

Comparative Genomic Hybridization (CGH) Microarray Testing

Also known as	<div><div></div><div><div>1. aCGH</div><div>2. array-CGH</div><div>3. Chromosomal microarray analysis</div><div>4. FISH</div><div>5. Fluorescence in situ hybridization</div></div></div>								
Description	<p>Comparative genomic hybridization (CGH) microarray testing is a laboratory test to detect genetic variations in a person’s genome known as chromosomal imbalances. Analysis of test results is suggested for use as an aid in diagnosing certain neurodevelopmental and non-developmental conditions. CGH has a higher resolution level than conventional methods.</p> <p>Important: This is not the same as Karyotype Analysis to Determine Cause of Miscarriage.</p>								
See also	<p>Similar, related, or easily confused documents.</p> <ul style="list-style-type: none">• Genetic and Pharmacogenetic Testing - Provides information about a person’s genes and chromosomes.• Genetic Counseling - Helping people understand and adapt to the implications of genetic contributions to disease.• Karyotype Analysis to Determine Cause of Miscarriage - Test on fetal tissue to confirm or rule out genetic explanation for a miscarriage.• Miscarriage - The loss of pregnancy from natural causes before the 20th week of pregnancy.								
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>11.28.22</td><td>Updated to new template.</td></tr><tr><td>11.28.22</td><td>Updated layout for readability.</td></tr><tr><td>11.28.22</td><td><i>Also known as</i> - added terms: <i>Chromosomal microarray analysis, FISH, Fluorescence in situ hybridization</i>.</td></tr></table>	Date	Description	11.28.22	Updated to new template.	11.28.22	Updated layout for readability.	11.28.22	<i>Also known as</i> - added terms: <i>Chromosomal microarray analysis, FISH, Fluorescence in situ hybridization</i> .
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Commercial

Introduction

This section applies to all Commercial members.

Benefits

A Utilization Management Policy, *Comparative Genomic Hybridization (CGH) Microarray Testing*, is on [medica.com](#).

- **Requires prior authorization.** Refer to *Medical Necessity Criteria*.
 - Provider can submit a [Prior Authorization Request](#).
 - **Important:** Check policy for limits or exclusions.
- If approved, covered under laboratory benefits. When done in a facility, also quote facility benefits.

Document history

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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.						
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">Refer to Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">Quote diagnostic services.Medicare is the primary payer.Follows Medicare guidelines.If no Medicare eligibility, Medicaid applies. Refer to Medicaid below.						
AccessAbility Enhanced (SNBC SNP), DUAL (MSHO)	<p>A Utilization Management Policy, <i>Comparative Genomic Hybridization (CGH) Microarray Testing</i>, is on medica.com.</p> <ul style="list-style-type: none">Requires prior authorization. Refer to <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">Provider can submit a Prior Authorization Request.Important: Check policy for limits or exclusions.If approved, covered under outpatient diagnostic tests and therapeutic services and supplies.Medica is the only payer.						
Advantage	<p>A Utilization Management Policy, <i>Comparative Genomic Hybridization (CGH) Microarray Testing</i>, is on medica.com.</p> <ul style="list-style-type: none">Requires prior authorization. Refer to <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">Provider can submit a Prior Authorization Request.Important: Check policy for limits or exclusions.If approved, covered under outpatient diagnostic tests and therapeutic services and supplies. Check EOC for cost sharing.Medica is the only payer.						
Advantage PartnerCare (I-SNP)	<p>A Utilization Management Policy, <i>Comparative Genomic Hybridization (CGH) Microarray Testing</i>, is on medica.com.</p> <ul style="list-style-type: none">Requires prior authorization. Refer to <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">Provider can submit a Prior Authorization Request.Important: Check policy for limits or exclusions.If approved, covered under outpatient diagnostic tests and therapeutic services and supplies. Check EOC for cost sharing.Medica is the only payer.						
Medicaid (SPP)	<p>A Utilization Management Policy, <i>Comparative Genomic Hybridization (CGH) Microarray Testing</i>, is on medica.com.</p> <ul style="list-style-type: none">Requires prior authorization. Refer to <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">Provider can submit a Prior Authorization Request.Important: Check policy for limits or exclusions.If approved, covered under diagnostic services benefits. When done in a facility, also quote facility benefits.						
Prime	<p>Quote outpatient diagnostic tests and therapeutic services and supplies. Check EOC for cost sharing.</p> <ul style="list-style-type: none">Reminder: Members can use non-Medica Service Area providers. Refer to Out-of-MSA Benefits.						
Select,	Quote laboratory benefits.						
Signature	<ul style="list-style-type: none">Medicare supplement. Medicare is the primary payer.Follows Medicare guidelines.						
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>11.28.22</td><td>Updated to new template.</td></tr><tr><td>11.28.22</td><td>Updated layout for readability.</td></tr></table>	Date	Description	11.28.22	Updated to new template.	11.28.22	Updated layout for readability.
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Individual and Family Business (IFB)

Introduction	This section applies to all Individual and Family Business (IFB) members.						
Benefits	<p>A Utilization Management Policy, <i>Comparative Genomic Hybridization (CGH) Microarray Testing</i>, is on medica.com.</p> <ul style="list-style-type: none">• Requires prior authorization. Refer to <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">– Provider can submit a Prior Authorization Request.– Important: Check policy for limits or exclusions.• If approved, covered under laboratory benefits. When done in a facility, also quote facility benefits.						
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Medica Health Plan Solutions (MHPS)

Introduction

This section applies to all Medica Health Plan Solutions (MHPS) members.

Mayo Medical Plan

Quote laboratory benefits. When done in a facility, also quote facility benefits.

All others

A Utilization Management Policy, *Comparative Genomic Hybridization (CGH) Microarray Testing*, is on [medica.com](#).

• Requires prior authorization.

Refer to *Medical Necessity Criteria*.

– Provider can submit a [Prior Authorization Request](#).

– Important: Check policy for limits or exclusions.

• If approved, covered under laboratory benefits. When done in a facility, also quote facility benefits.

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Applicability

The applicability is outlined below.

Business Segments		
<div><input checked="" type="checkbox"/> All</div> <div><input type="checkbox"/> COM - (All)</div> <div><input type="checkbox"/> GOVT - (All)</div> <div><input type="checkbox"/> IFB</div> <div><input type="checkbox"/> MHPS</div> <div><input type="checkbox"/> PSC</div>		
Specific Clients/Products		
<div><input checked="" type="checkbox"/> All</div> <div><input type="checkbox"/> Other:</div>		
Platform or System		
<div><input type="checkbox"/> All</div> <div><input checked="" type="checkbox"/> N/A</div> <div><input type="checkbox"/> Other:</div>		
Departments		
<div><input checked="" type="checkbox"/> Call Center</div> <div><input type="checkbox"/> Multiple:</div> <div><input type="checkbox"/> Other:</div>		
Approved By	Document Owner	Date
A-Z Review Team	KN Technical Writers	6.13.18