

Title 23: Division of Medicaid

Part 219: Laboratory Services

Chapter 1: General

Rule 1.9: Genetic Testing

- A. The Division of Medicaid defines genetic testing as a type of analysis that identifies changes in chromosomes, genes, or proteins that confirms or rules out a suspected genetic condition.
- B. The Division of Medicaid covers genetic testing when medically necessary to establish a diagnosis of an inheritable disease only when all of the following are met:
 - 1. The beneficiary displays clinical features, or is at direct risk of inheriting the mutation in question (pre-symptomatic),
 - 2. The result of the test will directly guide the treatment being delivered to the beneficiary, and
 - 3. After history, physical exam, pedigree analysis, genetic counseling, and completion of conventional diagnostic studies, a definitive diagnosis remains uncertain.
- C. The Division of Medicaid does not cover genetic testing:
 - 1. Of family members of a beneficiary,
 - 2. If considered to be experimental, investigational or unproven,
 - 3. To determine the likelihood of passing on a trait,
 - 4. For the purpose of determining ancestry, or
 - 5. Other purposes not specifically defined that are not diagnostic in nature.
- D. Prior authorization is required by the Utilization Management/Quality Improvement Organization (UM/QIO) for medical necessity and appropriateness.

Source: Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: New Rule eff. 10/01/2014.