Genetic Testing Tip Sheet



Genetic Testing

How do I know if prior authorization is needed?

- Refer to the appropriate Idaho Medicaid Fee schedule (Idaho Medicaid Fee Schedules).
- Refer to the Idaho Medicaid Provider Handbook-Laboratory Services, section 4.7 for details regarding genetic testing (<u>Laboratory Services Provider Handbook</u>)

What Documentation is Required?

- A signed Requisition/Attestation form.
- Documentation of Medical Necessity (do not just submit the requisition form) which includes the following, but is not limited to the following, information:
 - How the results will have a direct and significant impact on medical care going forward
 - o Genetic counseling by a provider outlined below
 - Family history of at least 3 generations (for cancer diagnoses include age at diagnosis

What Genetic Tests are NOT covered by Idaho Medicaid

- Tests performed for screening purposes only, in the absence of signs, symptoms, or personal history of disease or injury
- Tests that are done solely to diagnose a patient or to confirm a diagnosis, and will not impact medical decision making for the patient or the patient's treatment plan
- Tests for conditions and diseases which are symptomatically treated
- Tests done for informational purposes only
- Tests on people other than the participant
- Tests for paternity
- Tests for legal reasons
- Tests performed for the purposes of genetic counseling or family planning
- Genetic Testing for Alzheimer Disease (testing for apolipoprotein E)
- Tests for the selection of medications or determination of dosage to treat mental health disorders.
- Genetic Testing for Hyperbilirubinemia
- Genetic Testing for Mental Health Disorders
- Genetic Testing for Thrombophilia

Genetic Counseling-must be provided by one of the following:

- A genetic counselor with a master's degree specifically in genetic counseling or related field, who is certified by the American Board of Genetic Counseling (ABGC) or American Board of Medical Genetics (ABMG).
- A physician, nurse practitioner or physician assistant with the appropriate expertise and training about inherited conditions, risks for disease, testing implications for health management, and interpreting findings of genetic tests.
- A pharmacist with ASHP pharmacogenetic certification.

Genetic Testing for Pharmacogenetics

• To be covered by Idaho Medicaid the testing must be required or recommended by the drug prescribing information, or a drug trial would be contraindicated without the genetic testing results known ahead of time.

Auto-Approvals for Genetic Testing

- Some Genetic Testing codes are eligible for automatic approvals.
 - Ensure the code is on the current Idaho Medicaid Fee schedule and that it requires prior authorization
 - o Choose the correct indication for the requested testing (i.e. for microarray testing there are several indications with their own set of criteria)
 - Custom criteria are available for certain CPT codes or diagnoses. When applicable, using the custom criteria aligns with Idaho Medicaid's specific needs and eligibility conditions. Choose these guidelines when applicable.
 - Idaho_Cologaurd
 - Free_Cell DNA
 - CMA_Autism_ID_MCD
 - ID_Medicaid_CF_genetic_testing
 - ID_MCD_SHOX
 - Idaho Medicaid_Bacterial Vaginosis Testing
 - FMR_ID_MCD
 - ID_Recurrent Pregnancy Loss
 - Idaho Medicaid_SMA_Screening
 - ID_FISH_BMB
 - ID_MCD_Turner syndrome genetic testing
 - ID_Prenatal Genetic Testing
- READ THE CRITERIA and ASSURE the documentation supports the criteria being selected
- All Auto-Approvals are subject to audits.