



## PROVIDER REIMBURSEMENT GUIDANCE

### Genetic Testing

| Original Date Approved  | Effective Date SCO/ICO   | Effective Date MAPD* | Revision Date |  |  |   |  |  |   |  |  |
|---|--|----------------------|---------------|--|--|---|--|--|---|--|--|
| 3/1/2022  | 04/01/2022   | 04/01/2022           |               |  |  |   |  |  |   |  |  |
| <p><b>Scope:</b> Commonwealth Care Alliance (CCA) Product Lines</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Senior Care Options (MA)</td> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) RI*</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> One Care (MA)</td> <td style="border: none;"><input checked="" type="checkbox"/> CCA Medicare Value - (PPO) RI*</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) MA*</td> <td style="border: none;"><input checked="" type="checkbox"/> Medicare Maximum – (HMO DNSP) RI*</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> CCA Medicare Value - (PPO) MA*</td> <td style="border: none;"></td> </tr> </table> |  |                      |               | <input checked="" type="checkbox"/> Senior Care Options (MA) | <input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) RI* | <input checked="" type="checkbox"/> One Care (MA) | <input checked="" type="checkbox"/> CCA Medicare Value - (PPO) RI* | <input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) MA* | <input checked="" type="checkbox"/> Medicare Maximum – (HMO DNSP) RI* | <input checked="" type="checkbox"/> CCA Medicare Value - (PPO) MA* |  |
| <input checked="" type="checkbox"/> Senior Care Options (MA)  | <input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) RI* |                      |               |  |  |   |  |  |   |  |  |
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| <input checked="" type="checkbox"/> CCA Medicare Value - (PPO) MA*  |  |                      |               |  |  |   |  |  |   |  |  |

#### Payment Policy Summary

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Genetic testing is testing rendered by a provider to identify a member’s genetic predisposition to certain inherited conditions. Genetic testing and counseling are also covered when Medicare coverage criteria are met.

#### Authorization Requirements:

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Prior authorization may not be required for certain prenatal and newborn genetic tests, applicable to state regulations. Refer to the Genetic and Molecular Testing Medical Necessity Guidelines (MNG) for additional information.

Prior authorization is required for all other genetic testing services rendered by preferred in-network, non-preferred in-network, and out-of-network providers, except for tests noted as not covered in the Noncovered Investigational Services Medical Necessity Guidelines.

#### Reimbursement Guidelines:

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Commonwealth Care Alliance (CCA) compensates for genetic testing in accordance with appropriate state regulations or contracted compensation rates. An invoice may be required for payment.

An invoice must be submitted for all codes that CCA designates as Individual Consideration. Refer to the Individual Consideration Services Payment Policy for more information.

CCA does not reimburse for genetic and molecular diagnostic tests that are scientifically unproven. Refer to CCA MNG Experimental and Investigational Services

#### Genetic Testing Frequency

CCA Health Plan does not routinely compensate specific genetic testing procedures when billed more than once in a patient's lifetime.

## Specific Genetic Testing Coverage References:

### Tier 1 Molecular Pathology and HCPCS Genetic Analysis/Testing Procedures

- CCA does not routinely compensate genetic testing procedures when billed with a Tier 1 molecular pathology procedure based on CPT and HCPCS procedure code definitions.
- CCA does not routinely compensate procedures billed out of sequence. If 81211 (BRCA1, BRCA2 (breast cancer 1 and 2) gene analysis), 81214 (BRCA1 (breast cancer 1) gene analysis), or 81216 (BRCA2 (breast cancer 2) gene analysis) is billed and any of these codes (different CPT than the code being processed) has been previously paid for the same date of service, then all subsequently billed codes will be denied with reason Procedure Inappropriately Coded.

**Tumor Markers:** Tumor markers are covered when criteria are met; refer to the following NCDs (links provided in References section):

- Tumor Antigen by Immunoassay – CA 125 (190.28)
- Tumor Antigen by Immunoassay – CA 19-9 (190.30)
- Tumor Antigen by Immunoassay – CA 15-3/CA 27.29 (190.29)
- Carcinoembryonic Antigen (190.26)
- Prostate Specific Antigen (190.31)
- Alpha-fetoprotein (190.25)

**Cytogenetic Studies:** Cytogenetic studies are used to describe the microscopic examination of the physical appearance of human chromosomes. Cytogenetic studies are covered when reasonable and necessary for the diagnosis or treatment of the following conditions:

- Genetic disorders (e.g., mongolism) in a fetus
- Failure of sexual development
- Chronic myelogenous leukemia
- Acute leukemias lymphoid (FAB L1-L3), myeloid (FAB M0-M7), and unclassified; or
- Myo dysplasia

Refer to the National Coverage Determination (NCD) for Cytogenetic Studies (190.3).

**Next Generation Sequencing (NGS) Cytogenetic Studies:** Next Generation Sequencing (NGS) is one technique that can measure one or more genetic variations as a laboratory diagnostic test, such as when used as a companion in vitro diagnostic test. NGS is not a specific test, but a sequencing methodology utilized to capture genomic information. Two types of tests are considered for coverage, “Hot-spot” tests and comprehensive genomic profile tests (CGP).

## References

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[CCA Website](#)

[CMS Website](#)

- [Tumor Antigen by Immunoassay – CA 125 \(190.28\)](#)
- [Tumor Antigen by Immunoassay – CA 19-9 \(190.30\)](#)
- [Tumor Antigen by Immunoassay – CA 15-3/CA 27.29 \(190.29\)](#)
- [Carcinoembryonic Antigen \(190.26\)](#)
- [Prostate Specific Antigen \(190.31\)](#)
- [Alpha-fetoprotein \(190.25\)](#)
- [National Coverage Determination \(NCD\) for Cytogenetic Studies \(190.3\)](#)
- [NCD for Pharmacogenomic Testing for Warfarin Response](#)
- [NCD for Next Generation Sequencing \(NGS\) \(90.2\)](#)
- [CMS Claims Processing Manual](#)
- [CMS Medicare Coverage](#)
- [MoIDX: Next-Generation Sequencing Lab-Developed Tests for Myeloid Malignancies and Suspected Myeloid Malignancies \(L38176\)](#)

Payment Policies:

[Massachusetts](#) / [Rhode Island](#)

Provider Manuals:

[Massachusetts](#) / [Rhode Island](#)

Prior Authorization Forms:

[Massachusetts](#) / [Rhode Island](#)

## Policy Timeline Details

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1. Drafted: January 2022
2. Approved: February 2022
3. Implemented: April 2022