

Children's Hospital and Health System Children's Community Health Plan Policy and Procedure

This policy applies to the following entity(s):

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| <input type="checkbox"/> CHW – Milwaukee | <input type="checkbox"/> CHW - Fox Valley |
| <input type="checkbox"/> CHHS Foundation | <input type="checkbox"/> CHW - Surgicenter |
| <input type="checkbox"/> CHW – Community Services Division | <input checked="" type="checkbox"/> Children's Community Health Plan |
| <input type="checkbox"/> Children's Medical Group - Primary Care | <input type="checkbox"/> Children's Specialty Group |
| <input type="checkbox"/> Children's Medical Group - Urgent Care | <input type="checkbox"/> CHHS Corporate Departments |

Medical Utilization Management Policy

SUBJECT: GENETIC TESTING

INCLUDED PRODUCT(S):

Medicaid

BadgerCare Plus

Care4Kids Program

Commercial

Together with CCHP

Marketplace

Together with CCHP

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

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Reviewed:

Revised:

Developed by: CCHP Medical Directors and Director Health Plan Clinical Services

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.

Effective: 9/2016

Reviewed:

Revised:

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