Children's Special Health
Internal Policy / Statement
Genetic Testing

Background: The Maternal and Child Health Unit sponsors Genetics Clinics within Wyoming. Specific tests for diagnosis are being ordered which are expensive and Medicaid does not cover.

Purpose: To assist with diagnosis to determine appropriate treatment

Effective Date: February 1, 2014

Action: Genetic testing is covered by Children's Special Health (CSH) on a case-by-case basis when the testing is not listed on Medicaid's fee schedule.

Testing will be approved only if ordered by a provider listed on the client's eligibility or diagnostic evaluation letter.

This policy pertains to the following codes, but this list is not all inclusive:

- 81229 – CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OFGENOMIC REGIONS FOR COPY NUMBER AND SINGLE NUCLEOTIDE POLYMORPHISM (SNP)VARIANTS FOR CHROMOSOMAL ABNORMALITIES
- 81244 – FMR1 (FRAGILE X MENTAL RETARDATION 1) (EG, FRAGILE X MENTAL RETARDATION) GENEANALYSIS; CHARACTERIZATION OF ALLELES (EG, EXPANDED SIZE AND METHYLATION STATUS)
- 81402 - MOLECULAR PATHOLOGY PROCEDURE, LEVEL 3 (EG, >10 SNPS, 2-10 METHYLATED VARIANTS,OR 2-10 SOMATIC VARIANTS TYPICALLY USING NON-SEQUENCING TARGET VARIANTANALYSIS , IMMUNOGLOBULIN AND T-CELL RECEPTOR GENE REARRANGEMENTS,DUPLICATION/DELETION VARIANTS OF 1 EXON, LOSS OF HETEROZYGOSITY LOH ,UNIPARENTAL DISOMY UPD)

CSH billing procedure:

1. The hospital will submit a request for payment on HCFA along with the laboratory invoice to:
   Children's Special Health
   6101 Yellowstone Rd Suite 420
   Cheyenne WY 82002
2. Reimbursement rate is the laboratory invoice plus 15% following Medicaid procedures for paying by invoice.