SUBJECT: GENETIC TESTING

INCLUDED PRODUCT(S):

<table>
<thead>
<tr>
<th>Medicaid</th>
<th>Commercial</th>
<th>Marketplace</th>
</tr>
</thead>
<tbody>
<tr>
<td>✗ BadgerCare Plus</td>
<td>✗ Together with CCHP</td>
<td>✗ Together with CCHP</td>
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<td>✗ Care4Kids Program</td>
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PURPOSE OR DESCRIPTION:
The purpose of this policy is to define criteria when CCHP considers genetic testing medically necessary.

Definition: Genetic tests are medical tests that detect variations in human deoxyribonucleic acid (DNA), chromosomes, genes or gene products.

POLICY:
CCHP utilizes Milliman Care Guidelines, MCG, to determine the medical utility of a genetic test based on the available medical evidence. CCHP provides coverage for a
genetic test when the clinical application is considered medically necessary for the member only.

1. If MCG has concluded, based on review of existing evidence, that there are no clinical indications for the technology, the genetic test will be considered experimental or investigational and therefore not medically necessary.

2. For newer genetic tests or new indications of existing testing which MCG has not yet published a review, CCHP will consider the genetic test experimental or investigational and therefore not medically necessary.