Genetic Testing (Evaluation for predisposition or carrier status for a genetic disorder.)

References

Dr. Marc S. Williams, Peter Levonian, M.S. Familial cancer syndromes and genetic counseling. Tomlinson.

BRCA 1&2: Hayes GENE0303.04, Aetna coverage policy bulletin BRCA Testing.

APC: Hayes GENE0203.06.

HNPPC: Hayes GENE0303.05.

RET: Aetna coverage policy bulletin RET Proto-Oncogene Testing.


Hayes October 24, 2007 “Genetic Testing Using the Familion Test for Diagnosis of Inherited Channelopathies.”
Genetic testing for susceptibility to inherited conditions will be considered a covered benefit if all of the following conditions are met:

1. A genetic counselor* or a physician genetics specialist has assessed the individual and family history and determined that it is likely that the member has a mutation that substantially increases the member’s risk of developing the condition.

2. Information is received, either from the genetic counselor or the member’s physician, indicating that the presence of a mutation will lead to modifications in future medical care.

3. After history, physical examination, pedigree analysis, genetic counseling, and completion of other diagnostic studies, a definitive diagnosis remains uncertain.

4. Testing of a covered member that is done for the purpose of identifying a mutation that is solely for the benefit of a non-covered family member is not a covered benefit.

5. For inherited channelopathies: No identifiable external cause for QT prolongation (such as heart failure, bradycardia, electrolyte imbalances, medication effects or other medical conditions) has been identified.

6. For tests not listed on this policy, medical management will follow Hayes recommendations and consultation with a genetics counselor.

Tests include but are not limited to:

APC/MYH (Familial Adenomatous Polyposis and MYH-associated Polyposis, colon cancer)
MLH1/MSH2/MSH6/PMS2 (Lynch syndrome, aka HNPCC or Hereditary NonPolyposis Colon Cancer. RET (Multiple Endocrine Neoplasia types 2A&2B, Familial Medullary Thyroid Carcinoma) VHL (Von Hippel-Lindau disease, cerebellar hemangioblastoma, renal cell carcinoma, retinal angiomas) TP53/p53/Chek-2 (Li-Fraumeni syndrome, brain tumors, breast cancer, sarcoma and others) RB1 (retinoblastoma) PTCH (Gorlin syndrome, Nevoid Basal Cell Carcinoma syndrome) FLCN (Birt-Hogg-Dubé syndrome PTEN (Cowden disease) FH (Hereditary Leiomyomatosis with Renal Cell Carcinoma syndrome, (HLRCC) MET (Hereditary Papillary Renal Cell Carcinoma syndrome, HPRCC) CDH1 (Hereditary Diffuse Gastric Cancer syndrome) BMPR1A/SMAD4 (Juvenile Polyposis syndrome) KCNH2, KCNQ1, and KCNJ2 (short QT syndrome) HTT (Huntington disease), SHOX (Short Stature (Exception: Genetic testing for Short Stature will be approved if submitted by a Board Certified Pediatric Endocrinologist) Testing for Friedreich’s Ataxia. Cystic Fibrosis: Genetic molecular testing may be considered medically necessary for individuals presenting with symptoms of cystic fibrosis but have a negative sweat chloride test.

7. Request should include name of accredited lab performing the test (i.e. College of American Pathologist/ American College of Medical Genetics)

Gundersen Health Plan does not discriminate against individuals who may choose to undergo genetic testing for cancer. However, anyone choosing to undergo such testing should be well-informed by a certified genetic counselor, sign an informed consent document (if indicated), and be informed of possible long-term effects of the information contained in test results.

All results will be subject to confidentiality policies in place at the Health Plan as well as through the provider. Results will not be released to outside parties, unless specifically authorized by the member or unless otherwise required by operation of law. Members are not required to disclose test results as a condition of coverage.

*Genetic Counselor is defined as a counselor who has completed an accredited program in genetic counselor and is board certified/eligible according to the requirements of the American Board of Genetic Counseling or is state licensed. Coverage of services performed by a genetic counselor are non billable. Please note Health Plan members may receive genetic counseling services at Gundersen Medical Center at no charge.

**Implementation**

1. Requests for prior authorization will be forwarded to Medical Management.

2. Approvals and denials will be logged in the Core System for reference during claims processing.
3. Grievance and appeal information will be included in all denial notifications.

CODES

RELATED POLICIES

ATTACHMENTS

COMMITTEE APPROVAL
Medical Directors Committee  3/23/11, 4/25/12, 4/24/13, 5/28/14, 4/22/15, 4/27/16
UM Subcommittee  2/15/11, 2/21/12, 2/19/13, 2/18/14, 2/17/15, 2/16/16

REVISION DATES
4/14/11, 2/21/12, 2/19/13, 2/16/16