

Expanded Carrier Testing for Genetic Disease

Examples of available tests

Important: Below are EXAMPLES of available tests. This does NOT mean they are covered. Review the member's plan and applicable coverage policies.

1. 23andMe
 2. Counsyl Family Prep Screen
 3. GoodStart Select™
 4. Inherigen™
 5. Inheritest™
 6. Natera One™ Disease Panel
-

Description

Carrier testing is done on non-symptomatic partners to identify potential diseases that might be passed on to children. Testing is done using either saliva or blood specimens. Traditional carrier testing is done by targeted gene testing for one (such as cystic fibrosis) or a few select diseases or conditions (such as Ashkenazi Jewish ancestry limited gene panels).

Expanded, non-targeted carrier testing panels have been marketed to test for genes supposedly linked to multiple conditions. Many of these expanded panels simultaneously test an individual for carrier status of numerous genetic or metabolic conditions, many testing for over 100 such conditions.

See also

Similar, related, or easily confused documents.

- [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.
-

Continued on next page

Expanded Carrier Testing for Genetic Disease, Continued

Commercial

A Coverage Policy, *Expanded Carrier Testing for Genetic Disease*, is on medica.com.

- Covered indications are listed under *Coverage Policy*.
 - **Important:** Check policy for limits or exclusions.
- If eligible, covered under laboratory benefits. When done in a facility, also quote facility benefits.
- For investigative indications, not covered.
- **Home DNA tests:** Direct to consumer tests are not covered.

Government Programs

Refer to the table below.

| Plan | Coverage |
|---|---|
| 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">• Covered under laboratory benefits.• Home DNA tests: Direct to consumer tests are not covered.• Medicare is the primary payer.• Follows Medicare guidelines.• If no Medicare eligibility, Medicaid applies. Refer to Medicaid below. |
| AccessAbility Enhanced (SNBC SNP), DUAL (MSHO) | <ul style="list-style-type: none">• A Coverage Policy, <i>Expanded Carrier Testing for Genetic Disease</i>, is on medica.com.• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, covered under family planning benefits.• For investigative indications, not covered.• Home DNA tests: Direct to consumer tests are not covered.• Medica is the only payer. |

Continued on next page

Expanded Carrier Testing for Genetic Disease, Continued

Government Programs, continued

| Plan | Coverage |
|-------------------------------|--|
| Advantage | <ul style="list-style-type: none"> • A Coverage Policy, <i>Expanded Carrier Testing for Genetic Disease</i>, is on medica.com. <ul style="list-style-type: none"> – Requires prior authorization. – 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 coverage details. • Home DNA tests: Direct to consumer tests are not covered. • Medica is the only payer. |
| Advantage PartnerCare (I-SNP) | <ul style="list-style-type: none"> • A Coverage Policy, <i>Expanded Carrier Testing for Genetic Disease</i>, is on medica.com. <ul style="list-style-type: none"> – Requires prior authorization. – 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 coverage details. • Home DNA tests: Direct to consumer tests are not covered. • Medica is the only payer. |
| Medicaid (SPP) | <ul style="list-style-type: none"> • A Coverage Policy, <i>Expanded Carrier Testing for Genetic Disease</i>, is on medica.com. • Covered indications are listed under <i>Coverage Policy</i>. <ul style="list-style-type: none"> – Important: Check policy for limits or exclusions. • If eligible, covered under family planning benefits. When done in a facility, also quote facility benefits. • For investigative indications, not covered. • Home DNA tests: Direct to consumer tests are not covered. |

Continued on next page

Expanded Carrier Testing for Genetic Disease, Continued

Government Programs, continued

| Plan | Coverage |
|-------------------|--|
| Prime | <ul style="list-style-type: none">• Follows Medicare guidelines.• If eligible, covered under outpatient diagnostic tests and therapeutic services and supplies. Refer to EOC for coverage details.• Home DNA tests: Direct to consumer tests are not covered.• Reminder: Members can use non-Medica Service Area providers. Refer to Out-of-MSA Benefits. |
| Select, Signature | <ul style="list-style-type: none">• Covered under laboratory benefits.• Home DNA tests: Direct to consumer tests are not covered.• Medicare supplement. Medicare is the primary payer.• Follows Medicare guidelines. |

Individual and Family Business (IFB)

A Coverage Policy, *Expanded Carrier Testing for Genetic Disease*, is on [medica.com](#).

- Covered indications are listed under *Coverage Policy*.
 - **Important:** Check policy for limits or exclusions.
- If eligible, covered under laboratory benefits. When done in a facility, also quote facility benefits.
- For investigative indications, not covered.
- **Home DNA tests:** Direct to consumer tests are not covered.

Continued on next page

Expanded Carrier Testing for Genetic Disease, Continued

Medica Health Plan Solutions (MHPS)

Coverage depends on the employer AND servicing provider.

| Employer | Provider | Coverage |
|-------------------|-------------------|---|
| Mayo Medical Plan | Mayo provider | <ul style="list-style-type: none"> • Covered under laboratory benefits. When done in a facility, also quote facility benefits. • Home DNA tests: Direct to consumer tests are not covered. |
| Mayo Medical Plan | Non-Mayo provider | <ul style="list-style-type: none"> • A Coverage Policy, <i>Expanded Carrier Testing for Genetic Disease</i>, is on medica.com. • Covered indications are listed under <i>Coverage Policy</i>. <ul style="list-style-type: none"> – Important: Check policy for limits or exclusions. • If eligible, covered under laboratory benefits. When done in a facility, also quote facility benefits. • For investigative indications, not covered. • Home DNA tests: Direct to consumer tests are not covered. |
| All others | All providers | <ul style="list-style-type: none"> • A Coverage Policy, <i>Expanded Carrier Testing for Genetic Disease</i>, is on medica.com. • Covered indications are listed under <i>Coverage Policy</i>. <ul style="list-style-type: none"> – Important: Check policy for limits or exclusions. • If eligible, covered under laboratory benefits. When done in a facility, also quote facility benefits. • For investigative indications, not covered. • Home DNA tests: Direct to consumer tests are not covered. |

Continued on next page

Expanded Carrier Testing for Genetic Disease, Continued

Document history

The document history for the past 12 months is outlined below. See Iris/KN for the complete document history.

| Date | Description |
|---------|--|
| 2.24.21 | BIC re-review. |
| 2.24.21 | Updated to new template. |
| 5.29.20 | Re-reviewed due to age. |
| 5.27.20 | Updated to new template. |
| 5.27.20 | Updated <i>MMP</i> for CP to indicate depends on provider. |

Applicability

| | | |
|---|-----------------------|-------------|
| Business Segments | | |
| ■ All <input type="checkbox"/> AHP <input type="checkbox"/> COM- (All) <input type="checkbox"/> GOVT- (All) <input type="checkbox"/> IFB <input type="checkbox"/> MHPS <input type="checkbox"/> PSC | | |
| Specific Clients/Products | | |
| ■ All <input type="checkbox"/> Other: | | |
| Platform or System | | |
| ■ All <input type="checkbox"/> N/A <input type="checkbox"/> Other: | | |
| Departments | | |
| ■ Call Center <input type="checkbox"/> Multiple: <input type="checkbox"/> Other: | | |
| Approved By | Document Owner | Date |
| A-Z Review Team | KNTWs | 2.24.21 |