

# Frequently Asked Questions

## Genetic Testing Management



### General Questions

#### 1. WHO IS AVALON?

Avalon Healthcare Solutions is the industry leading comprehensive laboratory benefits manager helping payers, physicians and consumers optimize the cost-effective use of diagnostic laboratory tests. **Sentara Health Plans** is partnering with Avalon to offer a suite of laboratory benefit management services, including lab policies, and genetic testing management. Avalon's goals are to:

- Increase access, quality, and affordability of lab care
- Enable providers to navigate genetic testing policies and guidelines for the health plan
- Enhance the patient healthcare experience

Through this partnership, **Sentara Health Plans** will have the ability to ensure members are able to get the right test at the right time.

Avalon takes a consultative approach to genetic testing management. Providers can request a *Peer-to-Peer* level review of determinations, when applicable. This peer support engages at a clinician level where Avalon's medical staff can provide redirection, education, and guidance on complex preservice requests.

Avalon maintains policies that are reviewed regularly with their expert laboratory Clinical Advisory Board and align with current genetic science and best practices.

#### 2. WHEN DOES THIS PROGRAM START?

- This program will start on 12/15/2024.

#### 3. WHAT IS AVALON'S APPROACH TO GENETIC TESTING MANAGEMENT (GTM)?

Avalon supports the enforcement of genetic testing policies through an NCQA compliant Preservice Review program. Preservice review can be requested by either the ordering or rendering provider. Emphasis is placed on peer-to-peer education upon case request to promote appropriate testing and reduce the need for appeal.

### Policy Administration

#### 4. WHERE DO I FIND THE MOST UP-TO-DATE INFORMATION RELATED TO SENTARA MEDICAL POLICIES?

A full listing of all medical coverage policies will be available via a link located on the **Sentara Health Plans** website. <https://www.sentarahealthplans.com/providers/clinical-reference/medical-policies>

#### 5. HOW ARE PLAN VENDORS/PROVIDERS NOTIFIED ABOUT CHANGES TO THE POLICIES?

Changes to policies and utilization review requirements are communicated to **Sentara Health Plans** providers through the usual channels, as well as published on the [website](#).

# Frequently Asked Questions

## Genetic Testing Management



### Genetic Testing Management (GTM) Questions

#### 6. DOES AVALON USE DIAGNOSIS CODES TO REVIEW ALL GENETICS TESTING?

Yes, Avalon reviews all diagnosis codes for Genetic Testing that are specific to guidelines and preservice review.

#### 7. IS THERE A REFERENCE MATERIAL TO KNOW WHICH GENETICS TESTING REQUIRES PRESERVICE REVIEW?

Avalon works with the **Sentara Health Plans** to determine which codes require preservice review; those codes are shown on **Avalon's Portal (PAS)** home page.

#### 8. HOW DO PROVIDERS SUBMIT A REQUEST FOR PRESERVICE REVIEW?

Providers can submit requests through Avalon's portal, which can be accessed via secure single sign on (SSO) from **Sentara Health Plans** provider portal or providers can submit their requests via fax # 813-751-3760

#### 9. WHAT IS THE AVAILABILITY OF AVALON'S CLINICAL STAFF (HOURS OF OPERATION)?

Avalon is available Monday through Friday from 8:00 A.M. to 8:00 P.M. ET at 1-844-227-5769. Providers may leave a voice message after normal business hours. Communications received after normal business hours are returned on the next business day and communications received after midnight on Monday through Friday are responded to on the same business day.

#### 10. HOW WILL MEMBERS BE IMPACTED?

Preservice review should be transparent to members. Avalon's clinical review process will ensure we are authorizing the right test the first time for the member. Members with questions should be directed to their provider or Health Plan as Avalon is not delegated to provide member customer service.

#### 11. HOW WILL PROVIDERS BE IMPACTED?

Avalon focuses highly on provider education both pre and post determination. Avalon reviews for medical necessity and focuses on correct coding by reviewing if the code appropriately represents the test being requested. If not, we attempt to educate the providers on those components. By combining both review processes ---medical necessity, and coding---we will ensure that the correct service is identified and determined to be clinically appropriate according to evidence-based specialty lab guidelines and best practices.

- Pre-service requests:

## Frequently Asked Questions

### Genetic Testing Management



- o Providers can request pre-service reviews in several ways: portal, fax or phone.
- o Pre-service code listings outline codes that require prior authorization.
- o Avalon’s portal is available 24/7.
- Determination decisions:
  - o Determinations are sent to providers by mail/fax
  - o Notifications are stored in the pre-service portal.
- Provider support:
  - o Intake coordinators are available to answer questions regarding pre-service requests.
  - o Peer-to-peer support from staff physicians.

#### 12. HOW WILL GRIEVANCES AND APPEALS BE MANAGED?

Appeals remain the responsibility of **Sentara Health Plans**; this process will not change.

#### 13. WHAT PRODUCTS/LINES OF BUSINESS ARE INCLUDED?

Commercial Fully insured and self-insured (ASO); Medicaid.

#### 14. WHAT PLACE OF SERVICE ARE INCLUDED?

Genetic Testing Preservice Utilization will apply to the following outpatient Places of Service.

POS	GTM
POS 11 (Physician Office)	IN SCOPE
POS 19 (Off-Campus Outpatient Hospital)	IN SCOPE
POS 22 (On-Campus Outpatient Hospital) Note: Outpatient Hospital Laboratory Services billed on institutional claims with Bill Types 130 through 149 are considered to be POS 22	IN SCOPE
POS 81 (Independent Laboratory)	IN SCOPE
Outpatient Hospital Laboratory Services performed in the Emergency Room or observational setting	OUT OF SCOPE