GENETIC TESTING

INCLUDED PRODUCT(S):

<table>
<thead>
<tr>
<th>Medicaid</th>
<th>Commercial</th>
<th>Marketplace</th>
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</thead>
<tbody>
<tr>
<td>✖ BadgerCare Plus</td>
<td>✖ Together with CCHP</td>
<td>✖ Together with CCHP</td>
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<td>✖ Care4Kids Program</td>
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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
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.