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 Ehlers-Danlos Syndrome (EDS) and Ankylosing Spondylitis MP9505

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 Document (SPD). A first-degree relative is defined as an individual's parents, full siblings, and children. Reproductive carrier screening (prenatal testing) does not require prior authorization and is addressed per MP9477
Medicare Policy:	Prior authorization is dependent on the member's Medicare coverage. Prior authorization is not required for Medicare Cost products (Dean Care Gold) and Medicare Supplement (Select) when this drug 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

Dean Health Plan Medical Policy:

1.0 **Ehlers-Danlos Syndrome (Vascular type) COL3A1 gene testing requires** prior authorization through the Health Services Division and is considered medically necessary when **ONE** of the following are met:

1.1 Predictive testing for at-risk asymptomatic first-degree relative, when disease-causing mutation has been identified in affected family member (e.g. parent, full-sibling, child); **OR**

1.2 Confirmation of diagnosis in individual with clinical manifestations suggestive of vascular Ehlers-Danlos syndrome when **ONE** of the following criteria are met:

1.2.1 Presence of at least **ONE** of the following **MAJOR** criteria:

1.2.1.1 Arterial rupture prior to age 40;

1.2.1.2 First-degree blood relative (e.g. parent, full-sibling, child) diagnosed with EDS vascular type;

1.2.1.3 Spontaneous colon perforation in the absence of known diverticular disease;

1.2.1.4 Uterine rupture during pregnancy in the absence of a previous C-section;

1.2.1.5 Carotid-cavernous sinus fistula

1.2.2 Displaying at **least 2** of the following symptoms:

1.2.2.1 Acrogeria (aged appearance to extremities, particularly hands);

1.2.2.2 Carotid-cavernous sinus fistula formation in the absence of trauma

1.2.2.3 ;Chronic joint subluxations/dislocations

1.2.2.4 Characteristic facial appearance (thin lips and philtrum, small chin, thin nose, large eyes);

1.2.2.5 Clubfoot;

1.2.2.6 Congenital dislocation of the hips;

1.2.2.7 Early-onset varicose veins (under age 30 and nulliparous if female);

1.2.2.8 Easy bruising unrelated to identified trauma and/or in unusual sites such as cheeks or back

1.2.2.9 Gingival recession;

1.2.2.10 Hypermobility of small joints;

1.2.2.11 Spontaneous pneumothorax/pneumohemothorax;

1.2.2.12 Tendon/muscle rupture;

1.2.2.13 Thin, translucent skin (especially noticeable on chest/abdomen);

1.2.2.14 Talipes equinovarus

1.2.2.15 Keratoconus

2.0 Genetic testing for EDS is considered experimental and investigational and therefore not medically necessary for all other indications including but not limited to the following:

2.1 Ehlers-Danlos Syndrome multigene Sequencing Panels that include genes associated with multiple types of EDS;

2.2 An at-risk (unaffected) individual when an affected family member has been tested for mutations and received a result of VUS (variant of uncertain significance);

2.3 EDS, arthrochalasia (COL1A1, COL1A2 genes);

2.4 EDS, dermatosparaxis (ADAMTS2 gene);

2.5 EDS, hypermobility type (TNXB gene);

2.6 EDS, kyphoscoliotic type (PLOD1);

2.7 EDS, classic type (COL5A1 and COL5A2 genes);

2.8 General population screening;

2.9 Deletion/duplication analysis of COL3A1 gene

3.0 HLA-B27 testing for ankylosing spondylitis **requires** prior authorization through the Health Services Division and is considered medically necessary when **ANY** of the following criteria are met:

3.1 Diagnosis of ankylosing spondylitis when sacroiliitis absent on imaging, and **ALL** of the following

3.1.1 Back pain, as indicated by **ALL** of the following:

3.1.1.1 Age of onset 45 years or younger; **AND**

3.1.1.2 Duration of three (3) months or longer; **AND**

3.1.2 Features suggestive of axial spondyloarthritis, as indicated by **2 or more** of the following:

3.1.2.1 Arthritis

3.1.2.2 Dactylitis

3.1.2.3 Elevated C-reactive protein

3.1.2.4 Enthesitis at heel

3.1.2.5 Family history of spondyloarthritis

3.1.2.6 Inflammatory back pain

3.1.2.7 Inflammatory bowel disease

3.1.2.8 Positive response to NSAIDs

3.1.2.9 Psoriasis

3.1.2.10 Uveitis

3.2 Diagnosis of ankylosing spondylitis when sacroiliitis present on imaging, as indicated by **ANY** of the following:

3.2.1 MRI results demonstrate sacroiliitis (acute inflammation)

3.2.2 X-ray results demonstrate sacroiliitis according to modified New York criteria

CPT/HCPCS Codes Related to MP9505

* 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
81374	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each
81405	Molecular Procedure Level 6
81408	Molecular Procedure Level 9
81410	Aortic dysfunction or dilation (e.g., Marfan syndrome, Loeys Dietz syndrome, Ehlers-Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK
81411	Aortic dysfunction or dilation (e.g., Marfan syndrome, Loeys Dietz syndrome, Ehlers-Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFBR1, TGFBR2, MYH11, and COL3A1
81479	Unlisted molecular pathology procedure

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