PURPOSE:
The purpose of this policy is to define Maryland Care, Inc., dba Maryland Physicians Care (MPC) clinical
guidelines for reviewing and authorizing genetic testing when specific criteria are not available for the
requested genetic test.

POLICY:
MPC considers Genetic Testing medically necessary when all of the following criteria are met:
   A. The member displays clinical features, or is at direct risk of inheriting the mutation in question,
      and
   B. The test results will be used to develop a clinically useful approach or course of treatment, or to
      cease unnecessary monitoring or treatments for the individual being tested. Clinically useful test
      results allow providers to do at least one of the following:
      1. Inform interventions that could prevent or delay disease onset,
      2. Detect disease at an earlier stage when treatment is more effective,
      3. Manage the treatable progression of an established disease,
      4. Treat current symptoms significantly affecting a member’s health,
      5. Guide decision making for the member’s current or planned pregnancy; and
   C. The genetic disorder could not be diagnosed through completion of conventional diagnostic
      studies, pedigree analysis and genetic counseling consistent with the community standards;
   D. The member has not previously undergone genetic testing for the disorder, unless significant
      changes in testing technology or treatments indicate that test results or outcomes may change
      due to repeat testing;
   E. Technical and clinical performance of the genetic test is supported by published peer-reviewed
      medical literature.

When using testing panels such as, but not limited to, multiple genes or conditions testing will only be
covered for the number of genes or tests determined to be medically necessary to establish a diagnosis.
In cases where a tiered approach or method is clinically available, testing will only be covered for the
number of genes or tests determined to be medically necessary to establish a diagnosis.

All requests for genetic testing require a medical director review.

All other requests for genetic testing, including direct-to-consumer and genetic banking/DNA storage,
are considered not medically necessary.
OPERATING PROTOCOL:
All requests for genetic testing must follow standard prior authorization policies and procedures as outlined on the MPC website.

Systems
Clinical documentation system for Prior Authorization
Claims system

Measurement
Reporting

INTER-/INTRADEPENDENCIES:
Internal
Prior Authorization
Claims

External
Requesting providers
Members

LEGAL/CONTRACT REFERENCES:
None

ATTACHMENTS:
None

DEFINITIONS:
Genetic Testing: The analysis of human DNA, RNA, or chromosomes in order to detect heritable disease-related genotypes, mutations, phenotypes, or karyotypes for clinical purposes.

Affiliate: Medicaid business conducted by the direct and indirect subsidiaries of the management company.
**Board of Directors:** MPC board of directors has ultimate accountability for the health plan processes, activities, and systems. This includes responsibility for implementing systems and processes for monitoring and evaluating the care and services members receive through the health delivery network.


**COMAR:** Code of Maryland Regulation

**Contractor and Agent:** Any entity or person, including a sub-contractor, that, on behalf of MPC or its affiliates, furnishes of administrative and/or operational services.

**Member:** A person enrolled by the State of Maryland Medicaid/MDH to MPC, a Medicaid managed care organization.

**Personnel:** Employees of MPC management company, its affiliates, consultants, temporary or seasonal employees, student interns, volunteers, and any other class or type of full or part time employee who participate in MPC administrative operations.

**REVISION LOG:**

<table>
<thead>
<tr>
<th>REVISION</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original effective date</td>
<td>02/20/2020</td>
</tr>
</tbody>
</table>

**POLICY AND PROCEDURE APPROVAL:**

The electronic approval retained in P&P management software is considered equivalent to a signature.