

DIAGNOSTIC GENETIC TESTING

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I. DESCRIPTION

Genetic testing intended to be confirmatory of a clinical diagnosis which is already suspected based on the patient's symptoms.

II. POLICY

A. Diagnostic genetic testing when medically proven and appropriate and when the results of the test will influence the medical management of the individual is a TRICARE benefit.

B. The following diagnostic tests are covered. This is not an all inclusive list, but provides examples of covered diagnostic tests.

1. Chromosome analysis (to include karyotyping and/or high resolution chromosome analysis) in some cases of habitual abortion or infertility.

2. Testing for Marfan Syndrome and chromosome analysis (to include karyotyping and/or high resolution chromosome analysis) of children. Common indications for chromosome analysis in children to include ambiguity of external genitalia, small-for-gestational age infants, multiple anomalies and failure to thrive.

3. Other medically necessary genetic diagnostic tests.

C. Services should be billed using the appropriate Evaluation and Management (E&M) codes.

III. EXCLUSIONS

A. Routine genetic testing that does not influence the beneficiary's medical management.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 6, SECTION 3.1

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B. CPT¹ procedure code 96040 medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family.

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