



### **Criteria for Genetic Evaluation and Testing**

**Purpose:** The purpose of this guideline is to describe the SFHP policy on the authorization of medically necessary genetic evaluation and testing for SFHP members. Medical necessity means reasonable and necessary services to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness or injury. If authorization for services is delegated to a delegated entity the delegated entity is responsible for making the determination.

1. Genetic Evaluation – Evaluation will be approved by the plan when used to establish a diagnosis of an inheritable disease when the following are met:
  - a. A member's primary care practitioner has a suspicion that the member has a hereditary condition for which the member displays clinical features.

OR

- b. the member has a direct risk of inheriting the mutation in question (pre-symptomatic)

AND

- c. The result of the evaluation will directly impact the treatment being delivered to the member or a member's family member.

If conditions A or B, and C are met the plan will authorize an initial evaluation or consultation by a specialist in medical genetics, who is a member of the American Board of Medical Genetics (ABMG) or similarly credentialed specialist

2. Genetic Testing - After evaluation or consultation by a specialist in medical genetics including a history, physical examination, pedigree analysis, genetic counseling, SFHP will consider additional testing based on the following criteria:
  - a. The testing is requested by a medical geneticist knowledgeable regarding conditions of an inherited nature.
  - b. The testing is likely to alter or modify the treatment for a member or member's family member.
  - c. The request meets criteria for medical necessity based on nationally recognized guidelines developed by the United States Preventative Services Task Force, Interqual, or other expert criteria sets.