

## 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

DIAGNOSTIC GENETIC TESTING

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B. CPT<sup>1</sup> procedure code 96040 medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family.

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