

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-060  
**Subject:** Genetic Testing Ordering Requirements  
**Effective Date:** July 1, 2020      **End Date:**  
**Issue Date:** October 23, 2023      **Revised Date:** October 2023  
**Date Reviewed:** October 2023  
**Source:** Reimbursement Policy

<b>Applicable Commercial Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
<b>Applicable Medicare Advantage Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
<b>Applicable Claim Type</b>	UB	<input checked="" type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

## PURPOSE:

This policy provides direction on genetic testing provided by laboratories when there is no existing physician-patient relationship.

## REIMBURSEMENT GUIDELINES:

The Plan does not allow billing for laboratory services that are not ordered by a physician or other qualified practitioner. Through the physician-patient relationship:

1. Testing will be patient specific based on family history or suspected conditions, not random
2. Physician will interpret the test results
3. Member will receive the test results and any associated recommendations for care

## Non-covered examples (including but not limited to):

*Example 1:* “Free” genetic testing offered by a vendor at a health fair or other such event. The vendor obtains the member’s insurance information, performs a buccal swab, and sends the sample to a laboratory. The laboratory bills Highmark for performing the genetic test, which without a physician-patient relationship, has no clinical utility.

*Example 2:* Direct to consumer genetic testing (i.e., 23 and Me, Ancestry, Color, etc.) Again, there is no physician-patient relationship with these types of tests, so no clinical utility for the results.

**Note:** Payment will only be made for otherwise eligible services that are coordinated by a physician or other qualified practitioner in a CLIA certified office or laboratory as applicable. A qualified practitioner is a practitioner that is an eligible provider by the Plan and acting within their scope of license.

#### **RELATED POLICIES:**

Refer to the following Commercial Medical Policies for additional information:

- Z-27: Eligible Providers and Supervision Guidelines

Refer to the following Reimbursement Policies for additional information:

- RP-035: Correct Coding Guidelines

#### **POLICY UPDATE HISTORY INFORMATION:**

7 / 2020	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added Delaware Medicare Advantage applicable to the policy
7 / 2022	Removed Commercial Medical Policy L-34
10 / 2023	Administrative policy review with no changes in policy direction

# Highmark Reimbursement Policy Bulletin

HISTORY VERSION



**Bulletin Number:** RP-060  
**Subject:** Genetic Testing Ordering Requirements  
**Effective Date:** July 1, 2020      **End Date:**  
**Issue Date:** July 25, 2022      **Revised Date:** July 2022  
**Date Reviewed:** July 2022  
**Source:** Reimbursement Policy

<b>Applicable Commercial Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
<b>Applicable Medicare Advantage Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
<b>Applicable Claim Type</b>	UB	<input checked="" type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

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#### RELATED HIGHMARK POLICIES:

Refer to the following Commercial Medical Policies for additional information:

- Z-27: Eligible Providers and Supervision Guidelines

#### POLICY UPDATE HISTORY INFORMATION:

7 / 2020	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added Delaware Medicare Advantage applicable to the policy
7 / 2022	Removed Commercial Medical Policy L-34

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-060  
**Subject:** Genetic Testing Ordering Requirements  
**Effective Date:** July 1, 2020      **End Date:**  
**Issue Date:** January 3, 2022      **Revised Date:** January 2022  
**Date Reviewed:** October 2021  
**Source:** Reimbursement Policy

<b>Applicable Commercial Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
<b>Applicable Medicare Advantage Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
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#### RELATED HIGHMARK POLICIES:

Refer to the following Commercial Medical Policies for additional information:

- L-34: Genetic Testing
- Z-27: Eligible Providers and Supervision Guidelines

#### POLICY UPDATE HISTORY INFORMATION:

7 / 2020	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added Delaware Medicare Advantage applicable to the policy

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-060  
**Subject:** Genetic Testing Ordering Requirements  
**Effective Date:** July 1, 2020  
**Issue Date:** November 1, 2021  
**Date Reviewed:** July 2021  
**Source:** Reimbursement Policy

**End Date:**  
**Revised Date:** July 2021

**Applicable Commercial Market**

PA  WV  DE  NY

**Applicable Medicare Advantage Market**

PA  WV  DE  NY

**Applicable Claim Type**

UB  1500

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**RELATED HIGHMARK POLICIES:**

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- L-34: Genetic Testing
- Z-27: Eligible Providers and Supervision Guidelines

**POLICY UPDATE HISTORY INFORMATION:**

7 / 2020	Implementation
11 / 2021	Added NY region applicable to the policy

HISTORICAL



# Highmark Reimbursement Policy Bulletin



**Bulletin Number:** RP-060  
**Subject:** Genetic Testing Ordering Requirements  
**Effective Date:** July 1, 2020      **End Date:**  
**Issue Date:** May 22, 2020  
**Source:** Reimbursement Policy

<b>Applicable Commercial Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>
<b>Applicable Medicare Advantage Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>		
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**RELATED HIGHMARK POLICIES:**

Refer to the following Medical Policies for additional information:

- Medical Policy: L-34 Genetic Testing
- Medical Policy: Z-27 Eligible Providers and Supervision Guidelines

**POLICY UPDATE HISTORY INFORMATION:**

07/2020	Implementation
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HISTORY