

Comprehensive Medical and Dental Program Authorization Guideline

Subject: Genetic Testing

Unit: Health Services

Purpose

This guideline is used in the prior authorization and decision-making process regarding requests for genetic consultation and/ or genetic testing, including:

- Karyotype (chromosome banding)
- High Resolution Chromosome Analysis
- Fluorescent in-situ Hybridization (FISH)
- Chromosome Microarray Testing (CMA)

This guideline does not represent a standard of care, nor is it intended to dictate an exclusive course of management. Since medical research, physician practice patterns, and health care technology are continuously evolving, please note the information contained in this guideline may be updated.

Clinical Considerations:

When ordering a genetic test, practitioners should be cognizant of what information each different type of genetic test can yield and order genetic testing with the following questions in mind:

- What medical questions do you expect to have answered by genetic testing?
- What specific condition(s) are suspected?
- How will the results of the genetic testing affect the course of medical treatment?
- What changes in treatment, referral, or prognosis should we expect to see as a result of the genetic testing?

Conventional karyotyping may be more appropriate when a common aneuploidy is suspected. It would be appropriate to order a FISH with a single probe to confirm a suspected diagnosis of a well-described syndrome, such as Williams's syndrome.

Additionally, a microarray should not be ordered when a rapid turnaround time is needed, such as in the case of a STAT newborn analysis, especially if a chromosomal trisomy is suspected.

Criteria to Substantiate Medical Necessity for Genetic Testing:

Genetic testing is only approved when the results of such testing are necessary to differentiate between treatment options. Genetic testing will not be approved to determine specific diagnoses or syndromes when such diagnoses would not definitively alter the medical treatments of the member. Genetic testing is not approved to determine the likelihood of associated medical conditions occurring in the future when conventional testing is available to test for the medical conditions (e.g., renal disease, hepatic disease) that may be associated with an underlying genetic condition.

**Comprehensive Medical and Dental Program
Authorization Guideline**

Subject: Genetic Testing

Unit: Health Services

Genetic testing is not approved as a substitute for ongoing monitoring or testing of potential complications or sequelae of a suspected genetic anomaly. Genetic testing is not approved for purposes of determining current or future family planning.

Predictive genetic testing for adult onset conditions generally should be deferred unless an intervention initiated in childhood may reduce morbidity or mortality. An exception might be made for families for whom diagnostic uncertainty poses a significant psychosocial burden, particularly when an adolescent and his or her parents concur in their interest in predictive testing.

Genetic testing is not approved to determine whether a member carries a hereditary predisposition to cancer or other diseases. Genetic testing is also not approved for members diagnosed with cancer to determine whether their particular cancer is due to a hereditary genetic mutation known to increase the risks of developing that cancer.

When genetic testing is appropriate and medically necessary, CMDP will only approve the most specific test to address the issue involved. In addition, providers must specify the number of units for the requested test.

Signature on file
Medical Director

____7/7/17_____
Date