Whole Exome Sequencing (WES)
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)

Sutter Health and Aetna Administrative Services LLC (Sutter Health | Aetna)

Texas Health + Aetna Health Plan Inc. and Texas Health + Aetna Health Insurance Company (Texas Health Aetna)

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About this form

This form replaces all other Whole Exome Sequencing (WES) precertification information request documents and forms**. 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:

- **(Preferred)** Upload your clinical information electronically on our secure Provider Portal at www.Availity.com
- Send your information by confidential fax to Precertification- Commercial and Medicare (including **expedited**) 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. Thank you.
- Mail your information to: **PO Box 14079**
  Lexington, KY 40512-4079
- Or you can submit the completed form and the specimen sample to one of our network Whole Exome Sequencing testing laboratories listed below. 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.
BaylorGenetics.	Pre-certification Fax No: 1-866-399-3559 Order collection and transportation kits by calling 1-800-411-GENE or email help@baylorgenetics.com or visit: www.baylorgenetics.com
Genedx	Contact: https://www.genedx.com/test-catalog/medical-specialty/xomedx/ To Order Kits: https://www.genedx.com/test-catalog/supplies/#!/supplies-list Phone Number: 1-888-729-1206
Invitae	Submit completed precertification form with the specimen sample to Invitae or fax the form to **415-276-4164**. To order sample collection and transportation kits, email **ClientServices@Invitae.com** or call **1-800-436-3037**.
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.**
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**

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**
- Traditional plans: **1-888-632-3862**

Section 1: Provide the following general information **If submitting request electronically, complete member name, member ID and laboratory information only**	
Member name:	**Reference number (required)**
Member ID:	**Member date of birth:**
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

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Fax to: Precertification Department	**Fax number: 1-833-596-0339**
Member name:	
Member ID:	**Reference Number:**
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. (For drugs/injectables, include any administration codes.)	

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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

☐ The member is ≤21 years of age, AND

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

☐ Multiple (two or more) congenital abnormalities affecting unrelated organ systems; OR

☐ *Two* of the following criteria are met:

- ☐ Abnormality affecting at minimum a single organ system (e.g., brain), or
- ☐ Significant developmental delay, intellectual disability (e.g., characterized by significant limitations in both intellectual functioning and in adaptive behavior), symptoms of a complex neurodevelopmental disorder (e.g., self-injurious behavior, reverse sleep-wake cycles, dystonia, hemiplegia, spasticity, epilepsy, muscular dystrophy), and/or severe neuropsychiatric condition (e.g., schizophrenia, bipolar disorder, Tourette syndrome), or
- ☐ Family history strongly suggestive of a genetic etiology, including consanguinity, or
- ☐ Period of unexplained developmental regression, or

☐ Biochemical findings suggestive of an inborn error of metabolism, AND

Section 4: Evaluation by genetics clinicians

☐ The member and family history have been evaluated by a Board-Certified or Board-Eligible Medical Geneticist, AND

☐ Member receives pre- and post-test genetic counseling by an **independent*** genetics provider, 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), AND

Note:** An independent genetics provider is defined as one who is not employed by any clinical or genetics laboratory that performs the tests. ***The pre-test genetic consult must be attached with this request.

Section 5: Diagnostic evaluation

☐ Alternate etiologies have been considered and ruled out when possible (e.g., environmental exposure, injury, infection), AND

☐ Clinical presentation does not fit a well-described syndrome for which single-gene or targeted panel testing is available, AND

☐ WES 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), AND

☐ A diagnosis cannot be made by standard clinical work-up, excluding invasive procedures such as muscle biopsy, AND

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

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

☐ WES 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 (whole exome sequencing of the biologic parents or sibling of the affected child) is considered medically necessary when criteria for whole exome sequencing of the child are met.

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

Section 8: 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 9: Sign the form

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

Signature of person completing form:

Date: / /

Contact name of office personnel to call with questions:

Telephone number: 1- - -