



Genetic Testing Clinical Criteria

Policy Number: PA 25 Last

Review Date: 02/08/2024

Effective Date: 02/20/2020

Policy

Maryland Care, Inc., dba Maryland Physicians Care (MPC) utilizes this clinical policy when specific criteria are not available for the requested genetic test. All requests for genetic testing require a medical director review. MPC considers Genetic Testing medically necessary when 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.



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Limitations

All other requests for genetic testing, including direct-to-consumer and genetic banking/DNA storage, are considered not medically necessary.

Background

All requests for genetic testing must follow standard prior authorization policies and procedures as outlined on the MPC website.

Codes/Devices/Services

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

References

None

Revision Log

Reviewed and Revised: Updated template	February 2021
Reviewed and Revised: minor grammatical updates	February 2022
Annual Review, no revisions necessary	February 2023
Annual Review, no revisions necessary	February 2024