Genetic Testing

Policy Number: BIP071.N
Effective Date: April 1, 2025

➲ Instructions for Use

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Related Benefit Interpretation Policy

- Maternity and Newborn Care

Related Medical Policies

- Genetic Testing for Hereditary Cancer
- Preimplantation Genetic Testing and Related Services
- Preventive Care Services

Federal/State Mandated Regulations

Note: The most current federal/state mandated regulations for each state can be found in the links below

California Health and Safety Code Section 1367.7, Prenatal Diagnosis of Genetic Disorders of Fetus

http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=1367.7&lawCode=HSC
On and after January 1, 1980, every health care service plan contract that covers hospital, medical, or surgical expenses on a group basis, and which offers maternity coverage in such groups, shall also offer coverage for prenatal diagnosis of genetic disorders of the fetus by means of diagnostic procedures in cases of high-risk pregnancy. Every health care service plan shall communicate the availability of such coverage to all group contract holders and to all groups with whom they are negotiating.

State Market Plan Enhancements

None

Covered Benefits

Important Note: Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB).

Medically necessary genetic testing and counseling.

Refer to the Benefit Interpretation Policy titled Maternity and Newborn Care for prenatal genetic testing.

Not Covered

- Genetic testing for the sole purpose of determining the sex of a fetus.
- Genetic testing for non-UnitedHealthcare members.

- Genetic testing and counseling for non-medical reasons (e.g., court ordered tests, work related tests, paternity tests).
- Non-medically necessary testing, treatment, counseling, or screening of newborns, children, or adolescents to determine carrier status for inheritable disorders when there would not be an immediate medical benefit or when results would not be used to initiate medical interventions/treatment while a newborn, a child or adolescent.
- Members who have no clinical evidence or family history of a genetic abnormality.

Policy History/Revision Information

Date	Summary of Changes
04/01/2025	• Routine review; no change to coverage guidelines • Archived previous policy version BIP071.M

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Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.