

Clinical Use Guidelines



Genetic Testing to Predict Disease Risk

AmeriHealth Caritas Louisiana

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Description

Predictive genetic testing is performed in people known to be at increased risk of developing an inherited non-cancer condition (for the purposes of this guideline) based on their family history. For some conditions, a positive genetic test predicts with certainty that the person will eventually develop signs and symptoms of a condition. For other conditions, a positive genetic test result indicates an increased risk (susceptibility) for a condition. A negative result may rule out a condition, or lower the risk significantly. Having test results may improve medical management through improved screening, preventive measures, prophylactic medication, and other means.

- <u>This guideline does not include testing of a symptomatic individual. Please</u> refer to <u>Genetic Testing to Diagnose Non-Cancer Conditions</u> for that purpose.
- <u>Predictive testing for hereditary cancer syndromes is addressed separately</u> <u>under Genetic Testing for Cancer Susceptibility and Hereditary Cancer</u> <u>Syndromes.</u>
- <u>Testing of minors is addressed separately under Genetic Presymptomatic and</u> <u>Predictive Testing for Adult-Onset Conditions in Minors.</u>

<u>Criteria</u>

Criteria: General Coverage Guidance

Individuals may be considered for predictive genetic testing when ALL of the following conditions are met:

- <u>The individual is known to be at-risk for developing inherited condition</u> <u>because a parent, sibling, or child is affected by or known to be a carrier of a</u> <u>genetic disease.</u>
- <u>Technical and clinical validity: The test must be accurate, sensitive and</u> <u>specific, based on sufficient, quality scientific evidence to support the claims</u> <u>of the test.</u>
- <u>Clinical utility: Healthcare providers can use the test results to provide</u> <u>significantly better medical care for the individual.</u>
- <u>Reasonable use: The usefulness of the test is not significantly offset by</u> <u>negative factors, such as expense, clinical risk, or social or ethical</u> <u>challenges.</u>

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Limits:

- <u>Testing will be considered only for the number of genes or tests necessary to</u> <u>establish carrier status. A tiered approach to testing, with reflex to more</u> <u>detailed testing and/or different genes, will be required when clinically</u> <u>possible.</u>
- Predictive genetic testing will be allowed once per lifetime per condition. Exceptions may be considered if technical advances in testing demonstrate significant advantages that would support a medical need to retest.
- <u>Predictive testing will be considered only for adult individuals (age 18 and over). Exceptions may be considered if there are medical management and/or significant psychosocial benefits to testing prior to adulthood.^{1,2,3}</u>

Criteria: Special Circumstances

Testing for Known Familial Mutations

<u>The genetic mutation(s) associated with a genetic disease can often be</u> <u>defined in an affected family member, allowing for testing of at-risk relatives</u> <u>for those specific mutations. Testing for known familial mutations may be</u> <u>considered when the following conditions are met:</u>

- <u>Pre and post-test genetic counseling by an appropriate provider (as</u> <u>deemed by the Health Plan policy), AND</u>
- <u>No previous genetic testing of the requested gene that would have</u> <u>included the KFM, AND</u>
- <u>KFM is disease-causing (classified as pathogenic or likely pathogenic),</u> <u>AND</u>
- <u>Member is a 1st, 2nd, or 3rd degree biological relative of the family</u> <u>member with the KFM, AND</u>
- Member is 18 years of age or older, AND
- <u>Healthcare providers can use the test results to provide significantly</u> <u>better medical care for the individual, AND</u>
- <u>Rendering laboratory is a qualified provider of service per the Health Plan</u> policy.

Limits:

- <u>Testing will be considered only for the known familial mutations when</u> <u>clinically possible.</u>
- Predictive genetic testing will be allowed once per lifetime per condition.
- Predictive testing will be considered only for adult individuals (age 18 and over). Exceptions may be considered if there are medical management and/or significant psychosocial benefits to testing prior to adulthood.^{1,2,3}



<u>Note</u> For medical necessity criteria for predictive testing of a known familial <u>mutation in individuals younger than 18 years, see the guideline: Genetic</u> <u>Presymptomatic and Predictive Testing for Adult-Onset Conditions in Minors.</u>

Criteria: Test-specific Guidelines

<u>Test-specific guidelines are available for some tests designed to predict disease</u> risk.

References

- 1. <u>Ross LF, Saal HM, David KL, Anderson RR. Technical report: ethical and</u> policy issues in genetic testing and screening of children. *Genet Med* 2013;15: 234–245. doi: 10.1038/gim.2012.176
- 2. <u>National Society of Genetic Counselors Position Statement. Genetic</u> <u>testing of minors for adult-onset conditions. Adopted 2012. Updated 2018.</u> <u>Available at: https://www.nsgc.org/Policy-Research-and-</u> <u>Publications/Position-Statements/Position-Statements/Post/genetic-</u> <u>testing-of-minors-for-adult-onset-conditions</u>
- 3. <u>Botkin, JR, Belmont JW, Berg JS, et al. Points to consider: ethical, legal,</u> <u>and psychosocial implications of genetic testing in children and</u> <u>adolescents. *Am J Hum Genet.* 2015;97:6-21. doi: <u>10.1016/j.ajhg.2015.05.022</u></u>