

HOW TO SUBMIT PRIOR INSURANCE AUTHORIZATION

- 1) Refer to Facility Insurance Matrix on the INFONET to determine if the patient's insurance is in or out of network.
- 2) Insurance contact information can be found on the back of the patient's insurance card. Copy the front and back of the insurance card.
- 3) Ask if prior authorization is required for the diagnosis (ICD 10) and procedure (CPT) codes associated with the test.
 - i. If not required, make note of the reference #.
 - ii. If prior authorization is required, provide the following information:
 - o Patient Name & DOB
 - o Patient ID #
 - o Ordering provider NPI (Address, phone, and fax for provider)
 - o Lab NPI= 1952311508, Tax ID= 25-0965420
Address: 300 Halket Street, Room 4680, Pittsburgh, PA 15213
Phone: (412) 641-2949, Fax: (412) 641-2893
 - o Procedure/CPT code(s)
 - o Diagnosis/ICD 10 code(s)
 - o Clinical information

INSURANCE COMPANIES

UPMC: 1-800-425-7800 x1 or utilize portal www.upmchealthplan.com/providers

How to establish an account:

- o Video tutorial [OAA Application Training Video](#) or call 1-800-937-0438

BlueCross/Blue Shield (BCBS):

- o Call the BCBS provider line on the card and select the option for authorizations.
- o You may be directed to utilize a 3rd party such as Evicore or Carelon to complete your authorization.

Highmark: PPO blue (ID # ending in 001) Call 800-241-2704.

- o Move through the prompts by asking for a representative. Do not choose an option for authorizations.
- o Highmark PPO blue uses Evicore (genetics) to obtain authorization.

Highmark Wholecare: 1-800-392-1147 or utilize the portal [NaviNet Sign In | NantHealth](#)

Cigna: Complete and submit authorization form [prior-authorization-fax-form.pdf](#). Include clinical note and pedigree. Contact 1-800-997-1654.

VA: The VA requires a referral to genetics. At the time of referral, an authorization for testing will be provided.

Champus/Tricare East (Humana Military): [TRICARE East Providers | Humana Military](#) or call 1-800-444-5445.

Self-service portal [Provider Self-Service](#):

- o Guide and Video tutorial to establish account: [Provider Self-Service Create Account Tutorial](#)
- o Video tutorial: [Provider Account Registration](#)

Amerihealth: Complete and submit [Preauthorization/RQI Request Fax Form](#).