SUBJECT: GENETIC TESTING

INCLUDED PRODUCT(S):

- Medicaid
  - BadgerCare Plus
- Individual and Family
  - Commercial
  - Care4Kids Program
  - Marketplace

PURPOSE OR DESCRIPTION:
This policy defines criteria that Chorus Community Health Plans (CCHP) considers to be medically necessary for genetic testing.

Definition: Genetic tests involve detection of variations in human DNA (deoxyribonucleic acid), chromosomes, genes or gene products.

POLICY:
CCHP use Milliman Care Guidelines (MCG), which are based on available medical evidence, to determine if a genetic test is medically necessary. CCHP provides coverage for a 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. A guideline for the requested genetic test does not exist in MCG, but the CCHP medical director has determined that the genetic test is similar enough to a genetic test with an MCG guideline, and the clinical documentation meets the analogous criteria of the applicable 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.