Prior authorization for genetic testing

Published: Oct 1, 2018 - **Guideline Updates**

Effective with dates of service on and after **November 1, 2018,** Anthem Blue Cross and Blue Shield will transition the medical necessity review of all genetic testing services for members enrolled in our PPO health benefit plans to AIM Specialty Health® (AIM), a separate company. This review will take place as a prior authorization.

SPECIAL NOTE: For members enrolled in our affiliate HealthKeepers, Inc.'s Anthem HealthKeepers commercial health plans, there are no changes in the medical necessity review of genetic testing services. Anthem in Virginia will continue to handle the medical necessity review locally for Anthem HealthKeepers members.

The coverage guidelines and codes that will be reviewed by Anthem plans managed by AIM for medical necessity include:

Coverage Guideline #	Coverage Guideline Title	Codes
GENE.00001	Genetic Testing for Cancer Susceptibility	81404, 81405, 81406, 81437, 81438, 81445, 81450, 81479, 0013U, 0014U, 0056U
GENE.00002	Preimplantation Genetic Diagnosis Testing	89290, 89291
GENE.00003	Genetic Testing and Biochemical Markers for the Diagnosis of Alzheimer's Disease	81401, 81405, 81406, 83520, 84999, S3852
GENE.00005	BCR-ABL Mutation Analysis	81170, 81401
GENE.00006	Epidermal Growth Factor Receptor (EGFR) Testing	81235, 88365
GENE.00007	Cardiac Ion Channel Genetic Testing	81404, 81405, 81406, 81407, 81408 81413, 81414, S3861
GENE.00009	Gene-Based Tests for Screening, Detection and Management of Prostate Cancer	81313, 81479, 81541, 81551, 81599, 0005U, 0011M, 0047U, 0053U
GENE.00010	Genotype Testing for Genetic Polymorphisms to Determine Drug-Metabolizer Status	81225, 81226, 81227, 81230, 81231,81232, 81346, 81350, 81355, 81381, 81479, G9143, 0028U,

		0029U, 0030U, 0031U, 0032U, 0033U, G9143
GENE.00011	Gene Expression Profiling for Managing Breast Cancer Treatment	81519,81520, 81521, 81599, 84999, S3854, 0045U
GENE.00012	Preconceptional or Prenatal Genetic Testing of a Parent or Prospective Parent	81200, 81209, 81220, 81221, 81222, 81223, 81224, 81241, 81242, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81258, 81259, 81260, 81269, 81290, 81330, 81361, 81362, 81363, 81364, 81401, 81403, 81404, 81405, 81406, 81412, 81415, 81416, 81417, 81425, 81426, 81427, 81479, S3800, S3841, S3842, S3844, S3845, S3846, S3849, S3853, 0012U
GENE.00016	Gene Expression Profiling for Colorectal Cancer	81525, 81599, 84999
GENE.00017	Genetic Testing for Diagnosis and Management of Hereditary Cardiomyopathies (including ARVD/C)	81403, 81405, 81406, 81407, 81408, 81439, 81479, S3865, S3866
GENE.00018	Gene Expression Profiling for Cancers of Unknown Primary Site	81404, 81406, 81540, 81599
GENE.00020	Gene Expression Profile Tests for Multiple Myeloma	81479, 81599
GENE.00021	Chromosomal Microarray Analysis (CMA) for Developmental Delay, Autism Spectrum Disorder, Intellectual Disability (Intellectual Developmental Disorder) and Congenital Anomalies	81228, 81229, S3870, 81405
GENE.00023	Gene Expression Profiling of Melanomas	81401, 81599, 84999,
GENE.00024	DNA-Based Testing for Adolescent Idiopathic Scoliosis	0004M
GENE.00025	Molecular Profiling for the Evaluation of Malignant Tumors	81425, 81445, 81450, 81455, 81479, 81599, 88363, 0013U, 0014U, 0036U, 0037U, 0048U, 0050U, 0056U, 0057U
GENE.00026	Cell-Free Fetal DNA-Based Prenatal	81420, 81422, 81479,

	Screening for Fetal Aneuploidy	81507, 81599, 0009M
GENE.00028	Genetic Testing for Colorectal Cancer Susceptibility	81201, 81202, 81203, 81288, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81317, 81318, 81319, 81401, 81403, 81406, 81435, 81436
GENE.00029	Genetic Testing for Breast and/or Ovarian Cancer Syndrome	81162, 81211, 81212, 81213, 81214, 81215, 81216, 81217, 81432, 81433, 81445, 81455
GENE.00030	Genetic Testing for Endocrine Gland Cancer Susceptibility	81404, 81405, 81445, 81455, 81479, S3840,
GENE.00031	Genetic Testing for PTEN Hamartoma Tumor Syndrome	81321, 81322, 81323
GENE.00033	Genetic Testing for Inherited Peripheral Neuropathies	81324, 81325, 81326, 81403, 81404, 81405, 81406, 81440, 81448, 81479
GENE.00034	SensiGene® Fetal RhD Genotyping Test	81403
GENE.00035	Genetic Testing for TP53 Mutations (Li-Fraumeni Syndrome)	81404, 81405, 81445, 81455
GENE.00036	Genetic Testing for Hereditary Pancreatitis	81222, 81223, 81224, 81401, 81404, 81405
GENE.00037	Genetic Testing for Macular Degeneration	81401, 81405, 81408, 81479, 81599
GENE.00038	Genetic Testing for Statin-Induced Myopathy	81328
GENE.00039	Genetic Testing for Frontotemporal Dementia (FTD)	81406, 81479
GENE.00040	Genetic Testing for CHARGE Syndrome	81403, 81407
GENE.00041	Short Tandem Repeat Analysis for Specimen Provenance Testing	81479, 84999, 0007U, 0020U
GENE.00042	Genetic Testing for Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy (CADASIL) Syndrome	81406
GENE.00043	Genetic Testing of an Individual's Genome for Inherited Diseases	81200, 81209, 81221, 81222, 81223, 81224, 81241, 81242, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81258, 81259, 81260, 81269, 81290, 81330, 81361, 81362, 81363, 81364, 81400, 81403, 81404, 81405, 81406, 81408 81410, 81411,

		81412, 81415, 81416, 81417, 81425, 81426, 81427, 81430, 81431, 81434, 81440, 81442, 81460, 81465, 81470, 81471, 81479, 81599, 81493, 81506, 81599, S3800, S3841, S3842, S3844, S3845, S3846, S3849, S3853, 0012U
GENE.00044	Analysis of PIK3CA Status in Tumor Cells	81404
GENE.00045	Detection and Quantification of Tumor DNA Using Next Generation Sequencing in Lymphoid Cancers	81479, 81599
GENE.00046	Prothrombin G20210A (Factor II) Mutation Testing	81240
GENE.00047	Methylenetetrahydrofolate Reductase Mutation Testing	81291
CG-GENE-01	Janus Kinase 2 (JAK2) V617F Gene Mutation Assay	81270, 81403
CG-GENE-02	Analysis of Kras Status	81275, 81276, 81479, 88363,
CG-GENE-03	BRAF Mutation Analysis	81210, , 81406, 88363
CG GENE 04	Molecular Marker Evaluation of Thyroid Nodules	81545, 81599, 0018U, 0026U

Beginning **October 22, 2018,** prior authorization requests for dates of service on or after November 1, 2018, may be submitted to AIM using one of the following ways:

- Access AIM ***Provider****Portal*SM directly at providerportal.com. Online access is available 24/7 to process orders in real-time, and is the fastest and most convenient way to request authorization.

- Access AIM via the Availity Web Portal at availity.com.

- Call the AIM Contact Center toll-free number: 866-789-0158, Monday – Friday, 8 a.m. to 5 p.m. ET.

For more information about genetic testing prior authorization, visit AIM's Genetic Test Site. Precertification requirements for Anthem members can be viewed at anthem.com.

Please note, this program does not apply to the Federal Employee Program® (FEP®) or HealthKeepers, Inc. health plans. Anthem in Virginia will continue to handle the medical necessity review of genetic testing services locally for members enrolled in Anthem HealthKeepers commercial health plans.

For questions regarding prior authorization requirements, please contact the provider service number on the back of the member ID card.

URL: https://providernews.anthem.com/virginia/article/prior-authorization-for-genetic-testing

Featured In:
October 2018 Anthem Provider Newsletter - Virginia