

## Clinical Policy: Genetic Testing

Reference Number: CP.MP.89

Last Review Date: 04/18

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

### Description

This policy includes criteria for making medical necessity determinations for genetic tests when specific criteria are not available for the requested genetic test. Genetic testing is the analysis of human DNA, RNA, or chromosomes in order to detect heritable disease-related genotypes, mutations, phenotypes, or karyotypes for clinical purposes. Such purposes include predicting risk of disease, identifying carriers, and establishing prenatal and clinical diagnosis or prognosis. There are currently more than 1000 genetic disorders for which genetic testing is available on a clinical or research basis.

### Policy/Criteria

- I. It is the policy of health plans affiliated with Centene Corporation® that genetic testing is **medically necessary** when *all* the following criteria are met:
  - A. The member displays clinical features, or is at direct risk of inheriting the mutation in question, *and*
  - B. The test results will be used to develop a clinically useful approach or course of treatment, or to cease unnecessary monitoring or treatments for the individual being tested. Clinically useful test results allow providers to do at least one of the following:
    1. Inform interventions that could prevent or delay disease onset,
    2. Detect disease at an earlier stage when treatment is more effective,
    3. Manage the treatable progression of an established disease,
    4. Treat current symptoms significantly affecting a member's health,
    5. Guide decision making for the member's current or planned pregnancy; *and*
  - C. The genetic disorder could not be diagnosed through completion of conventional diagnostic studies, pedigree analysis and genetic counseling consistent with the community standards;
  - D. The member has not previously undergone genetic testing for the disorder, unless significant changes in testing technology or treatments indicate that test results or outcomes may change due to repeat testing.

*Note: When using testing panels, including but not limited to, multiple genes or multiple conditions, and in cases where a tiered approach/method is clinically available, testing would be covered ONLY for the number of genes or tests deemed medically necessary to establish a diagnosis.*

- II. It is the policy of health plans affiliated with Centene Corporation that all other requests for genetic testing not meeting the above stated criteria, including direct-to-consumer testing and genetic banking/DNA storage, are considered **not medically necessary**.

*Authorization Protocol*

**CLINICAL POLICY**  
**Genetic Testing**

Requests for prior authorization will be accepted up to 5 business days following specimen collection and will be reviewed for medical necessity based on the above stated criteria.

*Testing in Children*

Testing in children should take into account the availability of evidenced based risk reduction strategies and the probability of developing a serious medical condition during childhood. Unless there is a clinical intervention appropriate in childhood, parents should be encouraged to defer genetic testing for adult-onset conditions until adulthood. Advocating for the best interests of the child is necessary until he/she is able to make the personal choice to have genetic testing. <sup>5</sup>

**Background**

Genetic testing identifies changes in chromosomes, genes or proteins. Genetic testing results can confirm or rule out a suspected genetic condition or can help determine a person’s chance of developing or passing on a genetic disorder. Test results can direct a person towards appropriate prevention, monitoring and treatment options. There are three methods used for genetic tests: gene tests, chromosomal tests and biochemical tests. Gene tests look at DNA or RNA taken from blood or body fluids such as saliva or other tissue. These tests can look for large changes, such as missing or added sections of a gene, or small changes, such as a missing, added, or altered chemical base within a DNA strand. They can also detect genes with too many copies, those that are too active, turned off, or lost entirely. Genes can be tested using DNA probes or rely on DNA or RNA sequencing.

Chromosomal tests look at features of chromosomes for changes such as pieces being deleted, expanded, or switched to a different chromosomal location. There are two types of chromosomal tests, karyotype and FISH (florescent *in situ* hybridization) analysis. A karyotype test gives a picture of all of a person’s chromosomes and can identify changes in chromosome number and large changes in DNA structure. FISH analysis can identify irregularities in certain regions of chromosomes using fluorescent DNA probes. Additionally, FISH analysis can identify small changes that can be missed by overall karyotype testing.

Biochemical tests measure the amount or activity of proteins or particular enzymes. Genes contain the DNA code for making proteins. An abnormal amount or activity of proteins can indicate that genes are not working normally. These tests are most commonly used for newborn screening to detect conditions such as phenylketonuria (PKU).

<b>Reviews, Revisions, and Approvals</b>	<b>Date</b>	<b>Approval Date</b>
Policy developed and approved	11/13	11/13
Added 5 day allowance for retro auth reviews	07/14	
Updated background information	11/14	11/14
Updated genetic testing description Removed adequately interpreted from criteria Clarified use of results criteria point to point out ‘clinically useful’ testing	01/15	02/15
Added for “the member’s current or planned” pregnancy to policy/criteria section B	06/15	06/15

Reviews, Revisions, and Approvals	Date	Approval Date
Converted to new template. Added “to inform interventions that could prevent or delay disease onset, to detect disease at an earlier stage when treatment is more effective” to criteria. Added recommendation that unless there is an intervention appropriate in childhood, parents defer genetic testing for adult onset conditions until adulthood per ASHG guidelines.	06/16	06/16
References reviewed and updated. Added the following note: “When using testing panels, including but not limited to, multiple genes or multiple conditions, and in cases where a tiered approach/method is clinically available, testing would be covered ONLY for the number of genes or tests deemed medically necessary to establish a diagnosis.”	06/17	06/17
References reviewed and updated. Added I.D: member has not previously undergone genetic testing for the disorder. Added statement that direct-to-consumer genetic testing is not medically necessary.	04/18	04/18

**References**

1. Laboratory Corporation of America. My testing options. 2013. Updated 2017.
2. National Human Genome Research Institute. Frequently asked questions about genetic testing. National Institutes of Health. Updated July 2017.  
<https://www.genome.gov/19516567/>
3. Hamid R. New guidelines on genetic testing and screening in children. AAP Grand Rounds. 2013. 30(3). <http://aapgrandrounds.aappublications.org/content/30/3/36.full>
4. Next-Gen Sequencing: Expanded genetic testing the real world. Medscape. Sept 15, 2014.
5. The American Society of Human Genetics Board of Directors and the American College of Medical Genetics Board of Directors. “Points to Consider: Ethical, Legal, and Psychosocial Implications of Genetic Testing in Children and Adolescents. “Am J Hum Genet. 2015.97(1); 6-21. [10.1016/j.ajhg.2015.05.022](https://doi.org/10.1016/j.ajhg.2015.05.022)
6. Wisconsin Department of Health Services. Forward Health provider information. June 2014; 2014-37.
7. Raby BA, Kohlmann W, Vene V. Genetic Testing. UpToDate. Accessed April 3, 2018.
8. American College of Obstetricians and Gynecologists. Counseling About Genetic Testing and Communication of Genetic Test Results. Committee Opinion. Number 693. April 2017.

**Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

## CLINICAL POLICY

### Genetic Testing

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

**Note: For Medicaid members**, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

**Note: For Medicare members**, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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