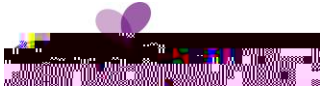


# **ADMINISTRATIVE POLICY STATEMENT**

## **Marketplace**

<b>Policy Name &amp; Number</b>	<b>Date Effective</b>
Pharmacogenomics - CYP Gene Testing-MP-AD-1347	GA, IN, KY, WV, OH: 08/01/2023
<b>Policy Type</b>	
<b>ADMINISTRATIVE</b>	

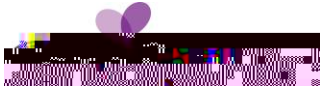
Administrative Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. 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



- A. Subject  
**Pharmacogenomics CYP Gene Testing**
  
- B. Background



The ADMINISTRATIVE Policy Statement detailed above has received due consideration as defined in the ADMINISTRATIVE Poli



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