

02/24

Biomarker Testing

INDICATIONS:

Biomarker testing will be covered when the test result will provide information that will be used formulation of a treatment or monitoring strategy that informs a patient's outcome and impacts the clinical decision-making process and the efficacy test is supported by medical and scientific evidence.

COVERAGE AND PAYMENT POLICY:

Documentation must include the following:

1. A face-to-face visit with the ordering healthcare professional within 30 days of submitting the request; or
2. Documentation that testing has been recommended by a Tumor Board or consulting specialist.

AND

1. The test will confirm or rule out a diagnosis; or
2. The test result is necessary to determine the correct treatment plan for the beneficiary; or
3. The test result is required to prevent, diagnose, monitor, or treat complications resulting from participation in a clinical trial.

Requests for Biomarker testing that is the subject of a clinical trial or experimental protocol will be denied.

For those tests requiring Prior Authorization, requests must include a completed Rhode Island Medicaid Prior Authorization form, a Certificate of Medical Necessity for Biomarker Testing, and supporting clinical information.

Approved by: 

Date: 22 February, 2024

Reviewed: _____

Revised: _____