

PROVIDER UPDATE

An Update for Medicare AssuredSM Pennsylvania Providers and Clinicians

Notice of Medicare Assured Pennsylvania Updated Clinical Medical Policies taking effect October 1, 2017

Genetic Testing for Colorectal Cancer Susceptibility

CLINICAL MEDICAL POLICY	
Policy Name:	Genetic Testing for Colorectal Cancer Susceptibility
Policy Number:	MP-033-MC-ALL
Responsible Department(s):	Medical Management
Provider Notice Date:	09/01/2017
Original Effective Date:	10/01/2017
Annual Approval Date:	08/01/2018
Revision Date:	N/A
Products:	Pennsylvania Medicare Assured
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY

Gateway HealthSM provides coverage under the LABORATORY medical-surgical benefits of the Company's Medicare products for medically necessary genetic testing for colorectal cancer susceptibility.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

*The full version of this medical policy is available on the Gateway provider website at:

<http://gatewayhealthplan.com/MedicalPolicies>

DISCLAIMER

Gateway HealthSM (Gateway) medical policy is intended to serve only as a general reference resource regarding payment and coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Whole Exome and Whole Genome Sequencing for Diagnosis of Genetic Disorders

CLINICAL MEDICAL POLICY	
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