

**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.