



Carelon Medical Benefits Management Notice of Program Expansions

Effective February 1, 2024 and April 1, 2024

Carelon Medical Benefits Management, Inc., a specialty health benefits company, will expand multiple programs to perform medical necessity reviews for additional procedures for UniCare members insured under the Group Insurance Commission of Massachusetts (GIC), as outlined below. Carelon Medical Benefits Management works with leading insurers to improve healthcare quality and manage costs for today’s most complex and prevalent tests and treatments, helping to promote care that is appropriate, safe, and affordable.

Effective February 1 and April 1, 2024 for genetic testing and radiology, the expansion will require clinical appropriateness review for additional procedures related to the Carelon Medical Benefits Management genetic testing and radiology programs. The clinical guidelines and medical policies that have been adopted by UniCare to be used for medical necessity review are shown in the tables below. Carelon Medical Benefits Management will begin accepting prior authorization requests as follows:

- January 15, 2024 – Prior authorization requests will be accepted for the genetic testing and radiology services listed in Table 1, with dates of service starting on February 1, 2024.
- March 18, 2024 – Prior authorization requests will be accepted for the genetic testing and radiology services listed in Table 2, with dates of service starting on April 1, 2024.

Pre-service review requirements

All care providers must contact Carelon Medical Benefits Management to obtain pre-service review for the following non-emergency modalities. Please refer to the program microsite resource pages for complete code lists.

**Table 1: Prior authorization required as of February 1, 2024
Call center opening January 15, 2024**

Program	Services	Clinical guidelines
Genetic testing	<ul style="list-style-type: none"> ■ Whole Genome sequencing ■ Gene Expression Profiling for Idiopathic Pulmonary Fibrosis ■ Genetic Testing to Confirm the Identify of Laboratory Specimens ■ Cell-free DNA testing to aid in monitoring of kidney transplants ■ Laboratory testing to aid in diagnosis of heart transplant rejection 	<ul style="list-style-type: none"> ■ GENE.00052 ■ GENE.00057 ■ GENE.00041 ■ LAB.00038 ■ TRANS.00025
Radiology	<ul style="list-style-type: none"> ■ MRI Breast (OPPS-Codes) 	<ul style="list-style-type: none"> ■ Carelon Imaging of the Chest ■ Carelon Oncologic Imaging

**Table 2: Prior authorization required as of April 1, 2024
Call center opening March 18, 2024**

Program	Services	Clinical guidelines
Genetic testing	<ul style="list-style-type: none"> ■ Topographic genotyping ■ Biomarker Tests ■ Pooled antibiotic sensitivity testing ■ Gene Expression Profiling ■ Gene Mutation Testing ■ Gene Sequencing ■ DNA-Based Prenatal Testing ■ Panel & other Multi-Gene Testing for Polymorphisms Genetic Testing for Inherited Diseases ■ Molecular Marker Evaluation of Thyroid Nodules ■ Hybrid Personalized Molecular Residual Disease Testing for Cancer 	<ul style="list-style-type: none"> ■ CG-GENE-04 ■ CG-GENE-10 ■ CG-GENE-13 ■ CG-GENE-14 ■ CG-GENE-21 ■ CG-GENE-22 ■ GENE.00010 ■ GENE.00023 ■ GENE.00049 ■ GENE.00052 ■ GENE.00053 ■ GENE.00056 ■ GENE.00057 ■ GENE.00059 ■ TRANS.00025
Radiology	<ul style="list-style-type: none"> ■ Radiostereometric analysis ■ Quantitative ultrasound for tissue characterization ■ Myocardial sympathetic innervation & imaging w/wo spect. ■ Lumbar discography 	<ul style="list-style-type: none"> ■ Carelon Breast MRI Guideline ■ MED.00004 ■ RAD.00065

To determine if prior authorization is needed for a member, contact the Provider Services phone number on the back of the member’s ID card for benefit information. (Note: Providers cannot use the Interactive Care Reviewer (ICR) tool on Availity Essentials* to pre-certify an outpatient procedure or any requests for services administered by Carelon Medical Benefits Management).

Providers should continue to submit pre-service review requests to Carelon Medical Benefits Management using the convenient online service via the Carelon Medical Benefits Management **ProviderPortal**SM. **ProviderPortal** is available 24 hours a day, seven days a week, processing requests in real-time using *Clinical Criteria*. Go to [Carelon Medical Benefits Management](#) to register.

For more information

The websites below will help you learn more and access helpful information and tools such as order entry checklists, clinical guidelines, and FAQs. Go to:

- <https://providers.carelonmedicalbenefitsmanagement.com/genetictesting>
- <https://providers.carelonmedicalbenefitsmanagement.com/radiology/>

You can also reach out to your local Provider Relations representative.

We value your participation and look forward to working with you to help improve the health of our members.

* Availity, LLC is an independent company providing administrative support services on behalf of the health plan.