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 Stickler Syndrome MP9504

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.

A second-degree relative is defined as an individual's grandparents, grandchildren, aunts, uncles, nephews, nieces and half-siblings.

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.

Dean Health Plan Medical Policy:

1.0 Stickler Syndrome sequencing panel – including COL2A1, COL11A1, COL11A2, COL9A1, COL9A2 and COL9A3 genetic testing **requires** prior authorization through the Health Services Division and is considered medically necessary when **2 or more** of the following are met:

1.1 Ocular findings – vitreous changes or retinal abnormalities (lattice degeneration, retinal hole, retinal detachment, or retinal tear)

1.2 High-frequency sensorineural hearing loss and/or frequent ear infections

1.3 Characteristic facial features including midfacial underdevelopment, malar hypoplasia, broad or flat nasal bridge, and micro/retrognathia

1.4 Cleft palate (open cleft, submucous cleft, or bifid uvula)

1.5 Skeletal findings including:

1.5.1 Osteoarthritis before age 40

1.5.2 Slipped epiphysis or Legg-Perthes-like disease

1.5.3 Scoliosis, spondylolisthesis, or Scheuermann-like kyphotic deformity

1.5.4 First or second degree relative with a known pathogenic autosomal dominant or autosomal recessive sequence variant(s) in a related gene.

2.0 When criteria in 1.0 are met for testing of these genes we will cover deletion/duplication testing via array comparative genomic hybridization.

3.0 All other indications not listed above are considered experimental and investigational, and therefore are not covered.

CPT/HCPCS Codes Related to MP9504

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
81479	Unlisted molecular pathology procedure

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