

Marketplace National Regional Benefit Interpretation Document

Benefit Name	GENETIC TESTING/THERAPY
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Definition	<p>This policy addresses genetic testing and counseling.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.</p> <p>Genetic testing is defined by the National Human Genome Research Institute as an array of techniques including analysis of human DNA, RNA, or protein. Genetic tests are used as a health care tool to detect gene variants associated with a specific disease or condition, as well as for non-clinical uses such as paternity testing and forensics. In the clinical setting, genetic tests can be performed to determine the genetic cause of a disease, confirm a suspected diagnosis, predict future illness, detect when an individual might pass a genetic mutation to his or her children, and predict response to therapy. They are also performed to screen newborns, fetuses, or embryos used in in vitro fertilization for genetic defects.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>A. FEDERAL/STATE MANDATED REGULATIONS</p> </div> <p>Note: The most current federal/state mandated regulations for each state can be found in the links below.</p> <p>FEDERAL: CMS ACA Implementation FAQ XXVI (Coverage of BRCA Testing)</p> <p>CALIFORNIA: California Health & Safety Code §1367.7: Prenatal Diagnosis of Genetic Disorders of Fetus: On and after January 1, 1980, every health care service plan contract that covers hospital, medical, or surgical expenses on a group basis, and which offers maternity coverage in such groups, shall also offer coverage for prenatal diagnosis of genetic disorders of the fetus by means of diagnostic procedures in cases of high-risk pregnancy. Every health care service plan</p>

shall communicate the availability of such coverage to all group contract holders and to all groups with whom they are negotiating.

B. STATE MARKET PLAN ENHANCEMENTS

None

C. COVERED BENEFITS

IMPORTANT NOTE: Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

MHI uses eviCore healthcare and MCG criteria for evaluation of all genetic testing requests. Please refer to Clinical Policy for additional criteria information.

GENETIC TESTING/THERAPY

CALIFORNIA, FLORIDA, IDAHO, ILLINOIS, MICHIGAN, MISSISSIPPI, NEW MEXICO, OHIO, SOUTH CAROLINA, TEXAS, UTAH, WASHINGTON, WISCONSIN:

Molina covers limited gene therapy services in accordance with Molina's medical policies and subject to Prior Authorization

KENTUCKY:

Passport will also cover genetic tests for cancer risk which are recommended by a physician, physician assistant, genetic counselor, or advanced practice registered nurse. You will not be required to pay a co-pay or deductible for a genetic cancer risk test.

D. NOT COVERED

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

GENE THERAPY

ALL STATES:

Gene Therapy: Most gene therapy, including prescription drug gene therapy, is not covered. Molina covers limited gene therapy services in accordance with Molina's medical policies and subject to Prior Authorization.

E. DEFINITIONS

[See Glossary](#)

F. REFERENCES

1. Centers for Medicare & Medicaid Services (CMS) Medicare Coverage Database Homepage. Accessed at: <http://www.cms.gov/medicare-coverage-database/>
2. National Institutes of Health. Genetic Testing: How it is used for healthcare, fact sheet. February 14, 2011, Updated June, 2018. Accessed at: <http://report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=43&key=G#G>
3. Genetic Testing Registry. [website] National Center for Biotechnology Information, U.S. National Library of Medicine. Accessed at: <http://www.ncbi.nlm.nih.gov/gtr/>
4. Centers for Disease Control and Prevention. Genomic Testing. July, 2017. Accessed at: <http://www.cdc.gov/genomics/gtesting/>
5. National Human Genome Research Institute. [website]:
 - a. Coverage and Reimbursement of Genetic Tests. Aug, 2019. Accessed at: <https://www.genome.gov/19016729/coverage-and-reimbursement-of-genetic-tests/>
 - b. Regulation of Genetic Tests. Jan, 2018. Accessed at: <https://www.genome.gov/10002335/regulation-of-genetic-tests/>
6. U.S. National Library of Medicine. What is a gene mutation and how do mutations occur? March 13, 2011. Updated Aug, 2019. Accessed at: <http://ghr.nlm.nih.gov/handbook/mutationsanddisorders/genemutation>

G. POLICY HISTORY/REVISION INFORMATION

Date	Action/Description

Procedure Codes
(Internal Use Only)

Refer to the Benefit Interpretation Policies titled **Emergency and Urgent Care Services, Inpatient Hospital Services, Diagnostic and Radiology Services and Preventive Care Services.**

Coding Disclaimer: Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to

	utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.				
Prior Authorization	<p>For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:</p> <ul style="list-style-type: none"> a. Covered and No PA Required b. Not Covered <p>You cannot use the MHI PA Matrix to make coverage determinations.</p> <p>PA Lookup Tool</p>				
Approval	Departments	Product	CIM	Clinical Management	
	Date	11/2/2021	3/11/2022	11/5/2021	
	Revised (for 1/1/2023)	11/10/2022		11/10/2022	