Label: FAX Number
- Input field: (523) 423-4222
- Link: [Why do you need this?](#)
- Buttons: Save | Fax Unavailable

Enter the fax number to be used when communicating the outcome of an adverse determination (denial) case.

or

If a fax number was previously entered for the provider, confirm the number is correct.

Press the "**Save**" button to continue.

Patient Diagnosis and Search for Test

Patient's Condition or Diagnosis Selection

Provide the patient's primary condition or diagnosis. ⓘ

- R69 Illness, unspecified

Provide Genetic Test Information

Enter the test information to search for and select the requested Genetic Test.

Select your requested test from any of the following options:

Filter by: Laboratory:

Genetic Tests	Laboratory	Network Status
<input type="radio"/> FETAL ANALYSIS; CYSTIC FIBROSIS (CF), AMNIOTIC FLUID OR CVS, 32 MUTATIONS	LABCORP	IN
<input type="radio"/> INHERITEST CORE PANEL, CYSTIC FIBROSIS (CF), SMA AND FRAGILE X, CARRIER SCREENING	LABCORP	IN
<input type="radio"/> CYSTIC FIBROSIS (CF) PROFILE, 32 MUTATIONS, DNA ANALYSIS, CARRIER	LABCORP	IN
<input checked="" type="radio"/> CYSTIC FIBROSIS (CF) CFTR (FULL GENE SEQUENCING)	LABCORP	IN
<input type="radio"/> CYSTIC FIBROSIS (CF) PROFILE, DNA ANALYSIS AND 5T ALLELE GENOTYPING	LABCORP	IN
<input type="radio"/> CYSTIC FIBROSIS 97, FETAL	LABCORP	IN
<input type="radio"/> CYSTIC FIBROSIS (CF) CFTR DELETION/DUPLICATION ANALYSIS	LABCORP	IN
<input type="radio"/> CYSTIC FIBROSIS DNA ANALYSIS, FETUS	QUEST DIAGNOSTICS	IN
<input type="radio"/> CFTR INTRON 8 POLY-T ANALYSIS	QUEST DIAGNOSTICS	IN
<hr/>		
Additional Genetic Tests	Laboratory	Network Status
<input type="radio"/> CYSTIC FIBROSIS GENOTYPING, 39 MUTATIONS (CF39)	PATHOLOGY LABORATORIES	OUT
<input type="radio"/> CYSTIC FIBROSIS GENOTYPE, 139 MUTATIONS	PATHOLOGY LABORATORIES	OUT
<input type="radio"/> CYSTIC FIBROSIS, 165 VARIANTS	INTERMOUNTAIN CENTRAL LAB	UNKNOWN
<input type="radio"/> CYSTIC FIBROSIS (CFTR) 165 PATHOGENIC VARIANTS	ARUP LABORATORIES	OUT
<input type="radio"/> CYSTIC FIBROSIS (CFTR) SEQUENCING	ARUP LABORATORIES	OUT
<input type="radio"/> CYSTIC FIBROSIS (CF) PROFILE, 97 MUTATIONS, CFPLUS, CARRIER SCREENING	LABCORP	IN
<input type="radio"/> CYSTIC FIBROSIS DNA	AMERICAN ESOTERIC LABORATORIES	UNKNOWN
<input type="radio"/> CYSTIC FIBROSIS CARRIER	SUNRISE MEDICAL LABORATORIES	UNKNOWN
<input type="radio"/> ASHKENAZI JEWISH MUTATION ANALYSIS PANEL WITHOUT CYSTIC FIBROSIS (CF)	LEGACY LABORATORY SERVICES LLC	UNKNOWN

Not able to find your test? Try [Manually Adding a Genetic Test](#)

Enter the primary ICD 10 diagnosis code for the patient.

Search for the genetic test you would like to request.

You can search by the name of the test or key words associated with the test. You may also filter by laboratory.

If you are unable to find a test, you may click on "Manually Add a Genetic Test" and follow the instructions given.

Confirm the Sample Collection Date

The Sample Collection Date is used to determine the valid authorization period for the request, based on health plan rules.

If the date is not changed, it will default to today's date.

Select "Continue" to proceed to the next step.

Genetic Sample Information

Provide the following information for the patient's genetic sample:

When is the sample collection date?
02/01/2022

*Sample Type

- Amniotic fluid or chorionic villi
- Blood, saliva, cheek swab
- Bone marrow
- Embryo or oocyte
- Liquid biopsy for cancer
- Solid tumor tissue
- Other/unknown

Capture Clinical Information



Clinical Details

TESTING SCENARIO Edit
Please confirm the testing scenario.

Cystic Fibrosis Testing

CLINICAL SCENARIO
Hereditary general conditions

CLINICAL DETAILS
Answer the following questions to provide as much information possible for clinical review.

Select the type of inherited condition.

Cardiac

Neurological

Thrombophilia

Other inherited condition

Has genetic testing for this specific inherited condition ever been performed?

Yes No

Select all that apply. *(Select all that apply)*

The individual have a known or suspected genetic condition associated with significant morbidity or mortality based on family history or clinical presentation.

Alternate testing is indeterminate or not available and test is being done at a certified laboratory.

If you have additional files, attach them now otherwise continue. ATTACH FILE

After selecting a test, you will then be asked to select the Testing Scenario, followed by the Clinical Scenario.

You will then answer a series of questions until we have enough information to make a determination.

Document upload is available for all requests that do not automatically approve.

This type of information is expected to be available to ordering providers.

Order Request Preview



Order Request Preview

Case Status: Has Not Been Submitted **Health Plan:** [Redacted]

For institutional billing, please click on the "edit" button to change the servicing provider to your institution

Member Information: **Ordering Provider:** **Servicing Provider:** [Edit](#) ⓘ

[Redacted]

The Clinical Information displayed was obtained by Carelon Medical Benefits Management through the order entry process. The information is being displayed for the convenience of the user and has not been independently verified or clinically reviewed.

REQUESTED TESTS

TEST	REQUEST STATUS	REASON	ACTION
Foresight Cystic Fibrosis			Hide Details

In-Scope CPT Codes: 81220 (up to 1)
Genes: CFTR
Counseling Required: Yes

This is a preview of your order prior to submitting the request.

Select "**Submit This Request**" to proceed.

After selecting the "**Submit This Request**" button, you will be able to provide additional information, if necessary.

Order Request Summary



Order Request Summary

Health Plan: [REDACTED] Start Date: 03/03/2023

Order ID: 135977363 ✔ Authorized

Valid Date Range: 03/03/2023 - 05/31/2023

This order is not a guarantee of payment except when required by applicable law. When applicable law allows, payment is subject to the member's active enrollment, benefit limitation and other terms of the member's contract at the time of services provided.

Member Information: Ordering Provider: Servicing Provider:

The Clinical Information displayed was obtained by Carelon Medical Benefits Management through the order entry process. The information is being displayed for the convenience of the user and has not been independently verified or clinically reviewed.

Please call 866-789-6254 for all Urgent Requests.

REQUESTED TESTS

TEST	REQUEST STATUS	REASON	ACTION
Foresight Cystic Fibrosis	Authorized	Criteria Met	Hide Details

Once the order request has been submitted, the Order Request Summary will display.

An Order ID, Valid Preauthorization timeframe, and Request Status will be displayed on the summary page within a green box.

The end user may select to **"Print"** or **"Save as PDF"** to include in the patient's chart.

Order Request Summary

REQUESTED TESTS

TEST	REQUEST STATUS	REASON	ACTION
CYSTIC FIBROSIS (CF): CFTR (FULL GENE SEQUENCING)	Authorized	Health Plan Medical Policy	Hide Details

CPT Codes: 81223 (up to 1)
Genes:
Counseling Required: Yes

DIAGNOSIS

Z31.430: Encntr fem test gntc dz carr status

SAMPLE INFORMATION

Sample Type : **Blood, saliva, cheek swab**

CLINICAL INFORMATION[-]

GENETIC COUNSELING:

Has Genetic Counseling Been Performed? **Yes**
When Was Genetic Counseling Performed? **02/01/2022**

JUSTIFICATION QUESTIONS:

Is testing being ordered to determine if the patient is a carrier of cystic fibrosis? **Yes**
Is the patient's reproductive partner a known carrier of cystic fibrosis? **Unknown**
Does the patient have clinical findings consistent with a diagnosis of cystic fibrosis? **Yes**

The requested test, diagnosis, and clinical information will also display on the Order Request Summary screen.



Additional Carelon MBM Provider Portal Features

Note: Carelon maintains the confidentiality of all protected health information. All data displayed is fictional and any resemblance to real persons is purely coincidental.

Searching for an Order



Order Search

Home DEMO TRAINING Provider Management Manage Your User Profile Help Center

Start Your Order Request Here

Order Search

Check Order Status

View Order History

Check Member's Eligibility

Check Claim Status

Access Your Optinet Registration

Search by: **Member** | Order ID

Member ID *	Date of Birth *	First Name *	Last Name *
<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	<input type="text"/>

Searching for Orders:

Search by Order information or by Member Information

This service is also available to laboratories.



Viewing Order Requests

The screenshot displays the Carelon ProviderPortal interface. At the top left is the Carelon logo, and at the top right is the 'ProviderPortal' label. The main heading is 'Order Request Summary'. To the right of this heading, a green box contains the 'Order ID: 135977363' and a green checkmark with the word 'Authorized'. Below the order ID, it states 'Valid Date Range: 03/03/2023 - 05/31/2023'. On the left, 'Health Plan:' and 'Start Date: 03/03/2023' are listed. A disclaimer follows: 'This order is not a guarantee of payment except when required by applicable law. When applicable law allows, payment is subject to the member's active enrollment, benefit limitation and other terms of the member's contract at the time of services provided.' Below this, there are three columns: 'Member Information:', 'Ordering Provider:', and 'Servicing Provider:', all of which are redacted with a black box. A note states: 'The Clinical Information displayed was obtained by Carelon Medical Benefits Management through the order entry process. The information is being displayed for the convenience of the user and has not been independently verified or clinically reviewed.' Below this is the text: 'Please call 866-789-6254 for all Urgent Requests.' The section 'REQUESTED TESTS' contains a table with the following data:

TEST	REQUEST STATUS	REASON	ACTION
Foresight Cystic Fibrosis	Authorized	Criteria Met	Hide Details

Order Information

Order Information displayed included on the order/preauthorization:

- Request Status
- Valid Dates
- Requested tests shows a request status and reason for the test outcome
- When a denial occurs, the clinical rationale statement is included

Reference Desk

Reference Desk

Welcome PMREP USER

Manage Your User Profile

Reference Desk

Start Your Order Request Here

Check Order Status

View Order History

Check Member's Eligibility

Access Your Optinet Registration

Access Failed Cases

Tutorials
Automated or self driven training modules for the main functional areas of the ProviderPortal. (Adobe Flash Required)

Next Generation Solutions Tutorial

Diagnostic Imaging Clinical Guidelines
Guidelines for imaging modalities, including CT, MRI, MRA, PET, arterial ultrasound, and nuclear scintigraphy.

Diagnostic Imaging CPT Codes
View a list of all of the CPT Codes that are included in the selected health plan's Radiology Benefit Management program.

Cardiovascular Clinical Guidelines
Guidelines for cardiac imaging modalities, including echocardiography, nuclear cardiology, cardiac CT, cardiac MRI, and cardiac PET.

Surgical Procedures CPT Codes
View a list of all of the CPT Codes that are included in the selected health plan's Surgical Procedures program.

Sleep Management Clinical Guidelines
Guidelines for testing and treatment of sleep disorders, including obstructive sleep apnea.

Sleep Management HCPCS Codes
View a list of all the HCPCS Codes that are included in the selected health plan's Sleep Management program.

Musculoskeletal Clinical Guidelines
Guidelines for spine surgeries, joint surgeries, and interventional pain management.

Musculoskeletal Codes

The Reference Desk contains helpful information such as:

- Tutorials
- Carelon Clinical Guidelines



Questions?

Carelon Genetic Testing website:

<https://providers.carelonmedicalbenefitsmanagement.com/genetictesting/>

Contact us



Customer Care Center	1-800-922-8866
FEP Dedicated Unit	1-800-272-3029
OGB Dedicated Unit	1-800-392-4089
Blue Advantage	1-866-508-7145

For questions that can
NOT be answered using
iLinkBlue.

Other Provider Phone Lines

BlueCard Eligibility Line® – 1-800-676-BLUE (1-800-676-2583)

for out-of-state member eligibility and benefits information.

Fraud & Abuse Hotline – 1-800-392-9249

Call 24/7 and you can remain anonymous as all reports are confidential.

Health Services Division – 1-800-716-2299

option 1 – for questions regarding provider contracts

option 2 – for questions regarding credentialing and provider record information

option 3 – for questions regarding iLinkBlue and clearinghouse information

option 4 – for questions regarding provider relations

option 5 – for questions regarding security access to online services



Request provider
training by emailing
provider.relations@bcbsla.com.