



Department Owner: Utilization Management

Lines of Business Affected: Medi-Cal, Healthy Workers, Healthy Kids

SFHP CRITERIA: GENETIC EVALUATION AND TESTING

This guideline describes San Francisco Health Plan (SFHP) policy in regards to authorization for the medically necessary genetic evaluation and testing of our members. We consider medically necessary requests for authorization as those that protect life, prevent significant illness or disability, and/or alleviate severe pain through the diagnosis and treatment of disease, illness, or injury.

In the event that an authorization request belongs to a delegated entity, such as Kaiser or California Pacific Medical Center, that delegated entity, not SFHP, has the responsibility of making any determinations in regards to the request for authorization.

I. CRITERIA FOR GENETIC EVALUATION

Before proceeding to the genetic testing, SFHP first requires members to attend an initial evaluation with a medical genetics specialist who belongs to the American Board of Medical Genetics (ABMG) or who has comparable credentials. SFHP will approve initial consults for the purpose of establishing a diagnosis of an inheritable disease for those members who meet one of the two following conditions:

1. Primary care provider suspects a hereditary condition identifiable through genetic testing; **OR**
2. Pre-symptomatic member has a direct risk of inheriting a known hereditary mutation

II. GENETIC TESTING

After the initial genetic evaluation, which includes member history, physical examination, human pedigree analysis, and genetic counseling, SFHP will then consider genetic testing for those members who meet the following criteria for medical necessity:

1. Medical geneticist knowledgeable in inherited conditions must make the request for genetic testing
2. Medical geneticist must clearly state how the testing will expectedly alter current treatment for the member or the member's family
3. The request meets criteria for medical necessity based on Medi-Cal guidelines put forth in the provider manual "Pathology: Molecular Pathology" (<http://medical.ca.gov>)
4. Should Medi-Cal not have criteria for a specific hereditary condition, the request must meet medical necessity based on nationally recognized guidelines developed by one of the following:
 - a. United States Preventative Task Force
 - b. InterQual's Evidence-Based Clinical Content
 - c. Other expert criteria sets to be determined on a case-by-case issue

In the event of a request for authorization without clearly defined criteria, SFHP will send the request to a medical director for evaluation and may request independent review.

REVISION HISTORY

Effective Date: October 10, 2013

Approval Date: October 10, 2013

Revision Date(s): July 2012, September 2013, October 2014