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 Familial Hypercholesterolemia (FH) – APOB, LDLR, and PCSK9 MP9525

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 Dean Care Gold and Select when this service is provided by participating providers. If a member has Medicare primary and Dean Health Plan as secondary coverage, a prior authorization is required.
BadgerCare Plus Policy:	Dean Health Plan covers when BadgerCare Plus also covers the benefit.

Dean Health Plan Medical Policy:

1.0 Genetic Testing for familial heterozygous or homozygous hypercholesterolemia - **APOB, LDLR, and PCSK9** gene testing individually or as part of a panel **requires** prior authorization through the Health Services Division and is considered medically necessary for **ANY** of the following:

1.1 Confirmation of diagnosis in an adult with probable familial hypercholesterolemia according to the Dutch Lipid Clinic Network criteria

1.2 Confirmation of diagnosis of **familial** hypercholesterolemia after acquired causes of hypercholesterolemia have been excluded by standard diagnostic evaluation, as indicated by the following:

1.2.1 **Familial** hypercholesterolemia, and indicated by **ANY** of the following:

1.2.1.1 For adult: untreated fasting LDL cholesterol level 250 mg/dl (6.48 mmol) or greater

1.2.1.2 For child: untreated fasting LDL cholesterol level 190 mg/dl (4.92 mmol) or greater

1.3 Confirmation of diagnosis of **familial heterozygous** hypercholesterolemia after acquired causes have been excluded by standard diagnostic evaluation:

1.3.1 Hypercholesterolemia, as indicated by **ANY** of the following as indicated by the following:

1.3.1.1 For adult: untreated fasting LDL cholesterol level 190 mg/dL (4.92 mmol/L) or greater**; OR** : untreated fasting total cholesterol level greater than 290 mg/dL (7.51 mmol/L)

1.3.1.2 For child: untreated fasting LDL cholesterol level greater than 155 mg/dL (4.01 mmol/L)**; OR** untreated fasting total cholesterol level 230 mg/dL (5.96 mmol/L) or greater

1.3.1.3 Untreated fasting total cholesterol greater than 95th percentile by age and gender for country

1.3.2 Physical examination, clinical history, or family history suggestive of **familial heterozygous** hypercholesterolemia, as indicated by **ANY** of the following:

1.3.2.1 Presence of xanthoma(s), xanthelasma, or corneal arcus senilis (in individual younger than 45 years of age)**;**

1.3.2.2 Personal history of premature (e.g. younger than 55 years of age in male and 65 years of age in female) atherosclerotic cardiovascular disease (e.g. angina, myocardial infarction)**;**

1.3.2.3 First-degree relative with history of premature (e.g. younger than 55 years of age in male and 65 years of age in female) atherosclerotic cardiovascular disease (e.g. angina, myocardial infarction;

1.3.2.4 First-degree relative with LDL cholesterol greater than 95th percentile by age and gender by country;

1.3.2.5 First-degree relative with xanthoma(s), xanthelasma, or corneal arcus senilis (in individual younger than 45 years of age);

1.4 Confirmation of diagnosis of **familial homozygous** hypercholesterolemia after acquired causes of hypercholesterolemia have been excluded by standard diagnostic evaluation as indicated by **ALL** of the following:

1.4.1 Hypercholesterolemia, as indicated by **ANY** of the following:

1.4.1.1 Untreated fasting total cholesterol level greater than 500 mg/dl (12.95 mmol/L)

1.4.1.2 Untreated fasting LDL cholesterol level 300 mg/dl (7.77 mmo/L) or greater

1.4.2 Physical examination or family history suggestive of **familial** hypercholesterolemia, as indicated by **ANY** of the following:

1.4.2.1 Presence of xanthoma(s) (tendious or cutaneous) prior to 10 years of age

1.4.2.2 Untreated elevated LDL cholesterol levels consistent with heterozygous familial hypercholesterolemia in both parents

1.5 First-degree relative of patient with familial hypercholesterolemia confirmed by genetic testing.

2.0 All other indications are considered experimental and investigational, and therefore are not medically necessary.

CPT/HCPCS Codes Related to MP9525

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
81401	Molecular Pathology Procedure Level 2
81405	Molecular Pathology Procedure Level 6
81406	Molecular Pathology Procedure Level 7
81479	Unlisted molecular pathology procedure

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