

Genetic Testing Management: Avalon Partnership Implementation

Update #: OPSAVGTM120124

Effective Date: 12/15/2024 (See Implementation Timeline by Plan Type)

Applicable Plan(s): Commercial and Medicaid

Applicable Policy: N/A

Business Owner: Clinical Care Services

Current State: Administered by Sentara Health Plans

Future State: The Genetic Testing Management (GTM) program includes new and revised medical policies, a new authorization request process, guidelines, and consistent preservice reviews for certain genetic testing services that will be applicable to both ordering and rendering provider partners.

Avalon focuses 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.

This change will be transparent to members.

Important:

- Effective December 15, 2024, providers will need to submit requests for authorization for specific genetic tests to Avalon using PAS.
- Authorizations previously issued before December 15, 2024; dates of service will be effective until the expiration date.
- Pre-service requests are included in the prior authorization process and place emphasis on provider education.
- Pre-service requests may also be requested outside of the prior authorization process.
- Intake coordinators are available to answer questions regarding pre-service requests
- Peer-to-peer support is available from Avalon staff physicians.
- Avalon adds **clinical and quality components**, which we will be outlined during our training sessions designed for your **clinical and administrative decision makers**. The training dates will be announced soon.
- Emphasis is placed on peer-to-peer education upon case request to promote appropriate testing and reduce the need for appeal.

Implementation Timeline by Plan Type

- December 15, 2024 – Commercial
- January 1, 2025 – Commercial (Self-funded Fully Insured Plans) *
- February 1, 2025 - Medicaid

*Select commercial plans will launch on a staggered basis in accordance with each contracted renewal date. No provider action is necessary outside of standard verification of eligibility and benefits.

Submitting Prior Authorization Requests

- In accordance with the effective date listed above, providers will submit requests for authorization for specific genetic tests using Avalon's Preservice Automated System (PAS) or submit requests via fax 813-751-3760 or call Avalon's Provider Call Center at 844-227-5769.
- Access the PAS via secure single sign on (SSO) from **Sentara Health Plans** provider portal (Avality Essentials)
- Authorizations issued before the new implementation date will remain effective through the expiration date.
- **Molecular and genetic testing necessary in the treatment of** all malignancies in all age groups **is an EXCEPTION to this process**. Prior authorization requests for these services must be submitted directly to [OncoHealth](#).
- Timelines:
 - Urgent decisions – Within 72 hours
 - Non-urgent decisions (Medicaid) – within 14 calendar days
 - Non-urgent decisions (Commercial) – within 15 calendar daysDetermination decisions will be sent to providers by mail/fax as well as stored in PAS.

Requesting Preservice Review

A preservice review can be requested without requesting authorization through PAS or via fax # 813-751-3760. or call Avalon's Provider Call Center at 844-227-5769 .

Policies

- [Policies and guidelines are available for review on the Sentara Health Plans website. We encourage you to review polices and guidelines prior to December 15, 2024.](#)
- Applies to the following Place of Service (POS):
 - POS 11 – Doctor's Office
 - POS 19 – Outpatient (Off Campus)
 - POS 22 – Outpatient (On Campus)
 - POS 81 – Independent Laboratory

Claims Submission

- [View impacted services codes](#)
- The appropriate taxonomy code MUST be included on the claim form for accurate claims processing.
- Providers may not bill a member or the health plan for any unpaid amounts for services that do not adhere to published lab testing policies.

Contacts

Avalon: Inquiries related to authorizations should be directed to Avalon. The most common inquiries include confirming member eligibility, peer-to-peer physician support, nurse reviewer support, and pre and post determination consultations.

Avalon call center agents are available Monday – Friday, 8:00 a.m. to 4:30 p.m. EST at 1-844-227-5769. Providers may leave a voice message after normal business hours.

Sentara Health Plans: Inquiries related to policies, clinical guidelines, claims, appeals and grievances should continue to be directed to provider services at 1-800-229-8822.

Training

Avalon adds clinical and quality components, which will be outlined during training sessions designed for your clinical and administrative decision makers.

[Register for Sentara/Avalon Genetic Testing Management Training.](#)