

## **Application of the Concert Genetics Laboratory Testing Clinical Policies for Medicare Beneficiaries**

For all Medicare Advantage lines of business, health plans affiliated with Centene Corporation<sup>®</sup> apply Traditional Medicare national coverage determinations (NCDs) and local coverage determinations (LCDs).

When coverage criteria for a laboratory test are not fully established in applicable Medicare statute, regulation, NCD or LCD as stated, Centene will apply the applicable medical necessity criteria from the Concert Genetics clinical policies for that test. When Concert Genetics clinical policies do not address a test, individual cases will be reviewed by medical directors for medical necessity.

The medical necessity criteria within the Concert policies are adopted from evidence-based professional guidelines published by national medical societies (e.g., the Infectious Disease Society of America, the American Thoracic Society, the American College of Gastroenterologists, the American Urological Association) or standards bodies (e.g., Centers for Disease Control and Prevention, U.S. Preventative Services Task Force) supporting the use of laboratory tests. These guidelines consider the benefits of each test referenced, balanced against the harms of not testing or delaying testing. Criteria are updated biannually to account for any updates to guidelines and/or new guidelines published. References are provided for each individual set of criteria, along with summaries of those references to clarify how that guideline supports the criteria within the policy. All policies are accessible publicly on the websites of health plans affiliated with Centene Corporation that have adopted them, as well as on the Concert Genetics website, with references and evidence summaries indicated for each individual set of criteria.