



EFFECTIVE DATE: 12|20|2013
POLICY LAST UPDATED: 12|20|2013

OVERVIEW

Genetic testing is a technique used to identify people at risk for a specific genetic disease, predict the possibility of future genetic disease, or to determine the risk for transmitting such a disease to their offspring. Testing may also be used as part of the process to identify, confirm, or predict the possibility of a specific medical condition and develop a treatment plan.

MEDICAL CRITERIA

As defined in online authorization tool:

<https://www.bcbsri.com/BCBSRIWeb/Login.do?redirectTo=/providers/preauth/preauthProviderOverview.jsp>

PRIOR AUTHORIZATION

Prior authorization is required for BlueCHiP for Medicare and recommended for all other products.

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

Requests for genetic testing should be obtained via the BCBSRI online preauthorization tool which is available only to BCBSRI participating providers. All other providers need to contact Utilization Management at the number below:

<https://www.bcbsri.com/BCBSRIWeb/Login.do?redirectTo=/providers/preauth/preauthProviderOverview.jsp>

Genetic Testing is considered medically necessary when the criteria in the online authorization tool has been met.

If a Genetic Test or family is not found in the online authorization tool, please fax request to our Utilization Management at 401-272-8885.

The clinical utility of Next Generation Sequencing Panel tests is uncertain and therefore, Next Generation Sequencing Panel Tests are not medically necessary.

BACKGROUND

Not Applicable.

COVERAGE

BlueCHiP for Medicare and Commercial Products

Benefits may vary between groups/contracts. Please refer to the Evidence of Coverage, Subscriber Agreement, or Benefit Booklet for applicable genetic testing coverage/benefits.

CODING

BlueCHiP for Medicare and Commercial Products

NOTE: Effective September 1, 2015, the services identified in blue font below will require prior authorization and will be added to the BCBSRI online prior authorization tool.

The following codes require Prior Authorization

Genetic testing CPT codes:

81200 - 81479, 81504, 81507, 81508, **81519**, 81599, 84999

Genetic Testing HCPCS codes:

S3840, **S3841**, S3844, S3845, S3846, S3849, S3850, S3852, S3854, S3866

RELATED POLICIES

Newborn Metabolic, Endocrine and Hemoglobinopathy and Newborn Hearing Loss Screening Programs Mandate

PUBLISHED

Provider Update, Sept 2013

Provider Update, February 2013

Provider Update, January 2012

Provider Update, August 2011

Provider Update, September 2009

Provider Update, September 2008

REFERENCES

Not Applicable.

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