

Children's Hospital and Health System Chorus Community Health Plans Policy and Procedure

This policy applies to the following entity(s):

- | | |
|--|---|
| <input type="checkbox"/> CHW – Milwaukee | <input type="checkbox"/> CHW - Fox Valley |
| <input type="checkbox"/> CHHS Foundation | <input type="checkbox"/> CHW - Surgicenter |
| <input type="checkbox"/> CHW – Community Services Division | <input checked="" type="checkbox"/> Chorus Community Health Plans |
| <input type="checkbox"/> Children's Medical Group - Primary Care | <input type="checkbox"/> Children's Specialty Group |
| <input type="checkbox"/> Children's Medical Group - Urgent Care | <input type="checkbox"/> CHHS Corporate Departments |

Medical Utilization Management Policy

SUBJECT: GENETIC TESTING

INCLUDED PRODUCT(S):

Medicaid

BadgerCare Plus

Care4Kids Program

Individual and Family

Commercial

Marketplace

PURPOSE OR DESCRIPTION:

The purpose of this policy is to define criteria when CCHP considers genetic testing medically necessary.

Definition: Genetic tests are medical tests that detect variations in human DNA (deoxyribonucleic acid), chromosomes, genes or gene products.

POLICY:

CCHP utilizes Milliman Care Guidelines, MCG, to determine the medical utility of a genetic test based on the available medical evidence. CCHP provides coverage for a

Effective: 9/16

Revised: 1/18

Reviewed: 10/21

Q: \CCHP Leadership\Utilization Management Medical Policies\APPROVED MEDICAL UM POLICIES\Genetic Testing Medical UM Policy

Developed by: CCHP Medical Directors and Executive Director Health Plan Clinical Services

genetic test when the clinical application is considered medically necessary for the member only.

1. Genetic testing will be considered medically necessary when:
 - a. MCG has a guideline for the genetic test and the clinical documentation meets the criteria of that MCG guideline, or
 - b. MCG does not have a guideline for uncommon genetic tests, but the CCHP Medical Director has determined that the genetic test is similar enough to a genetic test where there is an MCG guideline and the clinical documentation meets the analogous criteria of that MCG guideline.
2. Genetic testing will be considered not medically necessary when:
 - a. MCG has concluded, based on review of existing evidence, that there are no clinical indications for the technology, or
 - b. MCG has not yet published a review for new genetic tests or new indications of an existing test, or
 - c. MCG does not have a guideline for the genetic test and there is no similar genetic test with an MCG guideline where the criteria could be considered applicable.

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