



## **MND Review of Molecular and Genomic Diagnostic Testing Services Questions & Answers**

### **1. What is the Molecular and Genomic Testing Program?**

Horizon Blue Cross Blue Shield of New Jersey has expanded its collaboration with eviCore healthcare (eviCore) to manage the utilization of molecular and genomic diagnostic testing services. This program will include Medical Necessity Determination (MND) review for certain non-emergent molecular and genomic diagnostic testing services. On behalf of Horizon BCBSNJ, eviCore will administer:

- Utilization management (UM) review of MND requests
- First level appeals of UM denials
- Claims processing

Health care providers should contact eviCore to initiate a pre-service MND review to help assure coverage and efficient claims processing and payment.

### **2. How will eviCore manage molecular and genomic diagnostic testing services?**

eviCore will review MND requests in accordance with the clinical medical necessity criteria and guidelines adopted by Horizon BCBSNJ.

### **3. What Horizon BCBSNJ products are included in this program?**

This program applies only to members enrolled in Horizon BCBSNJ fully-insured products, as well as Administrative Services Only (ASO) accounts that have elected to participate in the Molecular and Genomic Testing Program, including:

- Horizon Direct Access
- Horizon EPO, Indemnity/Traditional
- Horizon HMO
- Horizon POS
- Horizon PPO
- OMNIA<sub>SM</sub> Health Plans

Note: This program does not apply to the Federal Employee Program<sup>®</sup> (FEP<sup>®</sup>), the State Health Benefits Program (SHBP), the School Employees' Health Benefits Program (SEHBP), Medicare Advantage, Medigap, Medicaid or Dual-Eligible Special Needs (DSNP) plans.

### **4. Are the State Health Benefits Program (SHBP) and the School Employees' Health Benefits Program (SEHBP) participating in the MND review of molecular and genomic diagnostic testing services?**

No. MND review of molecular and genomic diagnostic testing services for SHBP/SEHBP members is not part of this program.

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**5. What types of services are considered molecular and genomic testing?**

Molecular and genomic testing laboratory services, include the following laboratory study areas:

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

A full listing of the CPT/HCPCS codes which require MND under this program can be found at **HorizonBlue.com/molecularnotice**.

In addition, claims for all molecular and genomic testing services within the scope of this new program will be processed and reimbursed in a manner that is consistent with eviCore's guidelines in regard to molecular and genomic testing service frequency rules and service maximums. Visit **www.evicore.com/healthplan/Horizon\_Lab** to review these guidelines.

**6. What is the effective date for the Molecular and Genomic Testing program?**

The Molecular and Genomic Testing Program will be now be effective **August 1, 2017**, for services to be provided on and after **August 1, 2017**. The previous implementation date of July 3, 2017 was delayed.

Participating and nonparticipating Horizon BCBSNJ health care providers should contact eviCore directly for pre-service MND requests beginning **August 1, 2017** (for services to be provided on and after **August 1, 2017**). *See Q/A15 for details.*

Note: molecular and genomic diagnostic testing services with dates of service before August 1, 2017 will follow the existing process within Horizon BCBSNJ.

**7. What is the MND process for molecular and genomic diagnostic testing services?**

Certain molecular and genomic diagnostic testing services are subject to MND review. Please refer to eviCore's list of CPT/HCPCS codes that are subject to pre-service MND review, accessible on the molecular and genomic diagnostic testing section of **HorizonBlue.com/evicore**.

For CPT/HCPCS codes on the list, health care providers should contact eviCore to obtain an MND prior to rendering services to ensure that the proposed services are medically necessary. This will help assure that the services will be covered by the patient's plan and that efficient claims processing and payment will ensue. *See Q/A15 for details.*

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If a pre-service MND is not obtained, then claims for molecular and genomic diagnostic testing services will be subject to post-service MND review.

There are three possible outcomes as a result of the MND review:

1. Approved: the complete request meets the criteria for medical necessity.
2. Denied: the complete request does not meet clinical criteria and is denied.
3. Partial approval may be given if only part of the request is approved and the remainder is denied.

**8. What molecular and genomic diagnostic testing services need MND determination?**

To determine if a molecular and genomic diagnostic testing service is subject to an MND, please check the list of molecular and genomic diagnostic testing CPT/HCPCS codes, which will be accessible on the molecular and genomic diagnostic testing section of [HorizonBlue.com/evicore](http://HorizonBlue.com/evicore) by **August 1, 2017**. The list is currently available on [HorizonBlue.com/molecularnotice](http://HorizonBlue.com/molecularnotice).

**9. How often is the Molecular and Genomic Testing Program CPT/HCPCS code list updated?**

The list is reviewed annually or more frequently if necessary.

**10. Where are Horizon BCBSNJ's Medical Policy criteria and guidelines for the molecular and genomic diagnostic testing services in this program located?**

Visit [www.evicore.com/healthplan/Horizon\\_Lab](http://www.evicore.com/healthplan/Horizon_Lab) to review the criteria and guidelines that eviCore will use to conduct MND reviews of molecular and genomic diagnostic testing for Horizon BCBSNJ members enrolled in plans that participate in the Molecular and Genomic Testing Program administered by eviCore.

eviCore's guidelines pertain only to services to be provided to members enrolled in plans that participate in the Molecular and Genomic Testing Program administered by eviCore. Horizon BCBSNJ maintains and displays similar medical policies within our [Medical Policy Manual](#) at

**[HorizonBlue.com/medicalpolicy](http://HorizonBlue.com/medicalpolicy)**. These guidelines pertain only to members enrolled in plans that do not participate in the Molecular and Genomic Testing Program administered by eviCore.

**11. What places of service are included in the Molecular and Genomic Testing Program?**

Eligible places of service are:

- Physician's office
- Clinical laboratory

Note: Such services rendered in the Emergency Department, hospital outpatient or inpatient settings, and Ambulatory Surgery Centers (ASCs) are excluded from the Molecular and Genomic Testing Program.

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**12. Are participating and nonparticipating health care providers included in the Molecular and Genomic Testing Program?**

Yes, participating and nonparticipating New Jersey and out-of-state health care providers are included in the Molecular and Genomic Testing Program and are expected to comply with the MND requirements.

eviCore will not conduct pre- and post-service MND reviews for services to be provided to members enrolled in BlueCard (ITS Host) or National Account (Par Other) coverage through another Blue Cross and Blue Shield Plan. eviCore will only apply claim editing logic that is not related to medical necessity to ITS Host/Par Other claims. Such claim editing logic focuses on frequency of testing, lifetime maximums or maximums per date of service.

***Medical Necessity Review (MND)***

**14. When should a health care provider obtain an MND review?**

Health care providers are strongly encouraged to request an MND review upon determining the patient requires one or more of specific molecular and genomic diagnostic testing services included in this program. *See Q/A15 for details.* Please refer to the list posted on the molecular and genomic diagnostic testing section of **HorizonBlue.com/evicore**. It is recommended that MND is obtained prior to delivery of the services to ensure coverage and to avoid a delay in claims processing and payment. Services that are deemed not medically necessary when reviewed on a post-service basis will not be covered or reimbursed by Horizon BCBSNJ.

eviCore will not conduct pre- and post-service MND reviews for services to be provided to members enrolled in BlueCard (ITS Host) or National Account (Par Other) coverage through another Blue Cross and Blue Shield Plan. eviCore will only apply claim editing logic that is not related to medical necessity to ITS Host/Par Other claims. Such claim editing logic focuses on frequency of testing, lifetime maximums or maximums per date of service.

**15. How does a health care provider initiate an MND?**

A representative of the ordering physician's staff can request a pre-service MND review. This could be someone from the clinical, front office or billing staff, acting on behalf of the ordering physician.

- **Participating** health care providers can initiate an MND by:
  - Visiting eviCore's secure website at **eviCore.com**.
  - Calling eviCore directly at **1-844-224-0493**, Monday through Friday, 7 a.m. to 7 p.m., Eastern Time (ET). Multiple requests can be handled with one call.
  - Urgent requests must be initiated by phone and identified as urgent by calling **1-844-224-0493**. Representatives are available after hours and on weekends.
- **Nonparticipating** health care providers can initiate an MND by:
  - Calling **1-844-224-0493**, Monday through Friday, 7 a.m. to 7 p.m., ET.

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Note: If the rendering health care provider, who is not the ordering health care provider, calls eviCore to initiate an MND, eviCore will contact the ordering health care provider to obtain the necessary clinical information for the MND review.

**16. Will a health care provider be able to initiate an MND via fax?**

No. Requests should be initiated online or by phone.

**17. What information is necessary to obtain an MND?**

Information required for eviCore to make an MND on a particular molecular and genomic diagnostic testing service include:

- Specimen collection date (if applicable)
- Type or test name (if known)
- CPT<sup>®</sup> code(s) and units
- ICD 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?
- Submit any pertinent clinical documentation that will support the test request
- Patient's name, date of birth and address
- Member ID
- Referring Physician National Provider Identifier (NPI), phone and fax
- Rendering Laboratory NPI, phone and fax

**18. How does a health care provider confirm that an approved MND determination for a patient has been issued?**

There are two ways to confirm that an approved MND has been issued:

- Rendering and ordering health care providers will receive a copy of the determination letter.
- Rendering and ordering health care providers can view the MND determination via eviCore's website application on **eviCore.com**, or call eviCore toll free at **1-844-224-0493** and select the Customer Service option.

**19. How are health care providers notified of eviCore's MND?**

A pre-service MND number will be faxed to the ordering physician and rendering laboratory upon approval. eviCore will approve the specific test and the CPT code(s) for molecular and genomic testing. Please contact eviCore for changes to the site or test prior to the service being rendered.

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It is the responsibility of the rendering laboratory to confirm the pre-service MND process for molecular and genomic testing is complete. Verification may be obtained through **evicore.com** or by calling **1-844-224-0493**.

**20. Are clinical trials a part of this program?**

No. Clinical trials are not a part of this program. Please call Horizon BCBSNJ's Complex Case Management department at **1-888-621-5894** option **2** for laboratory testing within clinical trials.

**21. What is the time frame for eviCore to render an MND?**

eviCore is committed to reviewing all requests and giving case determinations within three business days or less dependent upon receiving all necessary clinical information.

Occasionally, an MND may be required due to a medically urgent condition. In such instances, eviCore will give a determination as soon as possible given the urgency of the clinical circumstances and typically within 24 hours of receiving all necessary demographic and clinical information. In such cases, health care providers are asked to please state the pre-service MND request is for medically urgent care and requires expedited review.

**22. Does a health care provider need a username and password to access eviCore's application to request MND?**

Yes, the online application is available to participating health care providers only. The health care provider should refer to the online Quick Reference Guide (QRG) for instructions on how to obtain a username and password. The QRG is posted on the molecular and genomic diagnostic testing section of **HorizonBlue.com/evicore**.

**23. What is the difference between a case number and an MND number?**

The case number is all numeric and assigned at the initiation of a request. An MND number is not assigned until a final determination is made.

**24. Is there a way to verify if an MND number has been assigned to a request?**

Yes. Physicians, other health care providers and rendering laboratories can sign into **eviCore.com** and click *Authorization Lookup*.

- Select the member's health plan and enter the provider ID, Tax Identification Number (TIN), office or provider name. These fields are required for this search.
- Enter the patient's Horizon BCBSNJ's member ID number and date of birth and click *Search*.

**25. Does a molecular and genomic diagnostic testing MND expire?**

Yes. An approved MND is valid for 60 days. After that, because the medical circumstances could have changed, a new MND request would be required to be made. Health care providers can sign in to **eviCore.com** and click *Authorization Lookup* for individual case details.

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**26. Why does eviCore’s website use the word “authorization” when this is an MND program?**

Even though eviCore’s website references the word “authorization” in several instances, the Molecular and Genomic Testing Program is an MND program.

**Claims**

**27. How will this new program affect claims submission?**

As part of this program, claims for all molecular and genomic testing services within the scope of this new program rendered on and after **August 1, 2017** will be processed and reimbursed in a manner that is consistent with eviCore’s guidelines in regard to molecular and genomic testing service frequency rules and service maximums. Visit [www.evicore.com/healthplan/Horizon\\_Lab](http://www.evicore.com/healthplan/Horizon_Lab) to review these guidelines. Physicians and clinical laboratories should familiarize themselves with these rules as they will be applied to claims for molecular and genomic testing services rendered on and after **August 1, 2017** and after.

**28. Where should I send claims once I provide services?**

There are no changes to where you should send claims.

**29. How will eviCore handle claims?**

eviCore will conduct or perform claims review for molecular and genomic testing services rendered on and after **August 1, 2017**. Claims for molecular and genomic testing services that have an approved MND review associated with them, if applicable, will be processed and reimbursed in a manner that is consistent with eviCore’s criteria and guidelines in regard to molecular and genomic testing service frequency rules and service maximums. The following procedure codes are included in the Molecular and Genomic Testing Program. All codes listed below are subject to review.

Procedure(s) addressed by this policy:	Procedure Code(s)
Molecular Pathology	81161 - 81479
Multianalyte Assays with Algorithmic Analyses (MAAA)	81490 - 81599 0001M - 0009M
Proprietary Laboratory Analyses (PLA)	0001U, 0004U, 0005U
Molecular Infectious Testing	Molecular tests within range 87149 - 87912 G0476
Molecular Cytopathology Procedures (Flow Cytometry, In Situ Hybridization)	88120 - 88121 88182 - 88199
Cytogenetics	88230 - 88299
Molecular Surgical Pathology Procedures (Immunohistochemistry, In Situ Hybridization)	88341 - 88344 88360 - 88361 88364 - 88377 88380 - 88388

Other Molecular Codes	84999 86152 86153
Molecular HCPCS Codes	S3800 - S3870 G0452, G0464, G9143

**30. How will eviCore handle BlueCard claims?**

eviCore will only apply claim editing logic that is not related to medical necessity to BlueCard (ITS Host) or National Account (Par Other) claims. eviCore will not apply claims editing logic to ITS Home claims. Such claim editing logic focuses on frequency of testing, lifetime maximums or maximums per date of service.

**31. What is required to expedite claims processing?**

To expedite claims processing, the following information is needed:

- An approved MND number, if applicable
- The appropriate HCPCS code for the specific procedure being billed
- The itemized date(s) of service

**Appeals**

**32. How does a health care provider dispute an MND adverse determination?**

Information on how to appeal an adverse determination will be provided in the adverse determination letter issued by eviCore at the completion of the MND review. Generally, a health care provider may dispute an adverse determination that was based on medical necessity as follows:

For members who are enrolled in plans that participate in the Molecular and Genomic Testing Program administered by eviCore, health care providers should call eviCore at **1-866-241-6603**.

Submit written appeals to:

**eviCore healthcare  
Attn: Appeals Coordinator  
400 Buckwalter Place Boulevard  
Bluffton, SC 29910**

Phone: **1-866-496-6200**

Fax: **1-866-699-8128**

NOTE: eviCore will not provide pre and post-service UM and UM Appeals review for BlueCard or National Account services.

**34. Who can a health care provider contact for more information about a UM First Level Appeal they submitted?**

For an appeal involving an MND, call eviCore at **1-866-241-6603**.

For a claim appeal not involving MND (that is a *determination not based on medical judgment*), call Horizon BCBSNJ's Physician Services at **1-800-624-1110**.

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**35. How does a health care provider dispute an adverse determination that is not related to an MND?**

A health care provider may dispute an adverse claims determination that is not related to an MND (*a determination not based on medical judgment*) by contacting Horizon BCBSNJ at

- Physician Services: **1-800-624-1110**
- Facility Centralized Service Center: **1-888-666-2535**

Members can call Member Services at **1-800-355-BLUE (2583)** or the number listed on the back of their member ID cards.