



Avalon Precision Genetic Testing Management (PGTM) Frequently Asked Questions for MVP Providers

Overview

Beginning January 1, 2026, MVP will expand its partnership with Avalon to provide laboratory benefit management services related to precision genetic testing management (PGTM).

Who is Avalon Healthcare Solutions?

Avalon Healthcare Solutions is the world's first and only Lab Insights company, bringing together proven Lab Benefit Management solutions, lab science expertise, digitized lab values, and proprietary analytics to help health care insurers proactively inform appropriate care, reduce costs, and improve clinical outcomes. Avalon supports the enforcement of genetic testing policies through an NCQA compliant Preservice Review program. Genetic testing review can be requested by either the ordering or rendering Provider. Emphasis is placed on peer-to-peer education upon case requests to promote appropriate testing and reduce potential for appeal.

Q: Where can a Provider find the PGTM Policies?

MVP PGTM policies can be viewed by visiting mvphealthcare.com/policies and selecting *MVP Precision Genetic Testing Management policies*.

- Policies are updated on a quarterly basis as newly presented evidence becomes available

Q: How are Providers notified about changes to the PGTM policies?

Policies are updated quarterly and will be communicated to Providers 60-days prior to enforcement via FastFax.

PRIOR AUTHORIZATION AND CLAIMS

Q: What information should rendering laboratories be aware of regarding updates to prior authorization and claim submission requirements?

All prior authorization requests for MVP Members are to be submitted using the single **MolDX-assigned CPT®** code and corresponding **DEX Z-Code®** specific to the test performed.

The assigned codes relate to the rendering laboratory's registration of the test in the DEX registry.

All claims for MVP Members include the single **MolDX-assigned CPT®** code and corresponding **DEX Z-Code®** relevant to the test performed. Only one test is permitted per claim.

Q: What should ordering physicians know about new prior authorization and claim submission rules?

All prior authorization requests for MVP Members are required to use the **single MoIDX-assigned CPT® code** for the ordered test. Rendering laboratories do not provide the **DEX Z-Code®**; the MoIDX-assigned CPT code is adequate for submitting a prior authorization request. The assigned code matches the rendering laboratory's registration of the test in the DEX registry.

Q: Is prior authorization required for Members before receiving services?

No. Beginning January 1, Optum will conduct **only** post-claim reviews for all Lines of Business – including Medicare; prior authorization will not be required before service.

Q: Why are these changes necessary?

These requirements are intended to facilitate accurate test identification, enhance claim processing efficiency, and help maintain compliance with MVP program guidelines. Not adhering to these requirements may lead to prior authorization requests or claims being denied.

Q: How does a Provider dispute a claim if they disagree with the outcome?

Providers can review the Appeals process by visiting mvphealthcare.com/policies, and select the most recent *Provider Policies* (by date) document and then select the *Appeals* section for information.

Q: What are the steps a Provider would take to request prior authorization?

Providers can request prior authorization in three (3) ways:

- **Telephone:** by calling Avalon's Pre-service Review Department Monday – Friday 8:00 am – 5:00 PM EST at **1-844-227-5769**
- **Fax:** A Preservice Review Form is located (insert location/link), once completed, please fax Preservice Review Department at **1-813-751-3760**
- **Portal:** Avalon's Preservice Review portal is available 24/7 for providers to submit requests and check the status of previous submissions. This can be accessed by visiting mvphealthcare.com/providers and *Signing In* to your *Provider Online Account*.

Q: Does Avalon review all genetics testing diagnosis?

Yes. All diagnosis codes submitted on the preservice request is reviewed for appropriateness and adherence to the medical policy.

Q: Is there a reference material to know which genetic testing codes require preservice or post service review?

Yes. Avalon Healthcare Solutions partners with MVP Health Care to manage genetic testing policies. These policies determine which codes require preservice or post service review. The list of applicable codes and policies are available [here](#).

Q: How do Providers submit a request for preservice and post service review?

Providers can submit requests through Avalon's portal, which can be accessed via secure single sign on (SSO) from MVP Provider portal or Providers can submit their requests via fax **813-751-3760**.

What is the availability of Avalon's clinical staff (hours of operation)?

Avalon is available Monday through Friday from 8:00 A.M. to 5:00 P.M. ET at **1-844-227-5769**. Providers may leave a voice message after normal business hours. Communications received after normal business hours are returned on the next business day and communications received after midnight on Monday through Friday are responded to on the same business day.

How will MVP Members be impacted?

Preservice and post service review should be transparent to Members. Avalon's clinical review process will ensure we are authorizing the right test the first time for the Member. Members with questions should be directed to their Provider or the MVP CCC.

How will Providers be impacted?

Avalon conducts both pre- and post-determination reviews to ensure medical necessity and accurate coding. If codes do not accurately reflect the requested testing, Avalon educates Providers accordingly by combining these review processes.

Preservice and Post Service Requests:

- Providers can request prior authorization in three (3) ways:
 - Telephone by calling Avalon's Pre-service Review Department Monday – Friday 8:00 am – 5:00 PM EST at **1-844-227-5769**
 - Fax: A Preservice Review Form is located (insert location/link), once completed, please fax Preservice Review Department at **1-813-751-3760**
 - Portal: Avalon's Preservice Review portal is available 24/7 for providers to submit requests and check the status of previous submissions.
- Genetic code listings outline codes that require prior authorization
- Avalon's portal is available 24/7

Determination Decisions:

- Determinations notifications are sent to Providers by fax, and/or email
- Notifications are stored in the PAS portal

Determination Letters:

- Determinations letters are sent to Providers by mail
- Determination letters are stored in the PAS portal for 24/7 Provider access

Provider support:

- Intake coordinators are available to answer questions regarding preservice and post service requests
- Peer-to-peer support from staff physicians and nurses

Q: Where can a Provider find additional information and training material?

Providers will be able to access training information by visiting **mvphealthcare.com/providers/education**, then select *Clinical Education and Resources*, then select the training under the *Genetic Testing* section.

Q: Who should Providers call with questions?

Providers should contact Avalon's Call Center at **1-844-227-5769**.