

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

This policy applies to the following entity(s):

- | | |
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| <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 Plan |
| <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:

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.

Effective: 9/16

Revised: 1/18

Last reviewed: 10/23

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

Developed by: CCHP Medical Directors

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 th 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.

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