



GENETIC TESTING GUIDELINE

Gold Coast Health Plan (GCHP) utilizes MCG as its primary clinical decision-making resource for requested services. The purpose of this guideline is to provide criteria for evaluating the medical necessity and benefit coverage of genetic testing when not addressed in MCG. Genetic testing is a rapidly expanding aspect of medical care which can be useful for diagnosing disease, guiding treatment, and/or identifying possible genetic risks for development of disease.

1. Genetic testing generally aims to achieve one of the following goals:
 - a. Confirm the diagnosis of a genetic disease.
 - b. Identify genetic factors which significantly increase an individual's risk for developing a disease.
 - c. Help determine prognosis, effectiveness of various treatment options, and guide management of appropriate diseases.
 - d. Determine whether a high-risk couple's genetic makeup increases the risk of their children having a genetic disease.
 - e. Identify diseases in high-risk situations by using prenatal or newborn genetic testing.
2. Prior authorization (PA) is required for all genetic testing. Medical necessity will be determined upon PA submission and the following factors will be considered:
 - a. There are identifiable reasons to perform the genetic tests being requested, including a relevant family history or the presence of a clinical condition which suggests a genetic component is relevant to diagnosis AND management.
 - b. A definitive diagnosis cannot be made without performing the genetic test being requested AND the results of the genetic testing will influence the treatment or medical management of the patient.
 - c. Genetic testing is needed to help guide family planning decisions.
 - d. If a common single gene test is likely to be the cause of the genetic issue in question, a multi-gene test will not be approved until after the single gene test result is negative.
 - e. In performing genetic testing of parents to determine risk of an autosomal recessive disease in their offspring, one parent will be tested initially. The other parent will only be tested if the first parent's test indicates the genetic abnormality is present.
 - f. The test will be ordered by a clinician who has familiarity with the genetic testing being requested and who has the appropriate expertise to understand the implications of the test and how to follow-up the results.
 - g. Testing for any specific gene mutation will only be approved once for the lifetime of any individual person.
 - h. Genetic testing will not be approved if the results or outcome may pose a harm to the individual.
 - i. Genetic testing will not be approved if the only purpose for ordering the testing is one of the following:
 - i. As part of a research project.
 - ii. For general screening purposes where there are no high-risk factors indicating that genetic testing may be useful.
 - iii. Where the results of the genetic testing have no therapeutic or medical management implications.
 - iv. For the purpose of determining paternity or familial relationships.
 - v. For forensic purposes, as this is not a covered benefit.
 - vi. As part of ancestral testing (non-disease specific gene panels).
 - j. If expert guidance is not available to validate the appropriateness of a particular genetic test, GCHP reserves the right to request the member see a geneticist prior to approving the test.
3. Certain genetic tests are not covered by state Medi-Cal and thus are not covered by GCHP.
4. For genetic tests related to pregnancy and newborns, please refer to Medi-Cal guidelines in the Genetic Counseling and Screening section gene coun 1 – 7.

References

The Centers for Disease Control and Prevention: <https://www.cdc.gov/genomics/gtesting/index.htm>. Accessed on June 30, 2020.

The National Comprehensive Cancer Network: https://www.nccn.org/professionals/physician_gls/default.aspx. Accessed on June 30, 2020.

The American College of Medical Genetics and Genomics:
https://www.acmg.net/ACMG/Medical-Genetics-Practice-Resources/Technical_Standards_and_Guidelines.aspx?WebsiteKey=6e-814a8c-3077-4552-ba39-f7fcacff42d6. Accessed on June 30, 2020.

Medi-Cal Guidelines (path molec, gen coun):
files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/genecoun_m00o03.doc. Accessed on June 30, 2020.

MEDICAL ADVISORY COMMITTEE GUIDELINE HISTORY			
Adopted By MAC	Reapproved	Revised	Retired
July 26, 2018			
	July 25, 2019		
	July 23, 2020		