

Bulletin Number: MSA 18-34

Distribution: Practitioners, Outpatient Hospitals, Clinical Laboratories, Federally Qualified Health Centers, Local Health Departments, Rural Health Clinics, Tribal Health Centers

Issued: October 1, 2018

Subject: Ordering of Genetic Laboratory Services by Physician Assistants (PAs) and Advanced Practice Registered Nurses (APRNs)

Effective: November 1, 2018

Programs Affected: Medicaid, Healthy Michigan Plan, MICHild, Children's Special Health Care Services, Maternity Outpatient Medical Services (MOMS)

This policy applies to Medicaid Fee-for-Service (FFS). Medicaid Health Plans (MHPs) must provide the full range of covered services described in this policy at a minimum and may choose to provide services over and above those specified. For beneficiaries enrolled in a MHP, the provider must check with the beneficiary's health plan for prior authorization, coverage limitations, and ordering requirements.

To provide greater access to Medicaid-covered genetic and molecular tests, effective for dates of service on and after November 1, 2018, the Michigan Department of Health and Human Services (MDHHS) will cover genetic tests ordered by licensed, Medicaid-enrolled Physician Assistants (PAs) and Advanced Practice Registered Nurses (APRNs) (i.e., Nurse Practitioners and Certified Nurse Midwives) as defined in Public Act 368 of 1978 as amended. Services must be delivered within their professional scope of practice in accordance with medical guidelines and current Medicaid policy.

Genetic testing benefits remain unchanged. A genetic or molecular test is a specialized diagnostic laboratory test performed to detect changes or variants in genes, chromosomes, proteins, or certain metabolites which may identify increased risks of health problems, help choose treatments, or assess patient responses to treatments.

Medicaid reimburses medically necessary genetic testing when one of the following apply:

- The test is necessary to establish a molecular diagnosis when a definitive diagnosis remains uncertain and a genetic diagnosis is suspected, and the results will directly impact the treatment or management of the disease.
- A definitive diagnosis has been made through conventional diagnostic testing, and the test is necessary to guide treatment or management of the disease including selection of specific medication and/or medication dose to ensure efficacy and safety.

A beneficiary must have documented clinical features symptomatic of a genetic condition or disease or is at risk of inheriting the disorder based upon personal history, family history, documentation of a genetic mutation, and/or ethnic background. A physical examination, history, pedigree analysis, and conventional diagnostic testing must be completed prior testing. Additional medical necessity requirements may apply.

Genetic testing used for medical research, family planning, or any other circumstance that does not directly affect the diagnosis or treatment of the beneficiary is not a covered benefit. Refer to the Michigan Medicaid Provider Manual for complete genetic testing coverage requirements. The Medicaid Provider Manual is available on the MDHHS website at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

The clinical utility of all requested genes and gene variant testing must be established and documented in the beneficiary's medical record regardless of where the test(s) is performed. Standing orders for genetic laboratory services are not permissible. Prior authorization may be required. Refer to the Michigan Medicaid Provider Manual for complete information.

The PA or APRN who ordered the genetic laboratory test must be identified on the claim as the ordering/referring provider. Provider enrollment procedures and regulations are outlined in the Michigan Medicaid Provider Manual.

Manual Maintenance

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Kathy Stiffler, Acting Director
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