IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201408 FEBRUARY 25, 2014

Chromosomal Microarray Analysis genetic testing to be an IHCP covered service

Effective April 1, 2014, the Indiana Health Coverage Programs (IHCP) will add Chromosomal Microarray Analysis (CMA) genetic testing as a covered service. Coverage applies to dates of service (DOS) on or after January 1, 2014. This service will effectively replace IHCP coverage of Comparative Genomic Hybrization (CGH) microarray testing, which will be eliminated as a covered service effective March 31, 2014.

Because these tests require prior authorization (PA), the IHCP along with the PA vendor, ADVANTAGE Health Solutions, Inc.[SM], will consider retroactive PA requests limited to DOS between January 1, 2014, and March 31, 2014. Providers must submit their PA requests for these DOS along with the necessary documentation to ADVANTAGE on or after April 1, 2014, and no later than April 30, 2014. Requests received after April 30, 2014, will not be considered for retroactive PA.

CMA genetic testing may be billed with the Current Procedural Terminology (CPT[®1]) codes included in Table 1. Coverage applies to all IHCP programs, subject to limitations established for certain benefit packages and in accordance with the policies and procedures described in this bulletin.

Coverage parameters

CMA testing is considered a first-line test in postnatal evaluation of individuals with unexplained developmental delay/ intellectual delay (DD/ID) or Autism Spectrum Disorder (ASD) and multiple cognitive abnormalities not specific to a well defined genetic syndrome. The IHCP covers CMA testing when it is determined to be medically necessary for diagnosing a genetic abnormality in children with apparent nonsyndromic cognitive DD/ID or ASD, according to the latest accepted Diagnostic and Statistical Manual Disorders guidelines.

CMA testing is ***not*** considered medically necessary and will ***not*** be covered under the following circumstances:

- To confirm the diagnosis of a disorder or syndrome that is routinely diagnosed based on clinical evaluation alone
- For prenatal genetic testing
- For the screening, diagnosis, and management of hematologic or oncologic malignancies
- As a means to predict or evaluate pregnancy loss
- In cases of family history of chromosome rearrangement in a phenotypically normal individual
- All other cases of suspected genetic abnormality in children with DD/ID or ASD

Prior authorization requirements

The IHCP requires prior authorization (PA) for CMA testing. To obtain PA for the CPT codes listed in Table 1, ***all*** the following conditions must be met:

- Any indicated biochemical tests for metabolic disease have been performed, and results are nondiagnostic.
- FMR1 gene analysis (for Fragile X), when clinically indicated, is negative.
- In addition to a diagnosis of nonsyndromic DD/ID or ASD, the child has ***one or more*** of the following (see definitions following the requirements):
  - Two or more major malformations
  - A single major malformation or multiple minor malformations in an infant or child who is also small-for-dates
  - A single major malformation and multiple minor malformations
- The results for the genetic testing have the potential to impact the clinical management of the patient.
- Testing is requested after the parent(s) have been engaged in face-to-face genetic counseling with a healthcare professional who is licensed under *Indiana Code Article 25-17.3*.

Definitions

Definitions from the *American College of Medical Genetics Guidelines*, *Evaluation of the Newborn with Single or Multiple Congenital Abnormalities*:

- A malformation refers to abnormal structural development.
- A major malformation is a structural defect that has a significant effect on function or social acceptability, e.g. ventricular septal defect or cleft lip.
- A minor malformation is a structural abnormality that has a minimal effect on function or social acceptance, e.g. preauricular ear pit or partial syndactyly (fusion) of the second or third toes.
- A syndrome is a recognizable pattern of multiple malformations. Syndrome diagnoses are often relatively straightforward and common enough to be clinically recognized without specialized testing. Examples include Down Syndrome, neural tube defects, and achondroplasia. However, in the very young, or in the case of symptoms with variable presentation, confident identification may be difficult without additional testing.

Reimbursement and billing

The IHCP reimburses for CMA testing when billed with the appropriate procedure codes, as listed in Table 1.

Table 1 – Codes covered for CMA genetic testing effective for dates of service on or after January 1, 2014

CPT Code	Description
81228	Cytogenetic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (e.g., Bacterial Artificial Chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)
81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities

Pricing: Manually priced

Billing Guidance:

- Covered codes will be linked to revenue code 310 to allow for hospital-based laboratory billing.
- CMA testing will be limited to one unit per recipient, per lifetime; codes 81228 and 81229 cannot be billed together.
- Testing cannot be reported using a combination of molecular diagnostic codes (83890-83913) and array-based evaluation of molecular probes codes (88384-88386).
- See *Chapter 8* of the *IHCP Provider Manual* for standard billing guidance.

The provider Fee Schedule at indianamedicaid.com will be updated to reflect coverage information. PA, reimbursement, and billing information applies to services delivered under the fee-for-service (FFS) delivery system. Individual managed care entities (MCEs) establish and publish PA, reimbursement, and billing criteria within the risk-based managed care (RBMC) delivery system.

QUESTIONS?

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