Lyric

2026

Policy that computes

Harmonizing evidence, care, and reimbursement with digitally native policy that responds in milliseconds

Concert policy solutions, part of Lyric
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CONCERT

Introduction

Key Takeaways

1. **The prevailing model for clinical policy is incompatible with automation** because it separates writing from digitization. This perpetuates waste and error that cannot be eliminated without reengineering policy itself.

2. **Concert alone has engineered a ground-up approach** that synchronizes human-readable policy documents and machine-readable criteria and logic. This provides the familiar form and function of other policies (evidence-based clinical criteria) and adds native digitization for interoperability and instant responsiveness. The end result is policy that computes.

3. **With an API that responds in milliseconds, Concert automates clinical and financial workflows** ranging from prior authorization to payment accuracy. This streamlines access to evidence-based care while dramatically reducing waste and burden.

Introduction

The development and administration of health plan policy is often slow, manual, and error-prone. Policies intended to guide care and payment are often ambiguous and difficult to interpret, which makes them impossible to standardize and automate. The result is friction for providers, barriers for patients, and massive waste in healthcare administration that has surpassed $265 billion.[1]

High-cost medical services are often managed with prior authorization and expensive manual review efforts associated with high denials, even for guideline-recommended services. Lower cost, high-volume services are often paid without question, even when used unnecessarily. Both problems are solvable with technology, specifically, the digitization of policy to make the former more efficient and the latter more accurate.

Concert is not the first to recognize the need for transparent, digital policy. However, prevailing attempts to "digitize" policy use software to interpret existing, messy documents. This is a retrofit that inherits the ambiguity of the original text. Concert alone has engineered a ground-up approach to develop digitally native policy that is structured for machine readability, maintained as a living data asset vetted by hundreds of clinical experts, and deployed from the cloud to integrate into any clinical or reimbursement workflow. In developing its policy approach, initially for laboratory testing and now across a growing range of clinical services, Concert recognized five key requirements for meeting current needs and enabling automation: Policies must be (1) Evidence-based, (2) Transparent, (3) Intuitive, (4) Interoperable, and (5) Instantly Responsive. While most policies in use were written to satisfy the first three criteria, Concert uniquely delivers all five.

Concert envisions a future where a patient, sitting with their provider, can ask whether a service will be covered, how much they will owe, and get an accurate answer instantly. Transparency and predictability support informed treatment decisions and make the healthcare system more trustworthy for health consumers. Meanwhile, as waste in healthcare administration consumes hundreds of billions each year, transformation is a matter of national sustainability, stability, and security.

[1] Sahni NR, Carrus B, Cutler DM. Administrative Simplification and the Potential for Saving a Quarter-Trillion Dollars in Health Care. JAMA. 2021;326(17):1677–1678. doi:`10.1001/jama.2021.17315

About this paper

As Concert's policies have become more widely used, stakeholders have requested a detailed philosophical and foundational description of the underlying approach.

This paper outlines the distinct aspects of Concert's development framework and the rigorous methods used to maintain an up-to-date compendium of guidance for evidence-based care.

To view Concert's clinical policies, create a free account at: https://app.concertgenetics.com/apps/policies

Note: A detailed listing of evidence sources and data inputs for Concert's policies appears as an inventory in the appendix.

Guiding Philosophy & Five Requirements

Concert follows a structured, data-driven process to create clear, evidence-based, and machine-readable coverage criteria that can be delivered efficiently to payers, providers, and patients. To gauge the success of this process, policies must meet five requirements. The first are industry standards; the final two make policy computable.

Standard Requirements

1. Evidence-Based

Nationally recognized, evidence-based professional society guidelines form the basis of policy criteria wherever possible. In the absence of such guidelines, Concert performs a robust evidence review. Internal experts and independent clinical advisors vet policies prior to publication.

2. Transparent

Concert publishes all policies along with the rationale for policy positions online. An open process collects written feedback from plans, providers, and other stakeholders. A standard set of policies reflecting this feedback enables consistency across the market.

3. Intuitive

Policies have a consistent, intuitive organization while continuously incorporating changing guidelines, evidence, codes, and clinical services. This balance of structure and adaptability is made possible by a unique multi-level taxonomy.

Digital Requirements

4. Interoperable

Criteria are provided in multiple, synchronized formats from a single source of truth to support any customer, partner platform, or workflow. Applications range from interactive search tools to digital criteria and claim edits available via a Fast Health Interoperability Resources (FHIR) conformant Application Programming Interface (API).

5. Instantly Responsive

Criteria execute as decision trees directly supporting electronic prior authorization, pre-payment claim editing, and other automated processes. The Concert API provides answers in milliseconds.

Ultimately, this approach transforms policy from a static document into a robust, interoperable data asset, one that provides a common language aligning stakeholders across the industry to efficiently deliver personalized, high-value care. Given their importance, these standards are worth describing in greater detail.

1. Evidence-Based

Concert ensures clinical credibility and defensibility through the systematic curation, evaluation, and application of clinical practice guidelines and primary evidence.

First, active monitoring of professional society guidelines and standards of care ensures alignment with the latest expert consensus recommendations. Primary literature supplements guidelines when they are vague, incomplete, or out of date.

Second, Concert takes ownership of evidence evaluation in areas where established guidelines are absent or, as stated above, insufficient. Particularly when the available evidence supports noncoverage for a service, Concert conducts a formal Concert Evidence Review, an unbiased, critical review of current primary literature. Each review produces a concise, 3-5 page document with a citation table and a clear interpretation of the findings.

Together, these guidelines and evidence reviews form the basis of Concert's clinical criteria. The creation of a new criteria set requires justification from either an appropriate professional source or a newly completed Concert Evidence Review. This ensures that no coverage rule is established without a clear and documented evidentiary basis.

Prior to publication, independent clinical advisors rigorously review each version of the Concert policies to ensure they reflect clinically appropriate policy positions. These advisors include the members of the Concert Clinical Advisory Board.

Finally, because the underlying data assets are maintained in a relational database, Concert can publish new versions twice annually to balance the need to keep pace with changing evidence with the operational capacity of customers to implement updates.

2. Transparent

With the goal of consistent patient access to evidence-based health services, Concert delivers policies that are open and standardized in several ways.

First, all policies are publicly available on the Concert website. Guidelines and literature references that support each set of criteria are presented clearly.

Second, clinical services are systematically mapped to their respective coverage criteria so the implications of policy positions are clear. To enable this, all criteria are designed to be applied at the level of the service provided (e.g., the lab test, imaging test) rather than only the codes with which they are billed. Because a single procedure code may map to several policies, these codes lack the granularity to communicate coverage. Concert solves this with a clear taxonomy that links services, criteria, codes, and where necessary, unique IDs (i.e., the GTU® identifier[2] for genetic tests). Importantly, the solution is not dependent on such IDs.

Third, claim reimbursement rules (e.g., claim edits) are traceable. Claim edits are each linked to specific criteria, definitions, and supporting literature. Concert avoids "black box" edits, for which specific policy language is unavailable, and "gotcha" edits that would surprise anyone familiar with the policies and underlying evidence. In this way, the reimbursement implications of Concert criteria are as transparent as the policies themselves.

Fourth, a 360-degree feedback loop incorporates the collective review of hundreds (if not thousands) of clinical experts.

- Health plans receive policies semiannually prior to publication. Hundreds of medical directors have participated in review, ensuring that the policies are not only internally consistent but also clear and understandable.
- Physicians, genetic counselors, other clinicians, patient advocates, and patients access policies via the Concert Reference Policy Viewer, where they submit feedback on coverage criteria using a feedback button.
- Laboratories review their tests within the Concert catalog, ensuring accurate data and associations between their services and the policy criteria. Feedback is also collected on the criteria itself.

As guidelines and evidence do not vary from one person to the next, a rigorous and open vetting process reduces unnecessary variation in policy language. Furthermore, a consistent set of policies built into a standard taxonomy allows for predictability, workflow integration, and ultimately, enhanced patient access.

[2] GTU is a registered trademark of Concert. More information on the Concert GTU® Test Identifier: https://www.concert.co/gtu-test-identifier

3. Intuitive

Policy is a response to the market and the services it aims to manage. While traditional policies rely on procedural codes, providers think in terms of clinical services. Concert bridges the gap with the Concert Taxonomy, a foundational data asset that organizes the entire policy framework.

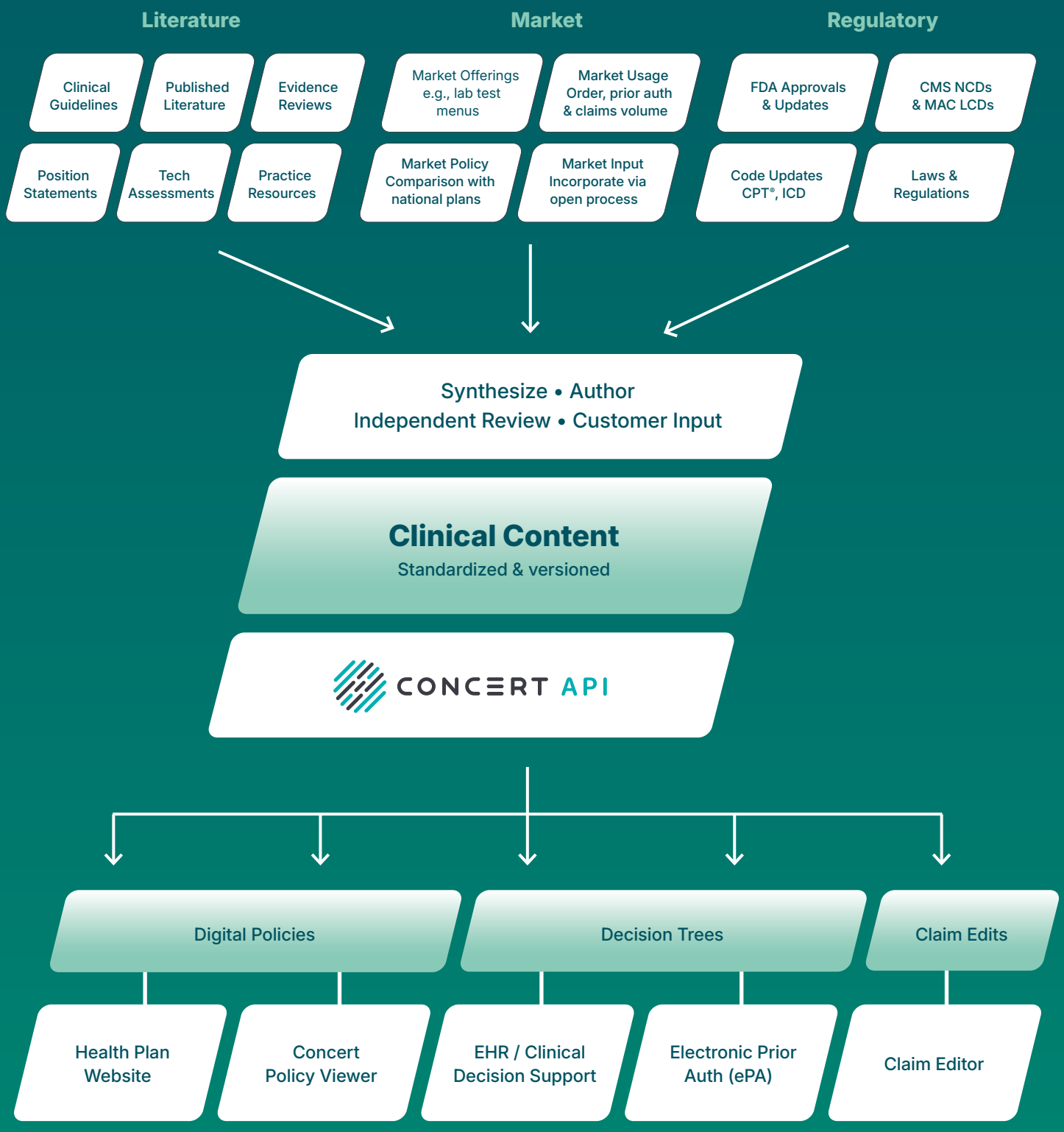
The taxonomy is not a theoretical construct but is built from the ground up by curating detailed information on the services that are organized into it. Concert's taxonomy first arose out of the laboratory testing market, tracking individual tests curated from laboratory test menus. Today, this approach applies to an expanding set of clinical services including imaging tests. The ongoing curation process ensures the taxonomy is a responsive representation of the market. The structure of the taxonomy—organizing individual services into Categories with comparable performance and clinical application, which roll up into Domains, then Areas—is a direct reflection of how services are developed, marketed, and used by providers.

Criteria are applied at the category level. Each coverage algorithm corresponds to a category of services with the same clinical use. This alignment ensures, for example, that all pan-cancer hereditary cancer testing panels are evaluated under a single, consistent set of criteria, mirroring how a clinician would consider them as a group of interchangeable diagnostic tools. The system is dynamic, allowing for the real-time movement of services within categories as the market evolves or as new CPT[3] codes alter billing practices.

[3] CPT is a registered trademark of the American Medical Association.

Policy That Computes

Digital policy must exist as a standardized data asset that is deliverable in multiple, synchronized outputs



There are two requirements for policy to be computable – it must be interoperable (across clinical and reimbursement systems) and instantly responsive (via API). These requirements are discussed on the following pages

4. Interoperable

Concert's multi-channel, technology-driven approach transforms policies from static references into active clinical decision support and reimbursement tools. Interoperability in the interest of accessibility is achieved by designing the core policy assets (the criteria sets) to be consumed in multiple formats tailored to different user needs.

All of the following are synchronized and delivered in parallel from the same source of truth:

- Real-time API access to pre-payment claim edits to enforce the reimbursement and medical policy in effect on the date of service
- Digital clinical criteria delivered via API to power real-time prior authorization, with production-ready FHIR support (CMS-0057-F) ahead of 2027 deadlines
- Interactive reference policy browser for policy search and streamlined stakeholder feedback loops
- Automated PDF policy generation, enabling health plans to maintain public-facing transparency for providers and members

To facilitate access and demonstrate digitization, the Concert Reference Policy Viewer provides a dynamic search interface to locate the criteria through multiple entry points. As it relates to laboratory testing, these include test name, test type, test identifier, or billing code (when sufficiently granular). The policy viewer bypasses the need to navigate a complex policy manual.

The system also enables interactive question/answer flows, integrated into a range of payer and provider interfaces, guiding providers and health plan clinical reviewers through Concert's clinical criteria to arrive at a coverage determination. This is a powerful tool for simplifying complex logic and providing immediate clarity. Clear supporting documentation ("Rationale") is embedded directly within the policy structure, with each criteria tied to the unique reference(s) that explain how that reference applies – all extensible to any system that can access a standard API.

By delivering policy information anywhere from provider EHRs to payer UM review systems, all aligned to a single source of truth, Concert enables efficient, accurate decisions.

5. Instantly Responsive

To achieve automation, policy must be computable from its inception. The core unit of Concert policy is the criteria set, a key component of which is a decision tree. The decision tree expresses a deterministic coverage position, and this structure is the key enabler for scale, consistency, and instant responsiveness.

The policy development process is designed to minimize ambiguous and subjective language that often leads to inconsistent interpretations. After clinical content is finalized, a second reviewer performs a dedicated review for machine readability. This review specifically targets and refines vague terms (e.g., replacing "unexplained" with specific diagnosis codes), standardizes terminology (e.g., using "first- or second-degree relative" instead of "close relative"), and ensures consistent formatting and structure.

All of this enables automation in pre-service, pre-payment, and post-payment workflows, such as:

- **Claims:** Precise claim editing logic from machine-readable criteria operates on discrete data fields from a claim (e.g., CPT, ICD, member age, member sex) to issue a disposition of "Approve" or "Deny." This is supported by the Concert Coding Engine, which standardizes coding to promote consistency and predictability across similar services.[4]
- **Utilization Management:** During prior authorization, the API evaluates clinical inputs against the criteria to return an instant response.

The end result is digitally native policy that provides an authoritative answer to an ever growing volume of claims and cases in milliseconds.

[4] The Concert Coding Engine: A solution for transparent and consistent coding of genetic tests. Jan 2024. concert.co/resources/the-concert-coding-engine-v1-2

Conclusion

Digitally Native Policy that Responds Instantly

Traditional policy development is often a linear, segmented process. A clinical team writes a document, and a separate IT team translates that text into code and configurations. This creates a fundamental disconnect between clinical intent and implementation, and it makes maintenance and updating time consuming and error prone.

Concert eliminates this disconnect by maintaining a unified source of truth. The process takes in diverse clinical signals—from professional society guidelines and FDA approvals to primary literature—and synthesizes them into a centralized, digital record. This record resides in a dynamic database rather than a static document.

When a change is made to this unified source, it propagates across many applications:

- Human-Readable: For example, updated policy documents for medical directors, providers and patients.
- Machine-Readable: For example. updated logic for claims systems and prior authorization platforms.

By deriving the document and the code from the same source, Concert ensures that the policy read by a doctor provides the same guidance as the claim edit that supports reimbursement decisions.

Ultimately, whether guiding a clinical decision or a financial one, Concert provides consistent, transparent, digitally native policy that computes.

Appendix A:

Systematic Curation of Source Content

Concert systematically tracks and curates content and reference material from a broad set of sources to identify trends, challenges, and changes in evidence and clinical practice. This library informs updates to criteria, ensuring every coverage position is consistent with current guidelines, literature, market dynamics, and regulatory standards. The following inventory details the main sources included in this process.

Literature

- **Professional Society Guidelines:** The primary input and preferred source for coverage criteria is well-respected professional societies' evidence-based and consensus guidelines. The team monitors these guidelines on a regular basis, evaluating any updates for potential impact to existing coverage criteria.
- **Other Clinical and Scientific Sources:** Position statements, systematic evidence reviews, practice resources, consensus statements, third-party technical assessments, and published expert narrative reviews provide additional support for Concert's clinical policies, particularly in emerging, rapidly evolving, or rare clinical domains.
- **Concert Evidence Reviews:** When published clinical guidance is not available, the clinical team conducts and assembles its own formal evidence reviews from the primary scientific literature to assess the clinical utility of a service (e.g., lab test) type.

Market

- **Market Offerings:** Concert tracks, via laboratory catalogs and provider ordering information, an organized view of the orderable services available to providers.
- **Market Usage (PA Volume, Claims, Orders):** Volume and spend associated with services is tracked across three sources. Concert monitors claims volume across several claims data sets from across the country, prior auth volume from use of Concert content in prior auth tools, and order volume of tests ordered via the Concert provider-facing test ordering platform. This provides a more accurate view that can account for tests billed with non-specific codes and also tests that are rarely billed or paid by health plans.
- **Marketplace Policy Comparison:** The team performs a semiannual comparison of its policies against those of other national health plans and Medicare to ensure alignment with industry standards and to identify potential gaps for future policy development.
- **Market Feedback:** Concert maintains an open and continuous 360-degree feedback process, aggregating input from health plans, laboratories, clinicians, researchers, patients, and other stakeholders. This process captures both formal reviews by health plan customers during semiannual update cycles and real-time, ad hoc feedback submitted instantly through the public Reference Policy Viewer.

Regulatory

- **CMS:** Concert tracks all National Coverage Determinations, updates to the National Correct Coding Initiative Manual, and updates to rulemaking that impact Concert policies and customers.
- **FDA:** Concert monitors FDA approvals, updates to FDA labels and the landscape of FDA companion diagnostics to maintain policies that ensure access to testing will NOT be a barrier for patients getting access to drugs.
- **MACs:** MACs produce Local Coverage Determinations (LCDs), under which tests performed in laboratories within the jurisdiction of each MAC are paid by Medicare and Medicare Advantage plans. A policy comparison grid is used to track alignment between each MAC and the Concert Policies.
- **State Policy:** Some states have state-level policy that mandates coverage of certain tests, precludes coverage of tests or provides guidance about how tests can be reviewed.
- **Codes:** Concert has developed tooling to track and maintain an up-to-date resource of all HCPCS codes (developed by AMA and CMS), ICD Codes and modifier codes.

Appendix B:

Concert Clinical Advisory Board

Concert's clinical policies are developed by an internal team with expertise in diagnostics, genetics, health outcomes research, evidence curation and guideline development. These policies are vetted by independent subject matter experts including the board listed below.

Beth Harris, MD

Dr. Harris is a gastrointestinal/hepatobiliary pathologist with extensive experience in both clinical practice and managed care. She served as a Medical Director at Humana and practiced as a gastrointestinal/hepatobiliary and surgical pathologist for PathGroup in Nashville, Tenn., and Associated Pathologists of Albuquerque in New Mexico. Today, she is a practicing pathologist at Covenant Physician Partners and an Assistant Professor of Pathology, Microbiology and Immunology at Vanderbilt University Medical Center. Dr. Harris completed her Bachelor of Science in Molecular Biophysics and Biochemistry at Yale University and her MD at University of Maryland School of Medicine. She completed her residency in anatomic pathology at Emory School of Medicine, and her fellowship in gastrointestinal/hepatobiliary at Vanderbilt.

Thomas Holland, MD, MSc-GH

Dr. Holland is an Associate Professor of Medicine, Division of Infectious Diseases, at Duke University, where he practices both as a hospitalist and infectious disease specialist. He has expertise in conducting multidisciplinary research in antimicrobial resistance, particularly in the design and conduct of clinical trials in Staphylococcus aureus infections. He additionally led the clinical response to the COVID pandemic at Duke Health, where he directed dedicated COVID wards, cared for patients, kept clinical teams up-to-date on rapidly evolving scientific and treatment information, and conducted clinical trials. He was awarded the Presidential Award for his efforts. A physician scientist with a deep interest in global health, Dr. Holland's work overseas has included investigating the prevalence of rheumatic heart disease in Kenya and working with a primarily Aboriginal population in the Australian Outback. Dr. Holland received his undergraduate degree from Princeton University in Ecology & Evolutionary Biology and his MD from Wake Forest University. He completed Internal Medicine residency and Infectious Diseases fellowship training at Duke, where he currently practices.

Girish Putcha, MD, PhD

Dr. Putcha is a molecular pathologist with extensive experience in academia, industry, the investment community, and payer coverage and reimbursement for molecular diagnostic tests. Recent roles include Director of Laboratory Science at Palmetto's MolDX program, Chief Medical Officer and Clinical Laboratory Director of Freenome, and Medicare Evidence Development & Coverage Advisory Committee (MEDCAC) member. Today, he is an independent advisor at Precision Medicine & Diagnostics LLC. Dr. Putcha earned his undergraduate degree in biochemistry, medical ethics, and health policy from Rice University and his MD/PhD in neuroscience from Washington University in St. Louis. He completed his residency in clinical pathology and fellowship in molecular genetic pathology at Stanford University School of Medicine, where he also served as adjunct faculty.

Michele Schoonmaker, PhD

Dr. Schoonmaker is a recognized expert in public policy and government affairs in the laboratory market. She spent 17 years with Cepheid, a leading molecular diagnostics company, where her primary responsibilities were to develop and implement global strategic reimbursement plans for Cepheid's molecular diagnostic product. Prior, Dr. Schoonmaker worked for the U.S. Food and Drug Administration (FDA) as a regulatory policy analyst and reviewer of diagnostic tests, and she was a Specialist in Genetics for the Congressional Research Service (CRS), a division of the Library of Congress. Dr. Schoonmaker earned her undergraduate degree in molecular biology from Goucher College and her PhD in health services research, genetics and public policy from Johns Hopkins University School of Hygiene and Public Health.

Appendix B:

Concert Clinical Advisory Board

Lalan Wilfong, MD

Dr. Wilfong is Senior Vice President of Value-Based Care at Thyme Care, the leading value-based care enabler, collaborating with payers and providers to transform the experience and outcomes for individuals living with cancer. He is also a practicing medical oncologist/hematologist, at Texas Oncology in Dallas, Texas. Prior to his role at Thyme Care, he served as Senior Vice President of Payer and Care Transformation at The US Oncology Network and as Vice President of Value-Based Care and Quality programs at Texas Oncology.

A committed advocate for community oncology, Dr. Wilfong's mission is to transform cancer care to deliver better outcomes by aligning patient goals and values with treatment options and payment models. In his role at Thyme Care, he is helping define the future of value-based care payment reform, improving care-team coordination, optimizing actionable analytics and improving the quality of patient care.

While at The US Oncology Network, Dr. Wilfong was instrumental in implementing both the Oncology Care Model and the Enhancing Oncology Model while driving performance in multiple commercial value-based care contracts. He previously led the Value-Based Physician Champion task force for The US Oncology Network and chaired the US Oncology Pathways Task Force. Dr. Wilfong currently co-chairs the Community Oncology Alliance Payer Reform Committee and serves on the ASCO drug shortages committee. He formerly volunteered on the ASCO quality measures task force and the ASCO guidelines committee. While at Texas Oncology, Dr. Wilfong served as medical director of the COVID-19 Task Force and was the physician lead for their electronic medical record conversion. He has received various teaching and community service awards and has published over 50 papers and abstracts.

In 2003, Dr. Wilfong completed a fellowship at the University of Texas Southwestern Medical School in Dallas in hematology and medical oncology. He completed his internship and residency in internal medicine at the same school in 2000, as well as earned his M.D. from there in 1997. He earned a B.S. degree in mathematics at Texas Tech University in Lubbock, Texas, in 1993.

Appendix C:

Glossary

Claim Edits

Automated reimbursement rules arising directly from Criteria Sets applied to a pre-payment claim to verify payment accuracy based on specific claim characteristics (e.g., code combinations, diagnosis codes, member demographics).

Coding Engine (also Concert Coding Engine)

A proprietary, rules-based algorithm that assigns coding standards derived from CPT® codebook, AMA guidance, and CMS National Correct Coding Initiative to the clinical services within Concert's scope. For example, laboratory test coding standards are based on the characteristics of the test, such as gene content, technique, and category.

Criteria Set

The core unit of policy that expresses a coverage position for a particular type of service (i.e., the Category and the conditions, if any, when that service would be considered medically necessary).

Decision Tree

The logical framework within a Criteria Set that maps discrete variables (e.g., personal history, symptoms) to a specific coverage determination. It serves as the "executable" component of the policy.

Evidence Review (also Concert Evidence Review)

An unbiased, critical, internal review of up-to-date primary literature in areas where established guidelines are absent or insufficient

GTU® (also Genetic Testing Unit, Concert GTU)

A unique five-digit alphanumeric identifier assigned to a specific Service (or Product) within the Concert Taxonomy. It functions as a universal key for linking services, policies, coding standards, and other data across the platform.

Machine-Readable Coverage Criteria

The digital representation of clinical criteria in structured formats (JSON, XML) fully executable via the Concert API. This allows policy to be ingested directly by workflow software, claim editors, and other applications.

Rationale

The compilation of Reference Summaries that forms the evidentiary basis for a coverage position, summarizing the relevant clinical guidelines, health technology assessments, and peer-reviewed literature that support a specific Criteria Set. Underlying assets of the rationale include:

Reference

A cited piece of literature supporting the coverage position of a Criteria Set

- **Reference Summary**

  A short paragraph that describes all, or part of a Reference, as justification for one or more criterion in a Criteria Set.

- **Reference Policy Viewer (also Concert Reference Policy Viewer)**

  A web-based application accessible on the Concert website that renders Concert clinical policy into human-readable format. It allows users to search and view the clinical criteria, associated evidence, and other information.

Taxonomy (also Concert Taxonomy)

A multi-level hierarchy that imposes a proven, market-based structure that organizes clinical services, codes, criteria, and other data assets. From most broad to most granular, the levels of the taxonomy are:

Area

The broadest level of the Taxonomy reflecting major clinical disciplines (e.g., Oncology, Prenatal). Groups similar Domains.

Domain

A grouping of multiple similar Categories (e.g., Hereditary Cancer); more granular than Areas.

Category

A group of clinical products or services that address a common clinical question via similar methodologies. More general than Services (or Products) and more granular than Domains.

Service (also Product)

A uniquely identifiable clinical offering, e.g., a testing product represented as a single checkbox on a requisition form, available from a specific clinical lab (e.g., Myriad MyRisk).

About Lyric

Lyric is the trusted leader in healthcare decision intelligence. Built on more than 35 years of proven results, Lyric combines responsible AI with clinical, payment, regulatory and policy expertise to deliver transparent, auditable insights in milliseconds across real-time claims workflows.

Lyric augments human decision-making so health plans can make faster, more accurate payments while maintaining full control. today, Lyric supports 200 million lives, with nine of the top 10 U.S. health plans relying on its platform to reduce waste, improve efficiency, and support accurate payments.

To learn more, visit lyric.ai