DeanHealthPlan
A member of SSM Health

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 or policy and to applicable state and/or federal laws.

Genetic Testing for Polyposis MP9482

Covered Service: Yes

Prior Authorization Required: Yes

Additional Information:

Genetic testing is covered for a Dean Health Plan member if the test results provide a direct medical benefit or guides reproductive decision-making for the Dean Health Plan member. See Genetic Testing MP9012 for 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:

Prior authorization is dependent on the member's Medicare coverage. Prior authorization is not required for Medicare Cost (Dean Care Gold) and Medicare Supplement (Select) when this service is provided by participating providers. Prior authorization is required if a member has Medicare primary and Dean Health Plan secondary coverage. This policy is not applicable to our Medicare Replacement products.

BadgerCare Plus Policy:

Dean Health Plan covers when BadgerCare Plus also covers the benefit. Please refer to Forward Health: https://www.forwardhealth.wi.gov/WIPortal/Default.aspx

Dean Health Plan Medical Policy

Familial Adenomatous Polyposis (APC):

1.0 Adenosis polyposis coli **APC** gene testing **requires prior authorization** through the Health Services Division and is considered medically necessary when **ALL** of the following are present:

1.1 Age 10 years and older; AND

1.2 Diagnosis and screening for familial adenomatous polyposis as indicated by **1 or more** of the following:

1.2.1 Ten or more adenomatous colonic polyps on colonoscopy (e.g. cumulative, not a single exam)

1.2.2 First-degree relative of individual diagnosed with familial adenomatous polyposis or attenuated familial adenomatous polyposis when the familial mutation is known

1.3 Familial Adenomatous Polyposis gene panels are considered experimental and investigational, and therefore not medically necessary.

MYH (MUTYH) Associated Polyposis

2.0 MUTYH gene testing **requires prior authorization** through the Health Services Division and is medically necessary for diagnosis and screening for as indicated by **1 or more** of the following:

2.1 Carrier testing for **1 or more** of the following:

2.1.1 Individual of reproductive age with family history of MUTYH-associated polyposis, when disease-causing mutation has been identified in family

2.1.2 Reproductive partner of MUTYH gene mutation carrier, or patient with MUTYH-associated polyposis

2.2 Colorectal cancer without associated polyps, diagnosed before 40 years of age

2.3 Predictive testing in adult sibling of patient with MUTYH-associated polyposis

2.4 Twenty or more adenomatous colonic polyps on colonoscopy (e.g. cumulative, not a single examination), and either family history that suggest autosomal recessive inheritance of colorectal cancer or negative test for APC mutation.

Juvenile Polyposis Syndrome

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

3.1 More than five (5) pathologically confirmed juvenile polyps of the colorectum

3.2 Multiple pathologically confirmed juvenile polyps throughout the GI tract

3.3 Any number of pathologically confirmed juvenile polyps and a family history of juvenile polyps

3.4 Known deleterious mutation in BMPR1A or SMAD4 in the family

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

Serrated Polyposis Syndrome

4.0 Genetic testing for serrated polyposis syndrome (e.g. hyperplastic polyposis) requires prior authorization through the Health Services Division and is considered medically for persons who meet **1 or more** of the following criteria:

4.1 At least five (5) serrated polyps proximal to the sigmoid colon with two (2) or more being greater than or equal to 10 mm

4.2 Any number of serrated polyps proximal to the sigmoid colon in an individual who has a first-degree relative with serrated polyposis

4.3 At least twenty or more serrated polyps of any size, but distributed throughout the colon

CPT/HCPCS Codes Related to MP9482

* The list of codes (and their descriptors, if any) is provided for informational purposes only and may not be all inclusive or current. Listing of a code in this medical policy does not imply that the service described by the code is a covered or non-covered service. Benefit coverage for any service is determined by the member's policy of health coverage with Dean Health Plan. Inclusion of a code above does not imply any right to reimbursement or guarantee claim payment. Other medical policies may also apply.

CPT Code	Description
0101U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve variants of unknown significance when indicated (15 genes [sequencing and deletion/duplication], EPCAM and GREM1 [deletion/duplication only])
0130U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis

CPT Code	Description
	polyposis), targeted mRNA sequence analysis panel (APC, CDH1, CHEK2, MLH1, MSH2, MSH6, MUTYH, PMS2, PTEN, and TP53) (List separately in addition to code for primary procedure)
0157U	APC (APC regulator of WNT signaling pathway) (eg, familial adenomatosis polyposis [FAP]) mRNA sequence analysis (List separately in addition to code for primary procedure
0235U	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions
81201	APC (adenomatous polyposis coli) (e.g., familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence
81202	APC (adenomatous polyposis coli) (e.g., familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants
81203	APC (adenomatous polyposis coli) (e.g., familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants
81401	Molecular Pathology Procedure Level 2
81403	Molecular Pathology Procedure Level 4
81405	Molecular Pathology Procedure Level 6
81406	Molecular Pathology Procedure Level 7
81435	Hereditary colon cancer disorders (e.g., 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
81436	Hereditary colon cancer disorders (e.g., 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
81479	Unlisted molecular pathology procedure

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