Whole Exome Sequencing (WES) or Whole Genome Sequencing (WGS) Precertification Information Request Form

Applies to:

Aetna plans

Innovation Health® plans

Health benefits and health insurance plans offered and/or underwritten by the following:

Allina Health and Aetna Health Insurance Company (Allina Health | Aetna)

Banner Health and Aetna Health Insurance Company and/or Banner Health and Aetna Health Plan Inc. (Banner|Aetna)

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna). Aetna provides certain management services on behalf of its affiliates.

Whole Exome Sequencing (WES) or Whole Genome Sequencing (WGS) Precertification Information Request Form

About this form

Do not use this form to initiate a precertification request. To initiate a request, submit electronically on Availity or call our Precertification Department. Submit your medical records to support the request with your electronic submission.

We've made it easy for you to authorize services and submit any requested clinical information. Just use our provider portal on Availity®. Register today at **Availity.com/aetnaproviders**. Once your account is ready, you can start submitting authorization requests right away.

- For additional information on Availity, go to **https://www.aetna.com/health-care-professionals/resource-center/availity.html**

Requesting authorizations on Availity is a simple two-step process

Here's how it works:

1. Submit your initial request on Availity with the Authorization (Precertification) Add transaction.
2. Then complete a short questionnaire, if asked, to give us more clinical information.
   - If you receive a pended response, then complete this form and attach it to the case electronically.

This form will help you supply the right information with your precertification request. Typed responses are preferred. Failure to complete this form and submit all medical records we are requesting may result in the delay of review or denial of coverage.

How to fill out this form

As the patient's attending physician, you must complete all sections of the form. You can use this form with all Aetna health plans, including Aetna's Medicare Advantage plans. You can also use this form with health plans for which Aetna provides certain management services.

When you're done

Once you've filled out the form, submit it and all requested medical documentation to our Precertification Department by:

- If your request was submitted via telephone, you can either:
  - Access our provider portal via Availity; enter the Reference number provided and attach this form and all requested medical documentation to the case or
  - Send your information by confidential fax to:
    - **Precertification** - Commercial and Medicare using FaxHub: **1-833-596-0339**
    - The fax number above (FaxHub) is for clinical information only. Please send specific information that supports your medical necessity review. Please continue to send all other information (claims etc) to appropriate fax numbers.
  - If you do not have fax or electronic means to submit clinical:
    - Mail your information to: **PO Box 14079**
      Lexington, KY 40512-4079
      (Please note mailing will add to the review response time)
- Or you can submit the completed form and the specimen sample to one of our preferred Whole Exome Sequencing testing laboratories listed on the next page. Then they'll submit the form to us.

Ambry Genetics	Submit a completed precertification form with a specimen sample to Ambry Genetics or fax the form to **949-900-5501**. To order collection and transportation kits, visit AmbryGen.com or call 1-866-262-7943 **(TTY:** 711**)**.
BaylorGenetics.	Please submit the following details with your test orders: • Aetna precertification form • Baylor Genetics test requisitions form—unless test orders are placed through the portal • Informed consent • Genetic counseling note • Medical records that support medical necessity • Pedigree This form can be submitted via email or fax: Info@baylorgenetics.com or 1-800-434-9850 If you need assistance placing an order, requesting kits, or have any questions about documentation needed for testing you can contact us at 1-800-411-GENE **(TTY:** 711**)** or email info@baylorgenetics.com or visit: www.baylorgenetics.com
Genedx	○ Please submit with your test order: • Aetna precertification form • GeneDx test requisition form (unless ordering via GeneDx portal) • Informed consent • Medical records supporting medical necessity • Genetic counseling note, including pedigree To submit this form via email or fax: support@genedx.com or **201-421-2010** If you need kits or help placing an order, contact us at support@genedx.com or call 888-729-1206 (TTY: 711)
LabCorp	Submit the Informed Consent form and Clinical Questionnaire, including any additional supporting clinical documents, along with your order and sample. Both documents can be found at https://www.labcorp.com/test-menu/search. For prior authorization in advance of sample collection, please fax (or email) the Clinical Questionnaire, including any additional supporting clinical documents, patient demographics, and insurance information to **1-844-890-0003**. If you have questions, send an email to PriorAuth@LabCorp.com or call 1-866-248-1265 **(TTY:** 711**).**
Quest Diagnostics, Inc	For your Medicare members, include a completed precertification form with your Quest Diagnostics or affiliate lab requisition and blood sample, or fax the form to **1-855-422-5181**. Need more information? You can visit QuestVantage.com or call Specialty Testing Services at 1-866-436-3463 **(TTY:** 711**)**.

What happens next?

Once we receive the requested documentation, we'll perform a clinical review. Then we'll make a coverage determination and let you know our decision. Your administrative reference number will be on the electronic precertification response.

How we make coverage determinations

If you request precertification for a Medicare Advantage member, we use CMS benefit policies, including national coverage determinations (NCD) and local coverage determinations (LCD) when available, to make our coverage determinations. If there isn't an available NCD or LCD to review, then we'll use the Clinical Policy Bulletin referenced below to make the determination.

For all other members, we encourage you to review **Clinical Policy Bulletin #140: Genetic Testing**, before you complete this form.

You can find the Clinical Policy Bulletins and Precertification Lists by visiting the website on the back of the member's ID card.

Questions?

If you have questions about how to fill out the form or our precertification process, call us at:

- HMO plans: 1-800-624-0756 **(TTY:** 711**)**
- Traditional plans: 1-888-632-3862 **(TTY:** 711**)**
- Medicare plans: 1-800-624-0756 **(TTY:** 711**)**

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Section 1: Provide the following general information Typed responses are preferred. If the responses cannot be typed, they should be printed clearly If submitting request electronically, complete member name, member ID and laboratory information only	
Member name:	**Reference number (required)**
Member ID:	**Member date of birth:**
Member phone number:	
Requesting provider name:	**Requesting provider NPI:**
Requesting provider phone number: 1- - -	
Requesting provider fax number: 1- - -	
Laboratory name:	
Laboratory fax number: 1-	**Laboratory status:** ☐ Participating ☐ Non-participating
Section 2: Provide the following general information	
Laboratory name:	
Laboratory status: ☐ Participating ☐ Non-participating	
Date of specimen collection: / /	
Diagnosis code(s):	
CPT/HCPCS codes, with descriptions, which best describe the service(s) you'll provide.	

Whole Exome Sequencing (WES) or Whole Genome Sequencing (WGS) Precertification Information Request Form

Fax to: Precertification Department	**Fax number: 1-833-596-0339**
Member name:	
Member ID:	**Reference Number:**

Check all boxes that apply below

You must also submit a pre-test genetic consult by an independent genetics provider with this request (See Section 4)

Section 3: Member information and clinical history

A genetic etiology is considered the most likely explanation for the phenotype, based on *any* of the following:

- ☐ Multiple (two or more) congenital abnormalities affecting unrelated organ systems
- ☐ Bilateral sensorineural hearing loss without syndromic findings and targeted hearing loss panel test is negative or inconclusive
- ☐ Autism spectrum disorder with syndromic features (e.g., congenital anomalies, seizures, severe/profound intellectual disability*) and comparative genomic hybridization (CGH) or targeted panel testing is inconclusive
- ☐ Epilepsy (e.g., intractable, early onset, epileptic encephalopathy; ages 21 and below)
- ☐ *Two* of the following criteria are met:
  - ☐ Structural or functional abnormality affecting at minimum a single organ system
  - ☐ Global developmental delay*, intellectual disability*, symptoms of a complex neurodevelopmental disorder (e.g., self-injurious behavior, reverse sleep-wake cycles, dystonia, hemiplegia, spasticity, muscular dystrophy) and/or severe neuropsychiatric condition (e.g., schizophrenia, bipolar disorder, Tourette syndrome)
  - ☐ Family history strongly suggestive of a genetic etiology, including consanguinity
  - ☐ Period of unexplained developmental regression (unrelated to epilepsy or autism)
  - ☐ Biochemical findings suggestive of an inborn error of metabolism

* See CPB 140 Genetic Testing for definition

Section 4: Evaluation by genetics clinicians

Select any/all that apply to member:

- ☐ The member and family history have been evaluated by a Board-Certified or Board-Eligible Medical Geneticist. *For individuals with global developmental delay or intellectual disability, if a geneticist is unavailable, the member and family history have been evaluated by a Neurologist or experienced Developmental Pediatrician
- ☐ Member receives pre- and post-test genetic counseling by an **independent** genetics provider (not an employee of the genetic testing laboratory), such as an American Board of Medical Genetics or American Board of Genetic Counseling-certified Genetic Counselor, or an Advanced Practice Nurse in Genetics (APGN) credentialed by either the Genetic Nursing Credentialing Commission (GNCC) or the American Nurses Credentialing Center (ANCC)*

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Member name:	
Member ID:	**Reference Number:**

Section 5: Diagnostic evaluation

Select any/all that apply to member:

- ☐ Alternate etiologies have been considered and ruled out, when possible (e.g., environmental exposure, injury, infection)
- ☐ Clinical presentation does not fit a well-described syndrome for which single-gene or targeted panel testing is available
- ☐ WES or WGS is more efficient than the separate single-gene tests or panels that would be recommended based on the differential diagnosis (e.g., genetic conditions that demonstrate a high degree of genetic heterogeneity)
- ☐ A diagnosis cannot be made by standard clinical work-up, excluding invasive procedures such as muscle biopsy

Section 6: Impact on health outcomes and/or medical decision making

- ☐ WES or WGS is predicted to have an impact on health outcomes, including:
  - ☐ Guiding prognosis and improving clinical decision-making, which can improve clinical outcome by one or more of the following:
    - ☐ application of specific treatments as well as withholding of contraindicated treatments for certain rare genetic conditions,
    - ☐ surveillance for later-onset comorbidities,
    - ☐ initiation of palliative care,
    - ☐ withdrawal of care; OR
  - ☐ Reducing diagnostic uncertainty (e.g., eliminating lower yield testing and additional screening testing that may later be proven unnecessary once a diagnosis is achieved); OR
  - ☐ For persons planning a pregnancy, informing genetic counseling related to recurrence risk and prenatal diagnosis options.

Section 7: Family trio testing

- ☐ Family trio testing (WES or WGS of the biologic parents or sibling of the affected child) is considered medically necessary when criteria for WES or WGS of the child are met).

☐ Mother ☐ Father ☐ Sibling ☐ Other, please specify:

Section 8: Fetal Testing

Select any/all that apply to member:

- ☐ The fetus is affected with non-immune hydrops fetalis
- ☐ The member's current pregnancy has had a karyotype and/or microarray performed, and the results were uninformative
- ☐ Alternate etiologies have been considered and ruled out when possible (e.g., environmental exposure, injury, infection, maternal condition)

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Member name:	
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Section 9: Comments/Clarifications

Section 10: Read this important information

Any person who knowingly files a request for authorization of coverage of a medical procedure or service with the intent to injure, defraud or deceive any insurance company by providing materially false information or conceals material information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Section 10: Sign the form

Just remember: You can't use this form to initiate a precertification request. To initiate a request, you may submit your request electronically or call our Precertification Department.

Signature of person completing form:

Date: / /

Contact name of office personnel to call with questions:

Telephone number: 1- - -