

GeneDx Healthcare Provider Quick Guide: Performing a Benefit Investigation

Requesting a Benefit investigation (BI) in the GeneDx Healthcare Provider Portal is fast and easy. The majority of benefit investigations generate an immediate out-of-pocket estimate, while the rest will usually be returned in 3-5 business days.

You Will Need

- A GeneDx Healthcare Provider Portal account – For details on how to create a portal account, please see the “GeneDx Healthcare Provider Portal Quick Guide: How to Create an Account” at genedx.com/portalinfo.
- Patient’s health insurance card information.
- Any and all ICD-10 diagnosis code(s) to the highest level of specificity for the patient.

How to Perform a BI

- 1) Sign into the GeneDx Portal at genedx.com/signin.
- 2) Create a New or an Add-On order. For details on how to create an order, please see the “GeneDx Healthcare Provider Portal Quick Guide: How to Create an Order” at genedx.com/portalinfo.
- 3) Complete the following order form fields:
 - a. Account Details
 - b. Ordering Provider
 - c. Patient Details
 - d. Clinical Information
- 4) Select “Insurance” from the Payment Information drop-down menu and complete the patient’s health insurance information.

NOTE: If the patient’s plan is not listed, you may manually enter the plan information.

5) Click the CONDUCT BENEFIT INVESTIGATION button.

Payment Information ✓

Insurance ▼

Patient Status* Hospital Inpatient Hospital Outpatient Not a Hospital Patient

INSURANCE

Insurance: Sample Patient's relationship to insured: Self

Member Id: 12345

Group Number: 5678

[EDIT INSURANCE](#) [CONDUCT BENEFIT INVESTIGATION](#) [ADD SECONDARY INSURANCE](#)

6) To see the details of the estimated BI amount, click the DETAILS arrow:

Test Name	Estimated OOP*	Details
Autism ID/Xpanded Panel	\$253.88	➤

Test Name	Estimated OOP*	Details
Autism ID/Xpanded Panel	\$253.88	▼

Estimated OOP Details for Test(s):

- Autism ID/Xpanded Panel

Amount Allowed (\$)	Annual Deductible (\$)	Remaining Deductible (\$)	Deductible (\$)	Copay (\$)	Coinsurance (%)	Coinsurance (\$)
846.27	5,700.00	42.31	42.31	0.00	25	211.57

Estimated Patient Financial Responsibility for Individual Test: \$253.88

7) Download and share the personalized Patient Letter with your patient. It includes the patient's out-of-pocket estimate, self-pay pricing, and payment assistance information to aid your patient's testing decision.

Pending Benefit Investigations

In some cases, an electronic out-of-pocket (OOP) estimate is not available from the patient's health insurance company and the result will be displayed as "PENDING". When this happens, we reach out to the patient's insurance company to manually obtain their OOP estimate. Once obtained, the result will be made available in the portal in approximately 3-5 business days. To make sure you receive the notification when the OOP estimate is available, please subscribe to Benefit Investigation Results Notifications in your preferences. If you would like to place an order that is pending a benefit investigation result, you may click the 'Hold for Benefit Investigation' box displayed within the portal on the Benefit Investigation Estimate page.

Test Name	Estimated OOP
Autism ID/Xpanded Panel	PENDING

HOLD FOR BENEFIT INVESTIGATION

THINGS TO NOTE:

- The 'Hold for Benefit Investigation' option is only available in the Portal for pending benefit investigations.
- If the 'Hold for Benefit Investigation' box is checked, the order is placed in the portal, and the sample has been received, we will make 3 attempts to contact your patient if the estimated OOP is over \$100.00. We will not attempt to contact your patient if the estimated OOP is under \$100.00.
- Please ensure that you have entered the **correct patient contact information** in the Patient Details section. If we are unable to connect with your patient, we will cancel the order.
- While you may check the "Hold for Benefit Investigation" checkbox and then save the order as a draft, we will not make any attempts to contact the patient until the order has been submitted and the sample has been received.
- For orders that have been saved, but not submitted, the "Hold for Benefit Investigation" checkbox will no longer be displayed once a manual BI value has been returned to the Portal. The returned BI estimate will include the Patient Letter for you to download and share with your patient.
- The "Hold for Benefit Investigation" option is not available for orders placed with a paper TRF.


Multi-Test Benefit Investigations

To provide the most accurate OOP estimate for your patient, benefit investigations conducted electronically in the Portal will return a combined out-of-pocket amount. The combined estimate amount eliminates duplicated deductible amounts. It also takes into consideration any CPT code maximums for tests run concurrently.

Test Name	Estimated OOP*	Details
Autism ID/Xpanded Panel	\$579.05	▼
FMR1 CGC Repeat Analysis		

Estimated OOP Details for Test(s):						
<ul style="list-style-type: none"> Autism ID/Xpanded Panel FMR1 CGC Repeat Analysis 						
Amount Allowed (\$)	Annual Deductible (\$)	Remaining Deductible (\$)	Deductible (\$)	Copay (\$)	Coinsurance (%)	Coinsurance (\$)
952.11	5,700.00	42.31	89.22	0.00	25	489.83
Total Estimated Patient Financial Responsibility: \$579.05						

To determine the individual BI OOP estimate for each test individually, simply remove one of the tests from your cart and click the CONDUCT BENEFIT INVESTIGATION button again.

 Remember, the individual estimates will each include the remaining deductible amount.

Tips

- Unless a BI status is returned as pending and the 'Hold for Benefit Investigation' box was checked, specimens and testing will no longer be held. Instead, once a sample arrives at the lab, we will proceed without performing a BI and bill according to the information on the test requisition. Your patient shall be financially responsible for any out-of-pocket amount as determined by their health insurance provider and medical benefits plan.
- We recommend counseling patients on any potential out-of-pocket expenses once you have completed the BI via the GeneDx Healthcare Provider Portal. Remember, the Patient Letter is available to download and share with your patient to aid their decision-making process.
- If patients have questions about the benefit investigation results, our Billing Team is ready to help! Your patients may contact billing@genedx.com or call 1-888-729-1206 and select option 2. They should reference their Benefit Investigation Case ID, found in their Patient Letter.

Things to Note

- BI OOP estimates are provided to GeneDx by your patient's health insurance company and are based on your patient's current medical benefits plan and usage at that moment in time.
- This BI OOP amount is only an estimate, and your patient shall be billed and be responsible for the total member financial responsibility amount on the Explanation of Benefits sent to them by their health insurance company.
- BIs are not a confirmation that a test has been authorized by your patient's health insurance company. A Prior Authorization may still be required.
- BIs are a snapshot of a patient's commercial health insurance coverage. Therefore, they may only be requested when commercial insurance is the selected payment option.
- The BI OOP estimate is solely based on the patient's primary insurance coverage and does not take into account any amounts potentially covered by secondary insurance. If a patient has Medicare or Medicaid as a secondary insurance, the estimated BI amount is \$0.00.
- If multiple tests are ordered to be run reflexively, the BI OOP estimate for the combined tests may not be accurate as it assumes combined testing and billing.
- A small percentage of GeneDx tests are not eligible for insurance billing. Therefore, a benefit investigation cannot be conducted for these tests.

Troubleshooting

The 'Conduct Benefit Investigation' button will be displayed as long as:

- The test selected is eligible for insurance billing.
- The Patient Details are complete, indicated by a green check mark on the top right corner of the section.
- Insurance is selected as the payment type.
- The Payment Information is complete, indicated by a green check mark on the top right corner of the section.

Patient Details



First Name

John

Last Name

Doe

Date of Birth

00/00/0000

Sex

Male

Contacts

- Cell Phone - 555-555-5555

Address

123 Sample St.
Sampleville, MD 00000

United States

Ancestry

Sample

EDIT PATIENT

Payment Information



Insurance

Patient Status* Hospital Inpatient Hospital Outpatient Not a Hospital Patient

INSURANCE

Insurance

Sample

Patient's relationship to insured

Self

Member Id

12345

Group Number

5678

EDIT INSURANCE

CONDUCT BENEFIT INVESTIGATION

ADD SECONDARY INSURANCE