

DIAGNOSTIC GENETIC TESTING AND COUNSELING

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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

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

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

B. 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.

C. Other conditions not included on the above list may be cost-shared under Policy.

III. EXCLUSION

Routine or demand genetic testing.

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