

Genetic & Molecular Lab Testing Notification/Prior Authorization Program

How to create a Notification/Prior Authorization

October 2017





Ordering Physician Registration Procedure

Ordering care providers will initiate a notification or prior authorization using Link, your gateway to UnitedHealthcare's online tools. The BeaconLBS portal can be accessed via the Genetic and Molecular Test app tile in Link.

Step 1.

From your Internet browser, go to www.UHCprovider.com.

Step 2.

To get to the Genetic and Molecular Test app, you'll sign in to Link by clicking on the **Link** button in the top right corner of UHCprovider.com. If you don't have an Optum ID or need help remembering your ID or password, click **New User**.

Step 3.

Once in Link, select the Genetic and Molecular Test app

UnitedHealthcare

Search Term

LINK NEW USER SIGN IN

Hello!

Welcome to your new home for the latest news, policy information and access to Link self-service tools for care providers.

[Learn More](#)

Claims and Payment Resources

Get the information you need to manage claims, receive payments and access the claimsLink and EPS apps on Link.

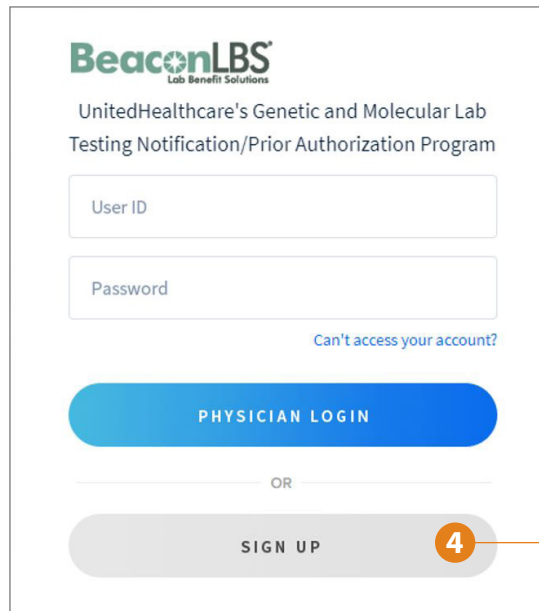
Eligibility and Benefits Information

Check patient eligibility, find referrals, view patient care plans and access Link apps such as eligibilityLink and Care Conductor.

Prior Authorization and Notification Resources

Find out plan requirements to get members the treatments they need and access the Prior Authorization and Notification app on Link.

Advance Notification/Prior Authorization Procedure

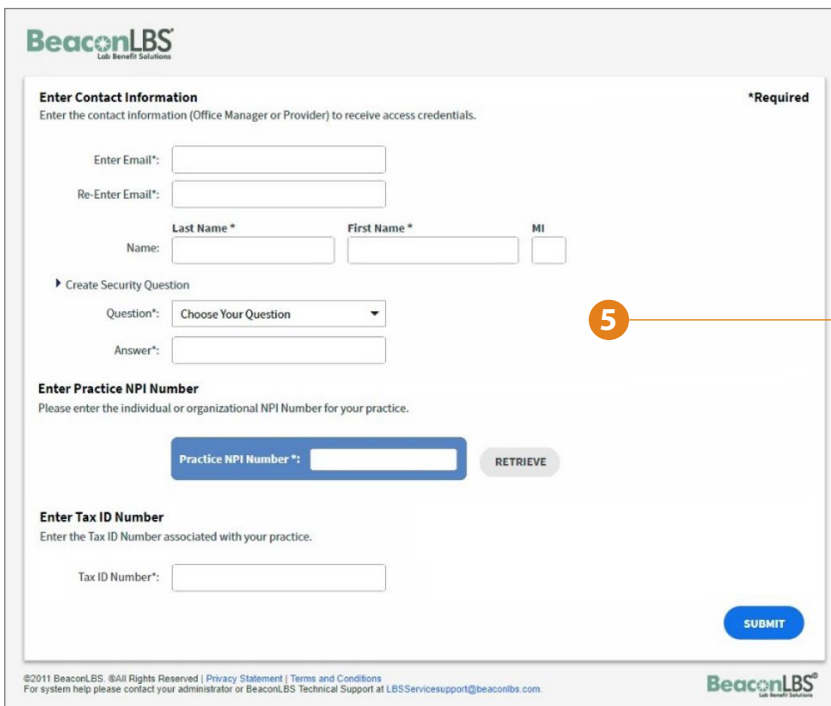


The image shows the BeaconLBS portal login and sign-up interface. At the top is the BeaconLBS logo with the tagline 'Lab Benefit Solutions'. Below it is the title 'UnitedHealthcare's Genetic and Molecular Lab Testing Notification/Prior Authorization Program'. There are two input fields: 'User ID' and 'Password'. A link 'Can't access your account?' is positioned below the password field. A large blue button labeled 'PHYSICIAN LOGIN' is centered below the fields. Below this is a horizontal line with the word 'OR' in the center. At the bottom is a grey button labeled 'SIGN UP', which is highlighted with an orange circle containing the number '4'.

Step 4.

In the BeaconLBS Portal, click the **Sign Up** button (if this is your first time using the system).

Otherwise, enter your Username and Password and skip to Step 8 below.



The image shows the BeaconLBS sign-up form. It starts with the BeaconLBS logo and the title 'Enter Contact Information'. A note says 'Enter the contact information (Office Manager or Provider) to receive access credentials.' and a '*Required' label is in the top right. The form has several fields: 'Enter Email*', 'Re-Enter Email*', 'Last Name *', 'First Name *', and 'MI'. Below these is a 'Create Security Question' section with a dropdown menu for 'Question*' and an 'Answer*' field. A '5' in an orange circle points to the 'Question*' dropdown. The next section is 'Enter Practice NPI Number' with a note 'Please enter the individual or organizational NPI Number for your practice.' and a 'Practice NPI Number *' field with a 'RETRIEVE' button. The final section is 'Enter Tax ID Number' with a note 'Enter the Tax ID Number associated with your practice.' and a 'Tax ID Number*' field. A blue 'SUBMIT' button is at the bottom right. At the very bottom, there is a copyright notice and the BeaconLBS logo.

Step 5.

Enter the following fields pertaining to the person who is signing up: Email address, Last Name, First Name, and select your Security Question and enter the Answer. (**Note:** Email address will become your username and the security question answer is case sensitive.)

Enter Practice or Physician NPI and click the Retrieve button. The display will automatically be populated from the CMS NPI database. (**Note:** This Information can be modified.)

Enter the primary Tax ID number of your practice and click the **Submit** button.

Advance Notification/Prior Authorization Procedure



Beacon LBS EULA

Please read Beacon LBS "End-User License Agreement", accept terms and continue.

Terms of Use

These **Terms of Use** ("Agreement" or "Terms of Use") constitute a legally binding agreement between you and Beacon Laboratory Benefit Solutions Inc, a subsidiary of Laboratory Corporation of America Holdings (collectively "BeaconLBS", "we", "us" or "our") The Agreement governs your use of the BeaconLBS Portal (the "Portal"). By clicking the "I Accept" button you agree that you shall comply with these Terms of Use.

Scope

Through use of the Portal, you will be able to access BeaconLBS' Physician Decision Support services ("PDS Services"). You will also be able to place laboratory orders with multiple clinical laboratories ("Lab Ordering"). The PDS Services and Lab Ordering are collectively referred to as "Services".

BeaconLBS has developed the PDS Services and associated content using evidence-based guidance provided by medical organizations, medical literature and third party clinical expert opinion. BeaconLBS implements these protocols in accordance with its Clinical Policies and Guidelines (the "Guidelines") agreed to separately by you, and as directed by contracted health plans, so as to be applied in a manner that is consistent with the plans' policies. All decision support and guidance generated by BeaconLBS is dependent upon any information entered into the Portal by you. **Neither BeaconLBS' Services, nor any content accessed through the Portal, should be regarded as medical or health care advice or treatment, nor do they constitute an authorization or guarantee of coverage for particular services. Physicians and other qualified health provider utilizing the portal should rely on their own independent medical judgment when making treatment and other medical decisions. Never disregard professional medical advice or delay in seeking it because of information you accessed on or through the Portal.**

Right to Use the Portal

By accepting these Terms of Use, you agree that it is your sole responsibility to ensure that you have the appropriate training and licensure to perform the services for which you are accessing the Portal. At all times when using the Portal, you will comply with the terms of this Agreement, all applicable laws, and other applicable BeaconLBS policies, practices, and notices provided or referenced herein. BeaconLBS retains the right to limit or suspend your access to the Portal to protect the Portal, protect our customers, or stop you from breaching this Agreement.

Term and Termination.

Either party may terminate this agreement at any time. Upon termination, you must immediately discontinue use of Portal. Sections 8 and 9 of this Agreement, as well as other provisions that should by their context survive, shall survive termination of this Agreement for whatever reason.

Privacy

BeaconLBS represents that under this Agreement, it is acting as a business associate to certain health plans and providers under HIPAA. BeaconLBS is committed to protecting health and personal information in accordance with all applicable laws and regulations and its established Privacy and Security Practices Policies. Please refer to our Notice of Privacy Practice (NPP) for more information. Further, in order to provide you with the services contemplated herein, we may collect certain information about your machine and your use of the Portal as set forth in BeaconLBS's [Web Privacy Statement](#) accessible on www.beaconlbs.com.

Rights to Software and Processes

The Portal and associated Services have been developed in conjunction with various third party vendors. Such vendors retain certain rights to their software, systems, information and processes, and may have a right to bring an action against you, or work with BeaconLBS to disrupt your use of the Services, to the extent necessary to enforce those rights. A list of such third party vendors can be provided upon request.

No Warranty

With respect to BeaconLBS, the Portal is provided on an "as-is" and "as-available" basis. BeaconLBS disclaims any and all warranties whether express or implied, including without limitation, any implied warranties of merchantability or fitness for a particular purpose regarding the, its functionality, use of the Internet or any data accessed or shared through these technologies.

BeaconLBS assumes no liability or responsibility for how you use the Portal or the Services. Additionally, BeaconLBS makes no representations of any kind, expressed or implied, regarding the accuracy or efficacy of the Portal or the Services; the information or data accessed through the Portal; that the Portal will operate in a manner that is uninterrupted or error-free; or regarding any other subject matter of the Agreement.

Notwithstanding any other provision of this Agreement, in no event shall BeaconLBS have any liability for any indirect, special, consequential, punitive or exemplary damages of any kind in any way arising out of, related to or in connection with this Agreement, even if advised or otherwise has reason to know or knows of the possibility of such damages. This section shall apply even if and to the extent any other remedy provided under this Agreement fails of its essential purpose.

Compliance with Laws

Nothing in this Agreement is conditioned or dependent upon either party or any Provider sending any business to any other party. The terms of this Agreement are intended to be in compliance with all federal, state and local statutes, regulations and ordinances, including but not limited to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), Section 1877 of the Social Security Act (commonly known as the "Stark Provisions") and the anti-kickback provisions set forth in the fraud and abuse sections of 42 U.S.C. 1320a, and any regulations promulgated thereunder and the Clinical Laboratory Improvement Amendments of 1988, 42 U.S.C. 263a, ("CLIA") any similar state laws and regulations.

Hold Harmless

BeaconLBS assumes no responsibility for how you use the Portal or the Services. You agree that you will hold BeaconLBS, its parent, subsidiaries, officers, directors and employees harmless from and against any and all actions, claims or damages resulting from any use or misuse of the Portal, the Services, or any content accessed through those systems.

Liability Limitation

You hereby expressly release BeaconLBS and agree to indemnify and hold BeaconLBS harmless from any and all claims, including any and all claims for property damage, personal injuries and/or consequential, punitive or other damages which arise, or are alleged to have arisen, in connection with the use, operation or functioning of the Portal.

BeaconLBS Right to Modify

BeaconLBS may add or delete features from the Portal at any time. Further from time to time, BeaconLBS may supplement, delete, amend or otherwise modify these Terms of Use upon notice to you.

Governing Law.

This Agreement shall be governed by the internal laws of the United States and the state of North Carolina, without regard to its choice of law rules.

Use of Name.

You shall not use BeaconLBS's name, trademark, logos, or otherwise refer to BeaconLBS in any public communications without first obtaining the BeaconLBS's advance written consent.

Entire Agreement.

This Agreement and the documents referenced herein, represent the entire agreement of the parties with respect to the subject matter hereof.

☐ By checking this box you are stating you have read and agree to terms and conditions of BeaconLBS.

PRINT EULA

Cancel

CONTINUE


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Step 6.

The BeaconLBS EULA is displayed. Accept the terms of use and click the **Continue** button.

Initial setup is now complete and you will receive an email with your temporary password to finish setting up your account. You can also create a Notification/Prior Authorization Request before updating the temporary password.

Advance Notification/Prior Authorization Procedure



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Rights

The Portal information enforce

No Waiver

With respect to including access

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Notwithstanding any other provision of this Agreement, in no event shall BeaconLBS have any liability for any indirect, special, consequential, punitive or exemplary damages of any kind in any way arising out of, related to or in connection with this Agreement, even if advised or otherwise has reason to know or knows of the possibility of such damages. This section shall apply even if and to the extent any other remedy provided under this Agreement fails of its essential purpose.

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PRINT EULA

Cancel

CONTINUE

Step 7.

The **Continue** button allows you to create a Notification/Prior Authorization and complete the registration process later.

Advance Notification/Prior Authorization Procedure

UnitedHealthcare Create Manage Help Log Out USER NAME Practice Setup

Practice: Practice Name

Member Search *Required

Subscriber Number 8

Or

Member Name*: Last Name First Name Member DOB*: MM / DD / YYYY

SEARCH MEMBERS

Step 8.

Enter the Member's Subscriber number or Last Name, First Name and Date of Birth, and click the **Search Member** Button.

UnitedHealthcare Create Manage Help Log Out USER NAME Practice Setup

Practice: Practice Name

Member Search *Required

2 Records Found matching your search criteria. Select from the options below or please try using other criteria.

Subscriber Number

Or

Member Name*: Last Name First Name Member DOB*: MM / DD / YYYY

SEARCH MEMBERS

| Member Name | DOB | Gender | Subscriber Number | Phone # | Health Plan | |
|---------------|------------|--------|-------------------|---------|-------------------|---------------|
| Member Name 1 | 01/01/1983 | Female | 000000000 | | United-Healthcare | Select Member |
| Member Name 2 | 09/03/2001 | Female | 000000000 | | United-Healthcare | Select Member |

Step 9.

Click the **Select Member** for appropriate member for which Notification/Prior Authorization is requested.

Note: If the Member is not found, please verify the member information entered is correct and try again. If you have questions, please contact the number on the back of the member's ID Card.

Advance Notification/Prior Authorization Procedure

UnitedHealthcare Create Manage Help 10 Log Out USER NAME Practice Setup

Selected Member: Member Name (000000000) - 00/00/0000 (00)

Ordering Physician All fields are required

Location Physician Collection Date

Location Location Address Physician Name NPI

Diagnosis Code(s)

PICKLIST Add Code > Diagnosis Search Search by Diagnosis Code and/or Diagnosis Description. SEARCH

Test(s) and Panel(s)

All Laboratories Search by Lab Name, Test name, Test Code, CPT or Other keywords

SAVE OPTIONS CONTINUE

Step 10a.

Select the appropriate practice Location.

Step 10b.

Search for the Ordering Physician by entering the NPI number or Last Name, First Name.

Step 10c.

Enter the Collection Date of the Specimen.

Step 10d.

Enter Diagnosis Code(s) or use Diagnosis Search Button.

UnitedHealthcare Create Manage Help 11 Log Out USER NAME Practice Setup

Selected Member: Member Name (000000000) - 00/00/0000 (00)

Ordering Physician All fields are required

Location Physician Collection Date

Location Location Address Physician Name NPI

Diagnosis Code(s)

PICKLIST Add Next > Diagnosis Search Search by Diagnosis Code and/or Diagnosis Description. SEARCH

Test(s) and Panel(s)

All Laboratories Search by Lab Name, Test name, Test Code, CPT or Other keywords

Prior Authorization

You will be notified by email when UnitedHealthcare's prior authorization decision has been rendered, if you provide the information below.

Decision Rendered Email:

email@emailaddress.com

Phone:

(000) 000-0000 Ext: 00000

SAVE OPTIONS CONTINUE

Step 11a.

Test and Panel selection:

- Search lab from the All Laboratories drop-down menu, or search by lab name,
- Search by test name,
- Search by test code or
- Search by CPT code.

Step 11b.

Enter or confirm email* and phone number. The system will automatically populate this information after the first request is created.

**The email is used to communicate when a decision has been rendered on cases pending clinical review.*

Note: The Continue button will become active once all necessary data fields are completed.

Advance Notification/Prior Authorization Procedure

UnitedHealthcare Create Manage Help Log Out USER NAME Practice Setup

Selected Member: Member Name (000000000) - 00/00/0000 (00)

Ordering Physician All fields are required

Location: Any Location Physician: Physician Name (0000000000) Collection Date: 10/02/2017

| Location | Location Address | Physician Name | NPI |
|--------------|-------------------------------------|----------------|-----------|
| Any Location | 123 Anystreet St, Anytown, US 12345 | Physician Name | 000000000 |

Diagnosis Code(s)

PICKLIST Add Next

Diagnosis Search: Search by Diagnosis Code and/or Diagnosis Description. SEARCH

| Priority | Diagnosis Code | Diagnosis Description | Picklist |
|----------|----------------|--|----------|
| 1 | Z12.79 | Encounter for screening for malignant neoplasm of other genitourinary organs | |

Test(s) and Panel(s)

All Laboratories Search by Lab Name, Test name, Test Code, CPT or Other keywords

| Test Code | Test Name | CPT Codes | Lab | Status |
|-----------|-----------|-----------|---------|------------|
| 102007 | PROSIGNA | 000000 | Any Lab | Incomplete |

Prior Authorization Clinical Questions 12

Additional Questions Required: The Test Code(s) you have selected requires additional clinical information. For multiple choice questions, when presented, please select the most appropriate option.

The following question set was triggered by Test Code: 102007

- Has this patient had an invasive breast cancer diagnosis within the past 6 months? Yes No

Step 12.

Prior Authorization Clinical Questions:

If additional clinical information is required, questions relevant to the test will be presented.

(Note: Certain questions are automatically answered based on the patient's age, gender, and diagnosis code.)

Note: The Continue button will become active once all necessary data fields are completed.

UnitedHealthcare Create Manage Help Log Out UHCUATMG User Practice Setup

Selected Member: Member Name Case #: 000000000

| Lab Test Identifier | Test Name | Status |
|---------------------|-----------|------------------|
| 1 102007 | PROSIGNA | Criteria Not Met |

- UnitedHealthcare Genetic and Molecular Testing Prior Authorization

Clinical criteria not met will result in a clinical review if submitted. Please review answers to questions and submit any additional documentation to support the request.

Additional Clinical Details

Attachments

Attach any supporting documents for this prior authorization request

SELECT FILES

Preliminary Details

To the best of my knowledge, the clinical information that has been required to complete this submission is accurate and specific to this member. I am unaware of any further relevant information to provide at this time.

WITHDRAW EDIT SUBMIT SAVE OPTIONS

13

A status message will be presented:

- Criteria Met, or
- Criteria Not Met

Criteria Not Met allows for additional clinical details to be entered and/or attachments required to support the Prior Authorization request.

Step 13.

Click Submit to send request to UnitedHealthcare.

- Criteria Met - Approved request sent.
- Criteria Not Met - Pending Clinical Review request sent.

Advance Notification/Prior Authorization Procedure

UnitedHealthcare Create Manage Help Log Out USER NAME Practice Setup

Practice: Practice Name

Search/Report

Quick Search

Member Name Subscriber ID Physician Name Prior Auth

Last Name First Name SEARCH

Show: This Month Filter Status: All

Inbox Total: 103

| Member Name | Collection Date | DOB | Subscriber ID | Case Number | Physician Name | Last Edited By | Prior Auth Status |
|---------------|-----------------|------------|---------------|-------------|------------------|----------------|-------------------------|
| Member Name 1 | 09/25/2017 | 01/01/1983 | 00000000 | 000000000 | Physician Name 1 | ABCDEFG | Pending Clinical Review |
| Member Name 2 | 09/25/2017 | 07/03/1997 | 00000000 | 000000000 | Physician Name 2 | ABCDEFG | Approved |
| Member Name 2 | 09/25/2017 | 06/01/1972 | 00000000 | 000000000 | Physician Name 3 | ABCDEFG | Withdrawn |
| Member Name 3 | 09/24/2017 | 06/01/1972 | 00000000 | 000000000 | Physician Name 4 | ABCDEFG | Incomplete |

To view previously submitted requests or Prior Authorizations pending clinical review:

Step 14.

Select the Manage tab, click the PDF icon in the Prior Auth Status column to see the Outcome Summary.

The Outcome Summary contains UnitedHealthcare's message related to submission of the request.

Note: To search for requests with a future collection date, choose Select Date Range from the Show drop-down list.

UnitedHealthcare

UnitedHealthcare Genetic and Molecular Testing Prior Authorization Program Case Status Definitions


The online application to request prior authorizations for outpatient genetic and molecular testing includes a Case Status, which is always displayed for each case request. Listed below are the Case Status definitions.

Case statuses

- **Approved.** The case has been completed and an authorization provided for the selected treatment.
- **Incomplete.** The case has been started, but not finished. All cases that are incomplete will have a Resume and a Cancel option.
 - Resume returns the user to the last completed question in the review. Cases will remain accessible in incomplete status for 14 days, after which they will expire. If an authorization is still needed, a new request must be started.
 - Cancel withdraws the request.
- **Pending Clinical Review.** The case has been submitted and is under clinical review. You may be contacted if more information or a physician-to-physician discussion is required.
- **Pending Registration.** The case has been submitted and Beacon LCS is contacting the laboratory for additional information.
- **Withdrawn.** The case has been cancelled by the requestor. User cannot resume the case.
- **Expired.** The case is no longer active. This is a system status; an incomplete request was not completed within 14 days.
- **Non-certified.** The case has been completed, and after medical review, the treatment requested was determined to be unproven.

If you have questions, please call 800-377-8809, 7 a.m. – 7 p.m., Monday – Friday. Thank you.

Advance Notification/Prior Authorization Procedure

**PDS Outcome Summary**

Case Number: 0000000000
Collection Date: 09/18/2017
Entered By: User Name

Submitted Date: 09/18/2017 17:26 EDT
Expiration Date: 12/17/2017

Patient
Patient, Name
D.O.B.: 00/00/0000 (34)
Gender: Female
Member ID#: 0000000000

Ordering Physician
Physician, Name
ID#: 0000000000
TIN#: 00-000000

Phone: 000-000-0000 Ext. 00000
Address: 123 Anystreet St
Anytown, US 12345

Rendering Provider
Provider, ID
ID#: 0000000000
TIN#: 0000000000

Phone: 000-000-0000 Ext.
Address: 123 Anystreet St
Anytown US 12345

| Priority | Diagnosis Code(s) | Diagnosis Description |
|----------|-------------------|--|
| 1 | Z12.79 | Encounter for screening for malignant neoplasm of other genitourinary organs |

| Lab Test Identifier | Test Ordered | CPT Codes (Units) | Status |
|---------------------|--------------|-------------------|------------------|
| 102007 | PROSIGNA | 0008M (585) | Criteria Not Met |

UHC Service Request Number (SRN):

UHC Authorization Decision: Pending Clinical Review

UnitedHealthcare Genetic and Molecular Testing Prior Authorization
Your authorization request has been pended for clinical review. If additional information is requested we ask that you respond in 2 business days.

Clinical Questions Summary and Clinical Worksheet
Test Code : 102007 - PROSIGNA

- Has this patient had an invasive breast cancer diagnosis within the past 6 months? Yes
- Has the patient had a previous breast cancer gene expression profile test performed? Yes
- Indicate the previous gene expression tests:
 - Prosigna
- On the next screen, you will have the opportunity to provide a narrative and/or an attachment describing why you are requesting a second multi-gene tumor panel test. You may also upload peer reviewed published document(s) to support repeat testing. No

Pop-Up Blocker Trusted Sites, and Adobe Reader Instructions

To have the system automatically display the Outcome Summary, please disable your pop-up blocker or add www.beaconlbs.com as a trusted site.

(Note: Please see instructions on page 10).

Advance Notification/Prior Authorization Procedure

Below are the typical issues that prevent the Outcome Summary from automatically displaying.

1. Pop-up Blocker

Individualized instructions for turning off most pop-up blockers in use by supported browsers are listed below via supported browser link.

- Microsoft Internet Explorer version 10 and newer – <https://support.microsoft.com/Internet Explorer>
- Microsoft Edge version 14 - <https://support.microsoft.com/Edge>
- Google Chrome version 55 and newer - <https://support.google.com/>
- Apple Safari version 9.1 and newer - <https://support.apple.com/Safari>

2. Trusted Sites

- To find instructions on how to add trusted sites for each specific browser, please use link above and search for “Trusted Sites”

3. Adobe Reader and PDF problems opening PDF files

- Adobe Reader and PDF files - <https://helpx.adobe.com/PDF>

CONTACT:

**For questions or assistance, please contact
askbeacon@beaconlbs.com**

