Instructions for genetic and molecular test registration

Claims for genetic and molecular test services must match a corresponding laboratory test notification that you provide in advance to us, or we will deny the claim. To ensure compliance with these requirements, freestanding and outpatient hospital lab providers should register their laboratory tests.

For more information, visit our **Genetic and molecular testing prior authorization/advance notification** page.

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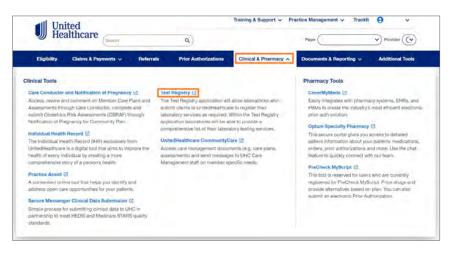
Requesting access to the test registry

You can access the test registry by following these steps:

- · Go to UHCprovider.com and click Sign In at the top-right corner
- Enter your One Healthcare ID
 - New users who don't have a One Healthcare ID: Visit UHCprovider.com/access to get started

1 Select Clinical & Pharmacy

2 Select Test Registry



3 Select the appropriate organization and verify your identity

4 Submit Request

We will review your request and send you a follow-up email.

Request Access			
Varify Account Information			
Verify your information below, and submit your request for account access. If your inform For any questione regarding access, please refer to this link: refers if access and provident		account settings in the Unitechnearrica	në. Providër Porta
First Name:			
Land Name:			
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Select Lab(s)			
* Wequred			
Please seed the lass you wish to associate with this account.			Add Lain
Select" Name	Org Type	TN MP	N
We mits schooles: Wisses and st loss one lab			
To settly that is set the current with a first measured user of this account.			



Accessing the test registry

Once you've been granted access, follow these steps:

1 From the Provider Portal, select **Clinical & Pharmacy**

2 Select Test Registry

Training & Support v Practice Management v Trackit United Healthcare ¥ V) Provider (V) 9) Payer Eligibility Claims & Payments ~ Prior Authoria Clinical & Pharmacy A Documents & Reporti Additional Tools Beferrals Clinical Tools Pharmacy Tools Care Conductor and Notification of Pregnancy [2] Access, review and comment on Member Care Plans and Assessments through Care Conductor, complete and submit Colombine Risk Assessments (DBRAF) (hough Notification of Pregnancy for Community Plan. The Test Registry application with allow liaboratories who submit clambines who submit clambines who application who application with allow liaboratories who submit clambines who application who application who application with allow liaboratories who submit clambines who application who application who application with allow liaboratories who submit clambines who application who application who application who application who application who application who appli CoverMyMeds [2] Easily integrates with pharmacy systems, EHRs, and PBMs to create the industry's most efficient electronic prior auth solution Optum Specialty Pharmacy 12 comprehensive list of their laboratory testing services. Individual Health Record 12 This secure portal gives you access to detailed patient information about your patients' middloations, orders, prior authorizations and more. Use the chat feature to quickly connect with our team. Interview and Readin Readon (3:HT) exclusively from.
UnitedHealthcare CommunityCore (3: The Individual Health Readon (3:HT) exclusively from.
UnitedHealthcare CommunityCore (3: Access care management documents (e.g. care plans, added sector (3:HT) exclusively from.
UnitedHealthcare CommunityCore (3: Access care management documents (e.g. care plans, added sector (3:HT) exclusively from.
UnitedHealthcare CommunityCore (3: Access care management documents (e.g. care plans, added sector (3:HT) exclusively from.
UnitedHealthcare CommunityCore (3: Access care management documents (e.g. care plans, added sector (3:HT) exclusively from. Management staff on member specific needs. PreCheck MyScript This tool is maximud for users who are currently registered for PreCheck MyScript. Price drugs and provide alternatives based on plan. You can also submit an electronic Prior Authorization. Practice Assist @ A convenient online tool that helps you identify and address open care opportunities for your patients. Secure Messenger Clinical Data Submission @ Simple process for submitting clinical data to UHC in partnership to meet HEDIS and Medicare STARS quality standarda

3 Enter Your Lab Information, check the verification box, then Submit

It will then take you to the **Home** page.

Enter Your	Lab Informat	tion		
* Required				Manage Your La
Lab Name *	Select		v	
Lab TIN *	Send	×		
CLIA Cert. ID *	-		0	
	Note: The CLIA Cert. ID TIN you have selected	vill be associated wit	h évéry test for thé	
· · · / verty that I	am thè person who is the r	egritered user of this	account.	
Rest				150





Add single test

 Select Add Single Test from the 	UnitedHealthcare Test Registry	Home Manage Tests * Search
Create Test menu	HEALTH LAB	CLIA: Upload Bulk Testa 2
	Datit Lio Action Required Pending Review Researed Denied Express Weston Darits Lab Action Required Edit Conformations Master Days Edit Conformations Category Remaining ® Text Code ® Created * No records to display	Expire Tests Dispery All Tests V Show 10 V Par Page +First *Prevales 1 Mars+ Last+ Test Name 3 Test Type 3 Description 9 Procedure Code
2 Complete the Test Details . The data points are identical to	UnitedHealthcare Test Registry	Home Manage Tests • Search
those in the Bulk Tests Template.	HEALTH LAB	CLIA. TIN:
	Add Single Test	
Note: Certain selections will prompt you for additional information.	Test Application Status Registration Status Registration Status Registration Status	ó
Ensure that all required fields are	Test Details ⁴ Requires	
complete.	Yest Code +	
	Test Availability Test Availability Test Availability Through Through	Lable V-3-search (P) (1)
	Test Name *	
	Master Category * Insuit v Category * Insuit v Category Subcategory	
	Category Need twee Subcateg Add entropy Add entropy Add entropy	ory
	GTR ID Z-Cod	
	Is it a Reflex Test? Vea 🖉 Sea	
	Test Type	
3 Complete the Lab Point of Contact	Test Description *	
4 Select Review Test	Procedure Codes ** Presedure Code Enter CPT ar HCPC	UM Seasc 1
	Modifier - No Modifiers (j)	
Note: You may choose to Save Draft and complete it later	Lab Point of Contact * Reserved	
	First Name *	
	Last Name *	
	Phone Number * Est. International	
	Email *	
	Preferred Contact # Phone C Entat	
	Surv Duff Clinical	Rever Ect
6 Confirm the information and	By checking the box: I confirm that the information submitted with this feel registrations is true and accurate	le, and that the employed by the laboratory that is registering the test
check box		
6 Submit Test	Edi	Bland Test



Uploading bulk tests

 Select Upload Bulk Tests from the Create Test menu



2 Select Download XLSX Template

3 Complete the information and save to your own system

Note: No changes may be made to the template format.

For instructions on how to complete the template, see the "Completing the template for bulk test upload" section page 9.

When ready, from this same page,
 Browse for the file, select it from your computer, then Open

Upload Bulk Tests	
File Status Report	Compared PDF Instructions
The status report overview will be available for 30 days from the date the file	was uploaded, or until the test records are submitted.
File Name	
Status	
File Upload Date	
File Expiration	

12: Download PDF Instructions 12: Download XLSX Templat

File Status Report	Download PDF Instructions
The status report overview will be available for 30 days from the date the file was uploaded, or until the test reco	ords are submitted.
File Name	
Status	
File Upload Date	
File Expiration	
Export and review the XLSX Record Report, then Submit Tests to continue processing these Tests	Export XLSX Record Repo
Total Records	
Draft	
Pending Review	
Lab Action Required	
Released	





File parsing

The initial report will show **File Parsing in Progress**.

	A Welcome Sign Out
UnitedHealthcare Test Registry	Home Create Test * Search Contact Us
HEALTH LAB	CLIA: TIN:
Homo - Uprout But Testa	
Upload Bulk Tests	
File Status Report	 Download Template Download Instruction
Overview of file's oument status.	
File Name LabSpreadsheet_2020 xex	
Status Ele Parsing in Progress ①	
File Upload Date 04-01-2020	

The status report overview will be available for 30 days from the date the file was uploaded, or until the test records are submitted.

10 lest records have missing information and will require action

865 test records will have an effective date on the date they are sub

20 test records do not meet requirements and could not be process

LabSpreadsheet_2020.xiss

Pending Review Tests 100 test records will be under review with an internal reviewer

Submit Tests to continue processing these tests, or download the Record Report to view details of each test.

File Parsing Complete

04-01-2020

1,000

Lab Action Required Tests 5 test records will require minor changes

UnitedHealthcare | Test Registry

HEALTH LAB

Upload Bulk Tests

File Name

Status

Draft Tests

Released Tests

Delete File

File Status Report

File Upload Date

Total Test Records

A Wekome

TIN

Export XLSX Record Report

Submit Tasts

Home Create Test . Search Contact Us

CLIA:

Download PDF Instructions

Sign Out

When **Parsing is Complete**, the report will show the status of each test.

If you're satisfied with the results, select **Submit Tests**.

If you aren't satisfied with the results:

- 1. Select Export XLSX Record Report
- 2. Correct it
- 3. Re-upload the report (see above process)
- 4. **Delete** this existing report (to avoid duplicate tests)

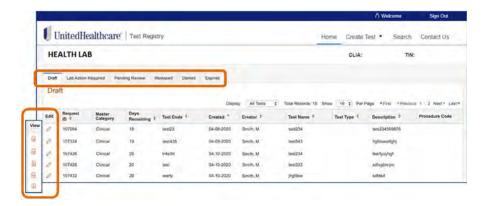
Total Test Records	1.000	
Total Test Records	1000	
Draft Tests	10 test records have missing information and will require action	
Pending Review Tests	100 task records will be under review with an internal reviewer	
Lab Action Required Tests	5 test records will require minor changes	
Released Tests	865 test records will have an effective date on the date they are submitted	
Rejected Tests	20 test records do not ment implirements and could not be processed	



Review/update tests

You can review tests from the Test Registry **Home** page.

- Select a tab for reports under a particular status
- 2 Review or Update, as allowed
 - Draft and Lab Action Required update in all fields of the form. This is indicated by the Edit icon.



Réquired				
Test Code #	Test 12345			
est Availability	04-01-2028	Test A Throu	vallable # 12-31-9999 01 (j)	
est Name *	Test Name			
laster Calegory *	Clinical	•		
alegory =	Cardiac Rink Panel	Subca	stegory	E.
	- Add another Category			
it a Reflex Test? *	- 700 # No			
at Type	1			
st Description *	Lonim Ipsum			
				a

- Released tests allow only the Test Available Through Date to be changed
- Test Code
 Ipperior

 Tast Availability Date
 12/28/2019

 Test Availability Date
 12/28/2019

 Test Name
 Test

 Name
 Test

 Master Category
 Itest Availability

Test Details

• Pending Review, Denied and Expired tests may not be edited, indicated by the View icon

Test Details					
Tent Code	48765				
Test Availability Date	01-01-0020	Test Available Through Date	1208	A-194994	
Test Name	101				
Master Category	Pethology				
Category	Aniabmic Pathology	Subcategory			
Reflex Text	No				
Tani Type	0				
Test Description					
Procedure Codes	Code Description 0001M - IMPECTIOUS DIS NOV 6 ASSAYS SERUM LIVER	Units	UM	Modifiers	



Search for a test

1 Select Search

2 Enter any desired search parameters

Note: The more parameters you enter will narrow the results

3 Select Search

t Confirmation Master D	ays marches a	Created *	Display All Tests	-	-	Denne	r 1 Neit* Li dure Code
Number Category R	emaining + Test Code #	Created	Test Name	Test Type	Description *	Proce	dure code
o records to display.							
					A w	/elcome	Sign O
UnitedHealthcare'	ri Dagistov			Home	Create Test *	Search	Contact U
onneuneanneare () a	ar magaze y			rioma	Ciedra razi .	Search	Contact o
EALTH LAB					CLIA:	TIN:	
Home Search Tests							
Search Tests							
Search Tests	below and perform a search.						
Search Tests Search By Choose from the available filter options							
Search Tests Search By	Date Range: From To				Sat Search Results Dis All Texas	oplay	-
Search Tests Search By Choose from the available filter options Registration Status At 2	Date Range: From To	TO LOW HILM				splay	1
Search Tests Search By Choose from the available filter opsons Registration Status	Date Range: From To	TO LOW HILM	nator Last Name			aplay	4
Search Tests Search By Choose from the available fitter oppons Registration Status At c	Date Range: From To	er hiven (02				splay	1
Search Tests Search By Choose from the available filter options Registration Status At 2	Date Range: From To	en Henry (01)	water Last Name Na Disconjulion Kaywards di d'ouroces			oplay	1
Search Tests Search By Choose from the available filter opcons Registration Status At 2 Centimustion/Request to	Onto Range: From To	multi yaya (02)	ist Description Keywards Nin & chemisters		Al Ipsis	splay	4
Search Tests Search By Choose from the available filter opcons Registration Blatus All E Confirmation/Request to Test Code Master Category	Date Range: From To	milii yoy (0) Ta	st Description Keywords	-		splay	
Search Tests Search By Choose from the available filter opsons Registration Status An c Confirmation/Reguest to tear Code Manter Cologery Select c	Onto Range: From To	milii yoy (0) Ta	ist Description Keywards An 4 characters ubcategory		Al Ipsis	splay	•
Search Tests Search By Choose from the available filter opcons Registration Blatus All E Confirmation/Request to Test Code Master Category	Onto Range: From To	milii yoy (0) Ta	ist Description Keywards An 4 characters ubcategory		Al Ipsis	splay	•

UnitedHealthcare' | Test Registry

HEALTH LAB

Sign Out

A Welcome

Home Create Test * Search Contact Us

TIN:

CLIA:

4	Select the desired test to Edit
	or View , as allowed

few.	Edit	Confirmation/Request ID	Master Category	Creator 2	Test Code ¥	Test Name 1	Test Type 2
	0	100972	Cirnical	Smith, M	1234	asd	
	1	101028	Clinical	Smith, M	5938	Test in	RB
6		101030	Clinical	Smith, M	3992	Test g	RB
	1	101036	Cincal	Smith, M	6683	test one	164
12		101040	Clinical	Smith, M	1239	rbu	
	1	101048		Smith, M	4935	Test y	81
R.		101050	Circul	Smith. M	3859	Test e	R5
1		101078	Clinical	Smith. M	2353	Test v	154
1		101082	Clinical	Smith, M	7229	Tend u	R2
	1	101088	Cincal	Smith. M	9357	Text 2	167



Completing the template for bulk test upload

After downloading the template, consult the **Instructions** sheet.

- Follow the guidelines for entering the Test/Code
 Name Identifier, TIN and Description
- Select the Master Category
 "Genetics" and the applicable Category

Consult the **Appendix** sheet for selection choices.

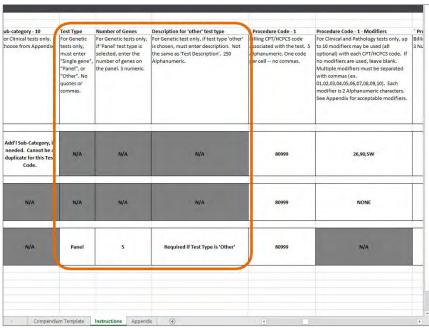
	B	C	D	E	F	G	н	1
nstructions								
Required								
Test (Order) Nam	ne " Test (Order) Code / Identifie	Tax ID Number (TIN)	* Test Description	* Master Catego	y' Category - 1	Sub-category -	1 Category - 2	Sub
ab test name. hort description ssociated with rdering. 300 Iphanumeric	Lab test code. Unique identifier that physician uses to order the test. 20 Alphanumeric	The Tax ID number for the lab this test is associated with. 9 numeric	Lab test description. Full description of test. 4,000 Alphanumeric	Choice of one: "Pathology", or "Clinical". No commas or quotes.	Categories are related to the chosen	tor Clinical t sts only. Choose from Appendix.	Same as Category - 1. Choose from Appendix.	For test Cho App
Clinical Test Sample	Clintest123ABCDEFGHIJ	123456789	Test description goes here.	Clinical	Diagnostic Immunology	General mmunology	Add'l Category, if needed. Cannot be a duplicate for this Test Code.	r c du thi
Pathology Test Sample	Pathtest123ABCDEFGHU	123456789	Test description goes here.	Pathology	Cytology	N/A	Add'l Category, if needed. Cannot be a duplicate for this Test Code.	
Genetics Test Sample	Gentest123ABCDEFGHU	123456789	Test description goes here.	Genetics	Hereditary Cancer	N/A	Add'l Category, if needed. Cannot be a duplicate for this Test Code.	

Master Categ	ories, Categories & Sub	ocategories	Unit of M	Modifiers	
	ubcategory is blank, an entry cannot be Only the listed Category & Sub-Catego	made in the Subcategory field within the ory combinations are allowed.	IMPORTANT: C	IMPORTANT: Only	
Master Calegory	Calegory	Subcetagories	Code	Description	Code
Clinical	Gardiac Risk Panel	Other	APL	IgA phospholipid unit	26
Clinical	Chemistry	Endoerinalogy	AU/U	Arbitrary Unit or Unit	59
Clinical	Chemistry	Routine Chemistry	BCE	Bone Collagen Equivalent	90
Clinical	Chemistry	Toxicology	BU	Bethesda Unit	91
Clinical	Chemistry	Urinalysis	CFU	Colony Forming Unit	QW
Clinical	Chemistry	Other	cP	Centipoise Unit	TC
Clinical	Diagnostic Immunology	General Immunology	EIA/U	Enzyme Immunoassay Unit	XE
Clinical	Diagnostic Immunology	Syphilis Serology	ETU/mL	Endotoxin unit per milliliter	XP
Clinical	Diagnostic Immunology	Other	EU/EV	ELISA unit or ELISA value	XS.
Clinical	Heinatology	Other	fL	Femtoliter	XU
Clinical	Immunohematology	ABO Group & RH type	E .	Grams	
Clinical	Immunohematology	Antibody Detection	g/dL	Grams per deciliter	
Clinical	Immunoheinatology	Antibody Identification	g/L	Grams per liter	
Clinical	Immunoheinatology	Compatability Testing	GPL	IgG phospholipid unit	
Clinical	Immunohematology	Other	IU/L	International units per liter	
Clinical	Lab Developed Test Panel (Custo	m Panel) Other	IU/mL	International units per milliliter	
Clinical	Metabolic Risk Panel	Other	k/UL	kilounit per liter	
Clinical	Microbiology	Bacteriology	mce	Micrograms	
Clinical	hierobiology	Mycobacteriology	mcg/mL	Micrograms/Milliliter	
Clinical	Microbiology	Mycology	mcg/dL	Micrograms per deciliter	
Clinical	Microbiology	Parasitology	mcg/L	Micrograms per liter	7
Clinical	Microbiology	Virology	mckat/L	Microkatals per liter	
Clinical	Microbiology	Other	mcL	Microliters	
Clinical	Other		mcmol/L	Micromoles per liter	
Genetics	Cardiology		mEq	Milliequivalents	
Genetics	Clinical Genomics		mEq/L	Millieguivalents per liter	-
Genetics	Cylogenetics		mg	Milligrams	
Genetics	Dematology		mg/dL	Milligrams per deciliter	
Genetics.	Hearing Disorders		mg/L	Milligrams per liter	
Genetics	Heinatology		mIU/L	Milli-International units per liter	
Genetics	Hereditary Cancer		mL	Milliliters	
Genetics	Innunology		mm	Millimeters	
Genetics	Metabolic Disorders and Newbor	n Screenin	mm Hg	Millimeters of mercury	
Genetics.	Nephrology		mmol	Millimoles	
Genetics	Neurology		mmol/L	Millimoles per liter	
Genetics	Opthalmology		mOsm/kg	Milliosmoles per kilogram of water	
Genetics	Pediatric Genetics		MPL	IgM phospholipid unit	
Genetics	Pharmacogenomics		mU/g	Milliunits per gram	
Genetics	Pulmonology		mU/L	Milliunits per liter	
Genetics	Reproductive Health		ng/dL	Nanograms per deciliter	
Genetice	Turon-Based Testing for Cancer		ng/L	Nanograms per liter	-



Completing the template for bulk test upload (cont.)

 Follow the guidelines for completing the Test Type, Number of Genes and Description



Enter the Procedure Code(s) (1 per test, except for infectious pathogen tests, which may have up to 15 codes)

AC	AD	AE	AF	AG	AH	A
lling CPT/HCPCS de associated ith the test. 5	Procedure Code - 1 - Modifiers For Clinical and Pathology tests only, up to 10 modifiers may be used (all optional) with each CPT/INCPCs code. If no modifiers are used, leave blank. Multiple modifiers must be separated with commas (ex. d1.02.03.04.05.06.07.08.09.10). Each modifier is 2 Alphanumeric characters: See Appendix for acceptable modifiers.	Billing units for each CPT/HCPCS code. 3 Numeric	Procedure Code - 1 - Unit of Measur For Clinical and Pathology tests phy. UoH Kode MUST be entered or each CPT/HCPCS code. Choose a JofM code (not description) from Appendix.	Billing CPT/HCPCS code associated	For Clinical and Pathology tests only, up to 10 modifiers may be used (all optional) with each CPT/HCPCS code. If no	Procedure Co Billing units : CPT/HCPCS c Numeric
80999	26,90,5W	1	AU/U	Add'l Procedure Code, if needed. Cannot be a duplicate for this Test Code.	Modifier, if needed.	Units, if
80999	NONE	1	g/dl	Add'l Procedure Code, if needed. Cannot be a duplicate for this Test Code.	Modifier, if needed.	Units, if
80999	N/A	1	N/A	Add'l Procedure Code, if needed. Cannot be a duplicate for this Test Code.	N/A	1



Completing the template for bulk test upload (cont.)

 Follow the guidelines to complete the Test Availability Date, Test Available Through Date and GTR ID

4	Procedure Code - 15 - Unit of Measure	Test Availability Date	* Test Available Through Date	GTR ID	Reflex Test?	* Lab Point of Contact - First Name	Lab Poir
	For Cinneal and Pathology fests only, UdM code MUST be entered for each CYTHCPCS code. Choose a UdM code (not description) from Appendix.	First date the test is available for physicians to order, "Effective Date", Date entered cannot be earlier than S5 days before current date. MM-DD-YVYY.	Last date the test is available for physicians to order. "Effective Through Date". Date entered cannot be earlier than current date; default 12-31-9999. MM-DD- YYYY.	For Genetic tests only, GTR identifier. 20 Alphanumeric.	or Clinical and hathology tests only, user must designate if est code is considered a reflex test, Select res" or "No".	First name of lab contait person. S0 Alphanumeric.	Last nam 50 Alpha
2		-	-	-	-		-
7	Unit of Measure, if needed.	6-12-2020	12-31-9999	H/A	Yes	Joe	
1		T		-		1	-
9	Unit of Measure, if needed.	7-14-2020	12-31-9999	N/A	No	Joe	
0							
	N/A	6-12-2020	12-31-9999	12D3456789	N/A	Joe	

Complete the Contact Information, including (not shown) if the phone number is International and your Preferred Method of Contact

00	(P	CQ	ÇR.	(S	_
			_		
-					
ab Point of Contact - First Name	Lab Point of Contact - Last Name	" Lab Point of Contact - Email		Lab Point of Contact - Phone Ext	Lab Point of Co
rst name of lab contact person. D Alphanumeric	Last name of lab contact person. 50 Alphanumeric.	Final of lab contact person. Domain must match that of the registered user. 60 Alphanumeric.	Phone of lab contact person, 10 Numeric for USA (123-456- 7890) & 13 numeric for International (123-456-789- 0999).	Extension for phone of lab contact person. 10 Numeric.	International ind person. Select Y international).
Joe	Smith	jon@lah.com	123-456-7890	12345	
Joe	Smith	jongklab.com	123-456-7890	12345	
Joe	Smith	[oe@lab.com	123-456-7890	12345	

When complete, save the template to your system and upload it into Test Registry

×	A	B	C	D	E	F	G	H .
1	Template					1.1.1.5		
2	Required	IMPORTANT : BEFORE COMPLET	ING THE COMPENDIUM	TEMPLATE, YOU MUST	TREVIEW THE SPECI	FICATIONS & EX	AMPLES ON THE	
3		"INSTRUCTIONS" AND "APPEND	IX" TABS					
\$	Test (Order) Name	Test (Order) Code / Identifier	Tax ID Number (TIN)	Test Description	Master Category	Category - 1	Sub-category - 1	Category - 2 Si
5	Clinical Test 01	Test123ABC	123456789	Test is clinical	Clinical	Chemistry	Urinalysis	
5	Clinical Test 02	Clintest456XYZ	123456789	Test description	Clinical	Diagnostic Immunology	General	
7	Pathology Test 01	Pathtest123AJ	123456789	Test description	Pathology	Cytology	1	
3	Clinical Test 03	Test123ABC	123456789	Test is clinical	Clinical	Chemistry	Urinalysis	
,	Clinical Test 04	Clintest456XYZ	123456789	Test description	Clinical	Diagnostic	General	
0	Pathology Test 02	Pathtest123AJ	123456789	Test description	Pathology	Cytology		
1	Clinical Test 05	Test123ABC	123456789	Test is clinical	Clinical	Chemistry	Urinalysis	
2	Clinical Test 06	Clintest456XYZ	123456789	Test description	Clinical	Diagnostic Immunology	General	
3	Pathology Test 03	Pathtest123AJ	123456789	Test description	Pathology	Cytology		
4	Clinical Test 07	Test123ABC	123456789	Test is clinical	Clinical	Chemistry	Urinalysis	
5	Clinical Test 08	Clintest456XYZ	123456789	Test description	Clinical	Diagnostic Immunology	General	
6	Pathology Test 04	Pathtest123AJ	123456789	Test description	Pathology	Cytology		
7							-	(T)

