

Title 23: Division of Medicaid

Part 219: Laboratory Services

Part 219 Chapter 1: General

Rule 1.9: Genetic Testing

- A. The Division of Medicaid defines genetic testing as a type of genetic analysis to confirm or rule out suspected genetic disorders.
- B. The Division of Medicaid covers genetic testing when medically necessary to establish a diagnosis when:
 - 1. The beneficiary has significant clinical features suggestive of a genetic disorder,
 - 2. The result of the test will directly impact clinical management and guide treatment being delivered to the beneficiary, and
 - 3. After completion of conventional diagnostic studies, a definitive diagnosis remains uncertain.
- C. The Division of Medicaid defines genetic screening as a type of genetic analysis to identify risk of genetic disorders.
- D. The Division of Medicaid covers genetic screening as a pregnancy related service to support the health of the pregnant woman and fetus when:
 - 1. The screening has not been performed previously during the same pregnancy
 - 2. The beneficiary received all of the necessary information to make an informed decision and did not decline the screening.
- E. The Division of Medicaid does not cover genetic testing or screening:
 - 1. If considered to be experimental, investigational or unproven,
 - 2. For the purpose of determining ancestry, or
 - 3. Other purposes not specifically defined that are not diagnostic in nature.
- F. Prior authorization is required for genetic testing and screening procedures as determined by the Division of Medicaid.

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

History: Revised eff. 07/01/2026; New Rule eff. 10/01/2014.

Title 23: Division of Medicaid

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Part 219 Chapter 1: General

Rule 1.9: Genetic Testing

- A. The Division of Medicaid defines genetic testing as a type of genetic analysis that identifies changes in chromosomes, genes, or proteins that confirms or rules out a suspected genetic disorder~~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~~ has significant clinical features suggestive of a genetic disorder, ~~or is at direct risk of inheriting the mutation in question (pre-symptomatic),~~
 - 2. The result of the test will directly ~~guide~~ impact clinical management and 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 defines genetic screening as a type of genetic analysis to identify risk of genetic disorders.

- D. The Division of Medicaid covers genetic screening as a pregnancy related service to support the health of the pregnant woman and fetus when:
 - 1. The screening has not been performed previously during the same pregnancy
 - 2. The beneficiary received all of the necessary information to make an informed decision and did not decline the screening.

- E. The Division of Medicaid does not cover genetic testing or screening:
 - 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

| 35. Other purposes not specifically defined that are not diagnostic in nature.

| ~~DE.~~ Prior authorization is required by the Utilization Management/Quality Improvement Organization (UM/QIO) for medical necessity and appropriateness for genetic testing and screening procedures as determined by the Division of Medicaid.

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

| History: Revised eff. 07/01/2026; New Rule eff. 10/01/2014.