Reimbursement Policy

Subject: **Genetic Tests: Once per Lifetime**	
Policy Number: **G-23002**	Policy Section: **Laboratory**
Last Approval Date: **06/14/2023**	Effective Date: **01/01/2024**

**** Visit our provider website for the most current version of the reimbursement policies. If you are using a printed version of this policy, please verify the information by going to https://providers.anthem.com/ny**.** ****

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if Anthem Medicare Advantage covered the service for the member's benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence.

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology® (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem Medicare Advantage may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Anthem Medicare Advantage strives to minimize delays in policy

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implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Policy

Anthem Medicare Advantage allows reimbursement for specific genetic tests once in a member's lifetime unless provider, state, or federal contracts and/or requirements indicate otherwise.

During the member's lifetime, the germline genotype will not change. However, the interpretation of the gene sequence may change due to recategorization of variants or other factors. Repeat sequencing is not required for future interpretation of germline genotype or re-analysis of previously sequenced data.

The genetic procedures indicated in the below Related Coding section are limited to once per lifetime sequencing. Reinterpretation of the original results are not separately reimbursable.

Code	Description
Genetic Sequencing Once per Lifetime Procedures	**Genetic Sequencing Once per Lifetime Procedures**

Policy History	
06/14/2023	Initial approval 06/14/2023 and effective 01/01/2024

References and Research Materials
This policy has been developed through consideration of the following: • CMS • National Institute of Health • Optum EncoderPro 2023 • State contract • State Medicaid

Definitions	
Germline	Cells arising from the germ cells containing genetic code that may be passed down to future generations. May also be referred to as hereditary or constitutional.
Genotype	The genotype is the individual organism's unique set of all the genes.
Sequencing	Determining the identity of each nucleotide (one of the four chemical building blocks - called *bases* - that make up the DNA molecule) to identify the kind of genetic information that is carried in a particular DNA segment.
Variant	Nucleotide deviation from a reference sequence of DNA. For clinical testing, variants are classified into several categories (Pathogenic; Likely pathogenic; Variant of uncertain (or unknown) significance (VUS); Likely benign; Benign). As evidence on variants evolves, previous classifications may later require modification. Each laboratory decides what risk assessment to assign to each disease-causing variant within the gene; this is generally done according to an accepted classification scheme based on the likely clinical significance of each variant. Patient information (for example, laboratory results, personal and family history of disease) may also inform how variants are classified.

Related Policies and Materials
Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling (GENE.00052)
Genetic Testing for Inherited Diseases (CG-GENE-13)
Gene Mutation Testing for Cancer Susceptibility and Management (CG-GENE-14)
Genetic Testing for Lynch Syndrome, Familial Adenomatous Polyposis (FAP), Attenuated FAP and MYH-associated (CG-GENE-15)
BRCA Genetic Testing (CG-GENE-16)