

# ADMINISTRATIVE POLICY STATEMENT D-SNP

Policy Name & Number	Date Effective
Pharmacogenomics-CYP Gene Testing-DSNP-AD-1363	07/01/2024
Policy Type	
<b>ADMINISTRATIVE</b>	

Administrative Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are provided mainly for the convenience of the member or provider. Medically necessary services include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Administrative Policy Statements 49(p)4(r)5(e)4(p)4(a)4(r)5(e)4(d)4( )-5(b)4(y)-6( )-5(C)6(a)4(r)5(e)4(S)-4(o)4(u)4(r)5(c)-6(e)4( )-5( ) services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Administrative Policy Statement. If there is a conflict between the Administrative Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

### This policy applies to the following Marketplace(s):

<input checked="" type="checkbox"/> <b>Georgia</b>	<input checked="" type="checkbox"/> <b>Ohio</b>
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CPT® Codes	Testing Examples
<b>81225</b> - CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	Genecept Assay, OneOme RightMed, PGxOnePlus, CQuentia, IDGenetix, PROOVE, GARSPREDX, PharmacoDx
<b>81226</b> - CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	
<b>81227</b> - CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	
<b>81230</b> - CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	

III. The following codes require review by CareSource and authorization prior to service provision:

- A. 81291 – MTHFR (5, 10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)
- B. 0345U – Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes4792 reW\* n d2 792JE90

The ADMINISTRATIVE Policy Statement detailed above has received due consideration as defined in the ADMINISTRATIVE Policy Statement Policy and is approved.



E. Conditions of Coverage

Codes referenced in this policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage.

F. State Specific Information

NA

G. Related Policies/Rules

Overpayment Recovery  
Medical Necessity Determinations

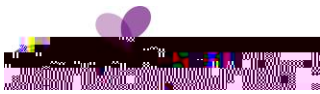
H. Review/Revision History

DATE		ACTION
<b>Date Issued</b>	04/26/2023	Approved at Committee.
<b>Date Revised</b>	03/27/2024	Removed 0345U and 81291 from the non-covered list. Added D.III. Approved at Committee.
<b>Date Effective</b>	07/01/2024	
<b>Date Archived</b>		

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