

Revised: January 2010

Approval: W.A.L.

Genetic Testing

Benefit Coverage (Cal. Code Regs., tit. 10, § 2699.6700, subs. (a)(2)(3)(G) & (4))

Coverage of genetic counseling, diagnostic testing, including prenatal diagnostic testing will be covered when medically necessary or indicated for conditions that may be detected prenatally or based on an ethnic group (i.e., Tay-Sachs Disease or Sickle Cell Trait), familial disposition or material exposure to teratogen (agents causing birth defects) and when prior authorization from the Independent Physicians Association (IPA) is obtained. Medically necessary testing includes, but is not limited to, patients with a family history of genetic disorders, a child with multiple malformations, a history of mental retardation or exposure to agents that are known to cause birth defects.

Benefit Exclusion

Experimental or investigational services to determine genetic disorders.

Examples of Covered Benefits

1. Amniocentesis.
2. Maternal serum alpha fetoprotein.
3. Chromosomal analysis.
4. Biochemical assessments.
5. Services related to participation in the California Prenatal Screening Program (also referred to as the Expanded Alpha-Fetoprotein (AFP) Program).
6. One OB ultrasound during an uncomplicated pregnancy (this includes either a Nuchal Translucency scan between 11-14 weeks or an anatomy ultrasound between 16-20 weeks).

Examples of Non-Covered Benefits

1. Experimental or investigational tests used to diagnose genetic disorders.
2. Absence of medical necessity (i.e., tests at Member request).