



**BlueCross
BlueShield**
Minnesota

Status

Active

Medical and Behavioral Health Policy

Section: Medicine
Policy Number: II-21
Effective Date: 06/25/2014

Blue Cross and Blue Shield of Minnesota medical policies do not imply that members should not receive specific services based on the recommendation of their provider. These policies govern coverage and not clinical practice. Providers are responsible for medical advice and treatment of patients. Members with specific health care needs should consult an appropriate health care professional.

GENE THERAPY

Description: Gene therapy is the transfer of genetic material into human cells with the intention of augmenting physiological function or for the purpose of manipulating and correcting genetic function. This procedure is proposed as possible treatment for a variety of inherited or acquired disorders.

Policy: The use of gene therapy is considered **INVESTIGATIVE**.

Coverage: Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member's summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

Coding: *The following codes are included below for informational purposes*

only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

No specific codes

Policy History: **Developed November 22, 1985**

Most recent history:

Reviewed August 10, 2011

Reviewed August 8, 2012

Reviewed August 14, 2013

Reviewed June 11, 2014

Cross Reference:

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