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 Diffuse Gastric Cancer – CDH1 Gene MP9484

**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 Genetic testing for **Diffuse Gastric Cancer (DGC)** requires prior authorization through the Quality and Care Management Division. **CDH1** genetic testing is considered medically necessary in individuals when **any** of the following criteria are met:

1.1 A known mutation in CDH1 in a first-/second-/third-degree relative; or

1.2 Personal history of diffuse gastric cancer before age 40; or

1.3 Gastric cancer in 2 first-/second-degree relatives, one confirmed as diffuse gastric cancer diagnosed before age 50: or

1.4 Confirmed diffuse gastric cancer in 3 first-/second degree relatives independent of age; or
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.

1.5 Personal or family history of diffuse gastric cancer and lobular breast cancer, one diagnosed before age 50.

2.0 CDH1 testing is considered experimental/investigational for all other indications.

**CPT/HCPCS Codes Related to MP9484**

* 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>81406</td>
<td>Molecular Pathology Procedure Level 7</td>
</tr>
<tr>
<td>81479</td>
<td>Unlisted molecular pathology procedure</td>
</tr>
</tbody>
</table>

**Committee/Source**

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

**Revised:**

**Reviewed:**

**Date(s):**

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