



# ADMINISTRATIVE POLICY STATEMENT OHIO MARKETPLACE

Policy Name	Policy Number	Date Effective
Cystic Fibrosis Carrier Testing	AD-0836	01/01/2021-11/30/2022
Policy Type		
Medical	<b>ADMINISTRATIVE</b>	Pharmacy
		Reimbursement

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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.

## Table of Contents

- Administrative Policy Statement.....1
- A. Subject.....2
- B. Background.....2
- C. Definitions.....2
- D. Policy.....2
- E. Conditions of Coverage.....2
- F. Related Policies/Rules.....2
- G. Review/Revision History.....3
- H. References.....3



## A. Subject

### Cystic Fibrosis Carrier Testing

## B. Background

Cystic Fibrosis is a genetic disorder that causes the body to make thick, sticky secretions that clog the lungs and other organs such as the digestive system. More than 10 million Americans are carriers of a defective cystic fibrosis gene and show no symptoms of the disease. Cystic fibrosis is a recessive disorder, therefore an abnormal gene must be inherited from both parents in order for the child to develop the disease. Carrier testing may provide an early indication as to whether a fetus might either be a carrier or might have cystic fibrosis.

## C. Definitions

- **Carrier** – An individual that exhibits a genetic change that can result in a disease or disorder. The carrier usually has no signs of the disorder but can pass the genetic variation on to their children who may become a carrier, not inherit the gene, or develop the disease.
- **Autosomal Recessive**- Describes a trait or disorder requiring the presence of two copies of a gene mutation (one from each parent) at a particular locus in order to express observable phenotype of the disorder.
- **Prenatal Testing**-Testing that is done prior to birth, to identify changes in genes or chromosomes in embryos or fetuses to identify any potential genetic or chromosomal disorders
- **Prenatal Screening**- A non-invasive process of analysis using blood to identify the risk of a woman carrying a fetus with a chromosome abnormality or birth defect.

## D. Policy

- I. Prior authorization is not required for Cystic Fibrosis genetic testing.
  - A. Cystic fibrosis testing should be performed once in a lifetime.
- II. Genetic counseling is strongly suggested at the time of testing for the disorder.
  - A. Counseling should be provided by a healthcare professional with knowledge, education and training in the genetic issue relevant to this disorder.
- III. Carrier testing is for an individual who is female and who is pregnant or of reproductive age with intent and potential to procreate and has consented to the test.

## E. Conditions of Coverage

## F. Related Policies/Rules

Genetic Testing and Genetic Counseling MM-0740



### G. Review/Revision History

DATES		ACTION
<b>Date Issued</b>	09/02/2020	New Policy
<b>Date Revised</b>		
<b>Date Effective</b>	01/01/2021	
<b>Date Archived</b>	11/30/2022	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

### H. References

1. Cystic Fibrosis Foundation “Carrier Testing for CF” retrieved August 24,2020 from [www.cff.org](http://www.cff.org)
2. Langfelder-Schwind, E., Karczeski, B., Strecker, M.N., Redman, J., Sugarman, E.A., Zaleski, C., Darrah, R (2014) *Molecular Testing for Cystic Fibrosis Carrier Status Practice Guidelines*: recommendations of the National Society for Genetic Counselors, retrieved June 20, 2019 from [www.onlinelibrary.wiley.com](http://www.onlinelibrary.wiley.com)
3. Grody WW, Cutting GR, Klinger KW, et al and the American College of Medical Genetics Accreditation of Genetic Services Committee, Subcommittee on Cystic Fibrosis Screening. Laboratory Standards and Guidelines for Population based Cystic Fibrosis Carrier Screening. American College of Medical Genetics Policy Statements. Genetic Med. 2001; 3(2):149-154.

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

