AD-1424	07/01/2024
Policy Type	
ADMINISTRATIVE	

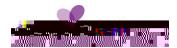
Administrative Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. 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, dys fu2n, of

Pharmacogenomics-CYP Gene Testing-OH MyCare-AD-1424 Effective Date: 07/01/2024

The ADMINISTRATIVE Policy Statement detailed above has receive

h

Pharmacogenomics-CYP Gene Testing-OH MyCare-AD-1424 Effective Date: 07/01/2024



29. MolDx: Molecular Diagnostic Tests (MDT). Medicare Coverage Database; 2015.