**What are the top 5 private insurance carriers for your patient population?**

**Identify or request coverage policies relevant to genetic testing**

- Google [health plan] medical coverage policies
- Call health plan and ask for PDF copies or link to medical coverage policies
- Call reference laboratory and ask for policies (almost all billing/reimbursement or managed care/market access will have access)

**Identify if prior authorization is required or available**

- Call health plan number and ask if PA is available or required for genetic tests (helpful to provide some common CPT codes)
- If not, do they do courtesy reviews?
- If not, do they do post-service reviews against medical policy?

**Identify if the health plan uses a vendor for authorizations such as AIM Specialty Health or EviCore or Beacon or Avalon**

- Are GCs or GCAs allowed to enter PA in portals?
- Do they have a list of questions for your common tests? [or you can enter test cases to navigate and record questions]
- Can laboratory perform PA on our behalf? (No for AIM)

**Patient specific process**

- What insurance(s) does the patient have?
- Does their specific plan cover ANY genetic testing?
- Is your facility or the laboratory you plan to use Out of Network?
- Does their plan have any OON benefits?

**If coverage policy does not cover test of interest because it is deemed experimental, investigational, unproven, or never medically necessary**

Individual case advocacy is very unlikely to change determination.

**If coverage policy covers test of interest with certain medical necessity criteria**

Patient objectively does not meet medical necessity criteria for testing

Patient meets medical necessity criteria for testing

Collect case specifics in tracking sheet for advocacy at higher level

Enroll patient in research or explore free/reduced testing options

Advise patient of non-coverage and inquire if testing is still desired

Explore same options as a noncoverage policy

If exceptional case for which criteria are incomplete, explore LMN

If LMN is requested, point out in bullet form how each medical necessity criterion is met

Be available or equip staff to provide information to health plan or PA vendor