

Medical Policy for Genetic Testing

Genetic Testing, including array-based comparative genomic hybridization and gene expression profiling, is a rapidly advancing field with significant potential for health care. However, based on existing evidence, the current role remains uncertain. Whole genome and exome sequencing strategies are also presently used on a research basis only.

Therefore, genetic testing is not be a covered benefit except for the following specific tests:

- 1) BRCA testing for breast cancer (see Milliman Care Guidelines for criteria)
- 2) Non-invasive prenatal testing (NIPT) for aneuploidy, e.g. Informaseq testing (see VCHCP policy on NIPT)
- 3) MEN1 or RET testing for multiple endocrine neoplasia (see Milliman Care Guidelines for criteria)
- 4) HBA1, HBA2 or HBB testing for alpha-thalassemia syndrome (see Milliman Care Guidelines for criteria)
- 5) HHT gene testing for confirmation of diagnosis of Huntington's disease (see Milliman Care Guidelines for criteria)
- 6) Diagnosis and Screening for Lynch syndrome (see Milliman Care Guidelines for criteria)
- 7) APC or MUTYH testing for diagnosis and screening for familial adenomatous polyposis (see Milliman Care Guidelines for criteria)

All other individual tests will be reviewed on a case by case basis by a physician reviewer. In such cases, the requestor must include specific information pertinent to the case in order for the referral to be considered for approval.

A. **Attachments:** None

B. **History:**

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