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 Polyposis  MP9482

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

Familial Adenomatous Polyposis (APC):

1.0 APC gene testing requires prior authorization through the Quality and Care Management Division and is considered medically necessary when 1 or more of the following criteria are met:

1.1 A personal history of ten or more colorectal adenomatous polyps (cumulative); or

1.2 A personal History of desmoid tumor, hepatoblastoma or cribriform morular variant of papillary thyroid cancer, or multifocal/bilateral CHRPE; or

1.3 First-degree relative of individual diagnosed with familial adenomatous polyposis (FAP) or with a documented APC mutation. The specific APC mutation should be identified in the affected first-degree relative with FAP prior to testing the member, if feasible.
**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.**

Full sequence APC genetic testing is considered medically necessary only when it is not possible to determine the family mutation first.

**MYH (MUTYH) Associated Polyposis**

2.0 MUTYH gene testing **requires prior authorization** through the Quality and Care Management Division and is medically necessary for diagnosis and screening for familial adenomatous polyposis in patients 10 years old and older as indicated by **1 or more** of the following:

2.1 Personal history of ten or more colorectal adenomatous polyps (cumulative) and **1 or more** of the following:
   2.1.1 Negative test for APC mutation, or
   2.1.2 Sibling of individual diagnosed with familial adenomatous polyposis or attenuated familial adenomatous polyposis.

2.2 Individual with at least one adenoma and at least **1 or more** of the following:
   2.2.1 Five or more serrated polyps proximal to the sigmoid colon (at least 2 > 10 mm); or
   2.2.2 Greater than 20 serrated colon polyps (serrated polyps or sessile adenomas), but distributed throughout the colon.

2.3 Known deleterious MUTYH mutations in the family.

**Juvenile Polyposis Syndrome**

3.0 Genetic testing for juvenile polyposis syndrome (JPS) (BMPR1A and SMAD4) **requires prior authorization** through the Quality and Care Management Division and is considered medically necessary for persons who meet **1 or more** of the following criteria:

3.1 More than five pathologically confirmed juvenile polyps of the colorectum; or
3.2 Multiple pathologically confirmed juvenile polyps throughout the GI tract; or
3.3 Any number of pathologically confirmed juvenile polyps and a family history of juvenile polyps; or
3.4 Known deleterious mutation in BMPR1A or SMAD4 in the family; or
3.5 Genetic testing for SMAD4 is considered medically necessary for infants with first degree relatives with JPS because of the risk of hereditary hemorrhagic telangiectasia.
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 MP9482**

* 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>
</tr>
</thead>
<tbody>
<tr>
<td>81201</td>
<td>APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence</td>
</tr>
<tr>
<td>81202</td>
<td>APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants</td>
</tr>
<tr>
<td>81203</td>
<td>APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants</td>
</tr>
<tr>
<td>81401</td>
<td>Molecular Pathology Procedure Level 2</td>
</tr>
<tr>
<td>81403</td>
<td>Molecular Pathology Procedure Level 4</td>
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<tr>
<td>81405</td>
<td>Molecular Pathology Procedure Level 6</td>
</tr>
<tr>
<td>81406</td>
<td>Molecular Pathology Procedure Level 7</td>
</tr>
<tr>
<td>81435</td>
<td>Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11</td>
</tr>
<tr>
<td>81436</td>
<td>Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); duplication/deletion analysis panel, must include analysis of at least 5 genes, including MLH1, MSH2, EPCAM, SMAD4, and STK11</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:**

**Published/Effective:** 06/05/2017