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

Effective **March 21, 2019**, this form replaces all other Whole Exome Sequencing (WES) precertification information request documents and forms. **Failure to complete this form and submit all of the medical records we are requesting may result in the delay of review.**

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 information electronically on our secure provider website on NaviNet® at **connect.navinet.net**.
    - Complete a Precertification Inquiry transaction for the patient.
    - When the inquiry is successful, click the "Add Attachment" link in the upper right corner of the screen.
    - Upload your document(s) and click "Attach." The window will close and you will return to Precert Inquiry screen.

- Send your information by confidential fax to:
    - Precertification – Commercial Plans: **859-455-8650**
    - Precertification – Medicare Advantage Standard Organization Determination: **859-455-8650**
    - Precertification – Medicare Advantage (expedited only): **860-754-5468**

- Mail your information to: **PO Box 14079**
  Lexington, KY 40512-4079

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**

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Section 1: Provide the following general information	
Member name:	**Administrative 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
Date of specimen collection: / /	

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 3)

Section 2: 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 3: 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 4: 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

Section 5: 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 6: 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 7: 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 8: Sign the form

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

Signature of treating doctor or other qualified healthcare provider:

Date: / /

Contact name of office personnel to call with questions:

Telephone number: 1- - -

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