

MOLECULAR GENETIC TESTING GUIDELINES

Policy # 83

Implementation Date: 10/1/19

Revision Dates: 4/13/22

Related Medical Policies:

[#123 Gene Therapy, Testing, and Counseling](#)

Disclaimer:

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for SelectHealth Commercial, SelectHealth Advantage (Medicare), and SelectHealth Community Care (Medicaid) plans. Refer to the “Policy” section for more information.

Description

Prior authorization for molecular genetic testing is required by SelectHealth and administered by AIM.

The program scope includes, but may not be limited to:

- Genetic Testing for Hereditary Cardiac Disease
- Genetic Testing for Hereditary Cancer Susceptibility
- Genetic Testing for Single-Gene and Multifactorial Conditions
- Pharmacogenetic Testing and Testing for Thrombotic Disorders
- Reproductive Carrier Screening and Prenatal Diagnosis
- Molecular Testing of Solid and Hematologic Tumors and Malignancies
- Whole Exome and Whole Genome Sequencing

For questions concerning specific CPT codes, please contact member services at 1-800-538-5038.

The program scope does not include transplant testing.

Requests for authorization may be submitted 24/7 via the AIM ProviderPortalSM (within the SelectHealth portal at <https://phy.intermountain.net/selecthealth/Pages/Home.aspx>), or by phone at (844) 377-1281 from 8:00 am to 5:00 pm MT.

1. For Molecular Profiling, Liquid Biopsy, and Indeterminate Thyroid Nodule Biopsy, use criteria outlined in the SelectHealth Medical Policies available at <https://intermountainhealth.sharepoint.com/sites/PHYpolicies-procedures/SitePages/Home.aspx>

GENETIC TESTING: MOLECULAR PROFILING FOR
DETERMINING THERAPY OF MALIGNANT TUMORS

https://intermountainhealth.sharepoint.com/:b:/r/sites/PHYpolicies-procedures/_layouts/15/WopiFrame.aspx?sourcedoc={67edc7f7-f538-4dc6-9786-6ec966d787ff}&action=interactivepreview

GENETIC TESTING: LIQUID BIOPSY

https://intermountainhealth.sharepoint.com/:b:/r/sites/PHYpolicies-procedures/_layouts/15/WopiFrame.aspx?sourcedoc={36eaae81-d9c0-4a75-950a-7b6de3aa7e72}&action=interactivepreview

GENE EXPRESSION TESTING FOR INDETERMINATE THYROID NODULE BIOPSY

https://intermountainhealth.sharepoint.com/:b:/r/sites/PHYpolicies-procedures/_layouts/15/WopiFrame.aspx?sourcedoc={98c91968-a87d-43fe-a3d1-a914a94aac0c}&action=interactivepreview

2. For all other tests, the test meets appropriate use criteria outlined in the AIM Clinical Appropriateness Guidelines available at: <http://aimspecialtyhealth.com/CG-GeneticTesting.html>.
3. Genetic counseling requirements have been met as described below.

Genetic Counseling

SelectHealth requires pretest genetic counseling for any hereditary cancer, hereditary cardiac, or whole genome whole exome test, as described in the AIM Guidelines.

Genetic Counseling must be performed by one of the below genetic experts:

- a. A board-certified or board-eligible medical geneticist not employed by a commercial genetic testing laboratory*
- b. An American Board of Medical Genetics or American Board of Genetic Counseling certified genetic counselor not employed by a commercial genetic testing laboratory*
- c. A genetic nurse who a) is credentialed as either a Genetic Clinical Nurse (GCN) or an Advanced Practice Nurse in Genetics (APGN) by either the Genetic Nursing Credentialing Commission (GNCC) or the American Nurses Credentialing Center (ANCC), and b) is not employed by a commercial genetic testing laboratory*
- d. A provider with recognized expertise in the area being assessed.

A molecular genetic test that does not meet these criteria is not medically necessary, and therefore, is not covered.

- * *A physician, genetic counselor or genetic nurse employed by a laboratory that operates within an integrated, comprehensive health care delivery system is not considered to be an employee of a commercial genetic testing laboratory for the purpose of this policy.*

SelectHealth Advantage (Medicare/CMS)

The test meets appropriate use criteria outlined in the National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) available at cms.gov. If no NCD or LCD applies to that test, the clinical criteria will default to either health plan medical policy or AIM clinical guidelines as outlined above.

SelectHealth Community Care (Medicaid)

The test meets appropriate use criteria outlined in the Utah Medicaid policy available at <https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Physician%20Services/Physician%20Services%20Manual/PhysicianServices.pdf#page=15&zoom=100,0,281>. If no criteria exist in the policy that pertains to that test, the clinical criteria will default to either health plan medical policy or AIM clinical guidelines as outlined above.

Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate healthcare providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

SelectHealth makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. SelectHealth updates its Coverage Policies regularly, and reserves the right to amend these policies without notice to healthcare providers or SelectHealth members. Claims will be reviewed based on current policy language at time of review.

Members may contact Customer Service at the phone number listed on their member ID Card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call SelectHealth Provider Relations at 801-442-3692.

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