

STRIDEsm (HMO) MEDICARE ADVANTAGE

Subject: Molecular Diagnostic Management

Background: Harvard Pilgrim StrideSM (HMO) Medicare Advantage has delegated utilization management of molecular genetic testing to AIM Specialty Health (AIM).

The Molecular Diagnostic Management program will require precertification/prior approval for all molecular genetic tests per the coverage criteria in the AIM Clinical Guidelines.

The AIM Clinical Guidelines are based on peer-reviewed literature and recommendations from evidence-based research centers as including, but not limited to: The American College of Medical Genetics (ACMG), The American College of Obstetrics and Gynecologists (ACOG), the American Society of Clinical Oncology (ASCO) and National Comprehensive Cancer Network (NCCN).

Policy and Coverage Criteria:

Harvard Pilgrim StrideSM (HMO) Medicare Advantage requires prior authorization and pre-approval through the Molecular Diagnostic Management program for molecular genetic tests in the following categories:

- Genetic Testing for Hereditary Cardiac Disease
- Genetic Testing for Hereditary Cancer Susceptibility
- Genetic Testing for Single-Gene and Multifactorial conditions
- Pharmacogenetic and Thrombophilia Genetic Testing
- Reproductive Carrier Screening and Prenatal Diagnosis
- Somatic Tumor Testing
- Whole Exome and Genome Sequencing

Corresponding clinical guidelines are available at: <http://www.aimspecialtyhealth.com>.

Exclusions:

Harvard Pilgrim StrideSM (HMO) Medicare Advantage considers molecular genetic/genomic testing that does not meet coverage criteria listed in these clinical guidelines as experimental/investigational or not medically necessary, and it is therefore not covered.

Coding:

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Harvard Pilgrim StrideSM (HMO) policies are based on medical science and relevant information including current Medicare coverage (including National and Local Coverage Determinations), Harvard Pilgrim medical policies, and Harvard Pilgrim StrideSM (HMO) Medicare Advantage Plan materials. These policies are intended to provide benefit coverage information and guidelines specific to the Harvard Pilgrim StrideSM (HMO) Medicare Advantage Plan. Providers are responsible for reviewing the CMS Medicare Coverage Center guidance; in the event that there is a conflict between this document and the CMS Medicare Coverage Center guidance, the CMS Medicare Coverage Center guidance will control.

Codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible.

CPT codes for Medicare Advantage Molecular Diagnostic Management

References:

1. AIM Clinical Guidelines

Summary of Changes

Date	Change
7/18	Coding update. Removal of Cologuard code 81528
2/18	Coding Updates
10/17	New Policy

Approved by Medical Policy Review Committee: 7/10/2018

Reviewed/ Revised: 10/17, 2/18

Initiated: 10/17

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