



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 Birt-Hogg- Dubé Syndrome (BHDS) (FLCN Gene)

MP9527

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>



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Dean Health Plan Medical Policy:

1.0 Genetic testing for Birt-Hogg- Dubé Syndrome: **FLCN Gene** testing **requires prior authorization** through the Health Services Division and is considered medically necessary in individuals when either one (1) major **OR** two (2) or more minor criteria as listed:

1.1 Major criteria

1.1.1 Presence of \geq two (2) skin lesions clinically consistent with fibrofolliculoma and/or trichodiscoma and at least one (1) or more histologically confirmed fibrofolliculoma

1.2 Minor criteria-two (2) or more of the following:

1.2.1 Multiple bilateral pulmonary cysts located primarily in the basilar regions of the lung with or without a history of spontaneous pneumothorax before age 40 years especially if associated with a family history of similar pulmonary manifestations.

1.2.2 Bilateral, multifocal chromophobe renal carcinomas or hybrid oncocytic tumors, especially in patients with a family history of renal tumors at <50 years

1.2.3 A combination of skin lesions (cutaneous), pulmonary cysts, or renal carcinomas or hybrid oncocytic tumors manifestations presenting in the patient or family members

1.2.4 Identification of a germline FLCN mutation by DNA sequencing

1.2.5 A first degree relative with BHDS.

2.0 FLCN gene testing is considered medically necessary for the close family relatives (1st, 2nd or 3rd degree relative) of a person with a known FLCN gene mutation or a known diagnosis of Birt-Hogg-Dube Syndrome.

CPT/HCPCS Codes Related to MP9527

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
81445	Genomic Sequencing Procedures and Other Molecular Multianalyte Assays
81479	Molecular pathology procedure



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