Medical Policy for Genetic Testing

Genetic Testing, including array-based comparative genomic hybridization and gene expression profiling, is a rapidly advancing field with significant potential for health care. However, based on existing evidence, the current role remains uncertain. Whole genome and exome sequencing strategies are also presently used on a research basis only.

Therefore, genetic testing is not be a covered benefit except for the following specific tests:

1) BRCA testing for breast cancer (see Milliman Care Guidelines for criteria)
2) Non-invasive prenatal testing (NIPT) for aneuploidy, e.g. Informaseq testing (see VCHCP policy on NIPT)
3) MEN1 or RET testing for multiple endocrine neoplasia (see Milliman Care Guidelines for criteria)
4) HBA1, HBA2 or HBB testing for alpha-thalassemia syndrome (see Milliman Care Guidelines for criteria)
5) HHT gene testing for confirmation of diagnosis of Huntington’s disease (see Milliman Care Guidelines for criteria)
6) Diagnosis and Screening for Lynch syndrome (see Milliman Care Guidelines for criteria)
7) APC or MUTYH testing for diagnosis and screening for familial adenomatous polyposis (see Milliman Care Guidelines for criteria)

All other individual tests will be reviewed on a case by case basis by a physician reviewer. In such cases, the requestor must include specific information pertinent to the case in order for the referral to be considered for approval.

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