

Payment Policy: Genetic and Molecular Testing

Reference Number: LA.PP.502c

Implications

Coding

Effective Date:

Revision Log

Date of Last Revision: 10/2023

See Important Reminder at the end of this policy for important regulatory and legal information.

Application

Physician Office Laboratory, Independent Laboratories, Qualified Hospital Laboratory, Referring Laboratory, Reference Laboratory

Policy Description

This policy addresses genetic and molecular testing services and applies to codes billed from the following sections in the CPT/HCPCS Manual:

- Molecular Pathology
- Genomic Sequencing Procedures and Other Molecular Multianalyte Assays (GSP)
- Multianalyte Assays with Algorithmic Analyses (MAAA)
- Proprietary Lab Analysis (PLA)

All providers billing for genetic and molecular testing services must bill according to the following requirements (or services may be denied):

- Bill for the test performed as indicated on the test requisition form and delivered on the test result
- Include ordering provider information on all claim transactions or the services may be denied
- Coding must be consistent with AMA coding guidelines, as interpreted by the Concert Genetics coding engine (<https://app.concertgenetics.com>):
 - Codes are determined based on the attributes of the testing performed, not based on the clinical indication of the member/enrollee
 - If a test qualifies for panel code(s), the panel code(s) must be used. Per the NCCI Manual, Chapter 10, Section F-8, if one laboratory procedure evaluates multiple genes using a next generation sequencing procedure, the laboratory shall report only one unit of service of one genomic sequencing procedure
 - If a panel code is not appropriate (or when medical policy exclusively covers components of panels), a limited number of individual components from multi-gene tests may be billed
 - Only one unit of the miscellaneous, non-specific code 81479 may be billed per test.
- To support accurate and timely payment of your claim, the Concert GTU is required in the procedure description (e.g. “GTU-6V98G” or “6V98G”).

CLINICAL POLICY

Genetic and Molecular Testing

All laboratories billing for genetic and molecular testing services must register using the Concert Genetics portal. Please visit the Concert Genetics website (<https://app.concertgenetics.com>) to:

- **Verify accuracy of test catalog and review coding engine standards for each test covered by this policy**
- **Access Concert GTUs**

Reimbursement and Coverage

Reimbursement and coverage will be based on the Louisiana Medicaid Fee Schedule.

Utilization

Genetic testing for a particular disease should generally be performed once per lifetime; however, there are rare instances in which testing may be performed more than once in a lifetime (e.g., previous testing methodology is inaccurate, or a new discovery has added significant relevant mutations for a disease).

Documentation Requirements

Not Applicable

Additional Information

Not Applicable

Related Documents or Resources

Concert Genetics Aortopathies and Connective Tissue Disorders

Concert Genetics Cardiac Disorders

Concert Genetics Dermatologic Conditions

Concert Genetics Epilepsy Neurodegenerative and Neuromuscular Conditions

Concert Genetics Eye Disorders

Concert Genetics Gastroenterological Disorders non-cancerous

Concert Genetics General Approach to Genetic Testing

Concert Genetics Hearing Loss

Concert Genetics Hematologic Conditions non-cancerous

Concert Genetics Immune Autoimmune and Rheumatoid Disorders

Concert Genetics Kidney Disorders

Concert Genetics Lung Disorders

Concert Genetics Metabolic Endocrine Mitochondrial Disorders

Concert Genetics Multisystem Inherited Disorders

Concert Genetics Non-invasive Prenatal Screening

Concert Genetics Oncology Cancer Screening

Concert Genetics Oncology Cytogenetic Testing

Concert Genetics Preimplantation Genetic Testing

Concert Genetics Prenatal and Preconception Carrier Screening

Concert Genetics Prenatal Diagnosis Pregnancy Loss

Concert Genetics Skeletal Dysplasia Rare Bone Disorders

CLINICAL POLICY

Genetic and Molecular Testing

Concert Genetics Hereditary Cancer Susceptibility

References

1. Centers for Medicare and Medicare Services (CMS) National Correct Coding Initiative (NCCI) Policy Manual, Pathology and Laboratory Services

<u>Reviews, Revisions, and Approvals</u>	<u>Revision Date</u>	<u>Approval Date</u>
<u>Rebrand to LHCC</u>	<u>10/2023</u>	

Important Reminder

This payment policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this payment policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this payment policy. This payment policy is consistent with standards of medical practice current at the time that this payment policy was approved.

The purpose of this payment policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable LHCC administrative policies and procedures.

This payment policy is effective as of the date determined by LHCC. The date of posting may not be the effective date of this payment policy. This payment policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this payment policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. LHCC retains the right to change, amend or withdraw this payment policy, and additional clinical policies may be developed and adopted as needed, at any time.

This payment policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This payment policy is not intended to recommend treatment for members/enrollees.

CLINICAL POLICY

Genetic and Molecular Testing

Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this payment policy are independent contractors who exercise independent judgment and over whom LHCC has no control or right of control. Providers are not agents or employees of LHCC.

This payment policy is the property of LHCC. Unauthorized copying, use, and distribution of this payment policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, Centene's P&P management software, is considered equivalent to an actual signature on paper.

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