Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member’s benefit certificate.

Genetic Testing for Peutz-Jeghers Syndrome (PJS) MP9480

Covered Service: Yes–when meets criteria below

Prior Authorization Required: Yes--as shown below

Additional Information: Pre and post-test genetic counseling is required for any individual undergoing genetic testing. For ASO members pre and post-genetic counseling is not required. Please reference the ASO Summary Plan Description (SPD).

A first-degree relative is defined as an individual’s parents, full siblings, and children.

A second-degree relative is defined as an individual’s grandparents, grandchildren, aunts, uncles, nephews, nieces and half-siblings.

A third-degree relative is defined as first cousins, great-aunts, great-uncles, great-grandchildren, or great-grandparents.

Medicare Policy: Dean Health Plan covers when Medicare also covers the benefit.

BadgerCare Plus Policy: Dean Health Plan covers when BadgerCare Plus also covers the benefit.

Dean Health Plan Medical Policy:

1.0 Peutz-Jeghers Syndrome (PJS) – STK11 gene testing requires prior authorization through the Quality and Care Management Division and is considered medically necessary for the diagnostic confirmation of Peutz-Jeghers syndrome or for screening an at risk individual, when 2 or more of the following are present:

1.1 Two or more histologically confirmed Peutz-Jeghers-type hamartomatous polyps of the small intestine; or

1.2 Mucocutaneous hyperpigmentation of the mouth, lips, nose, eye, genitalia, or fingers; or

1.3 First, second or third-degree relative (family history) with Peutz-Jeghers Syndrome; or

1.4 First-degree relative of an individual with known STK11 mutation.

2.0 All other indications not listed above are considered experimental/investigational.
Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate.

**CPT/HCPCS Codes Related to MP9480**

* Codes on Medical Policy documents are included only as a general reference tool for each policy. This list may not be all-inclusive.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>81403</td>
<td>Molecular Pathology Procedure Level 4</td>
</tr>
<tr>
<td>81404</td>
<td>Molecular Pathology Procedure Level 5</td>
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<tr>
<td>81405</td>
<td>Molecular Pathology Procedure Level 6</td>
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**Committee/Source**

**Originated:** Medical Policy Committee/Quality and Care Management Division

**Revised:**

**Reviewed:**

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