



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 Diffuse Gastric Cancer,
Hereditary – CDH1 Gene**

MP9484

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>



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.

Dean Health Plan Medical Policy:

- 1.0 **Diffuse Gastric Cancer cadherin-1 (CDH1)** gene testing **requires prior authorization** through the Health Services Division and is considered medically necessary when **ANY** of the following criteria are met:
 - 1.1 First-degree relative of person with known CDH1 mutation
 - 1.2 Personal history of diffuse gastric cancer before age 40 years, without other known familial history
 - 1.3 Diffuse gastric cancer and lobular breast cancer each diagnosed in patient or in at least one first-degree or second-degree relative, with one confirmed as diffuse gastric cancer diagnosed before age 50 years
 - 1.4 Gastric cancer diagnosed in 2 or more first-degree or second-degree relatives, with at least one case of confirmed diffuse gastric cancer diagnosed before age 50 years
 - 1.5 Confirmed diffuse gastric cancer in 3 or more first-degree or second-degree relatives regardless of age
 - 1.6 Personal or family history in one first or second degree relative of diffuse gastric cancer and lobular breast cancer, one cancer which was diagnosed before age 50.
 - 1.7 Gastric cancer at any age and a family history of juvenile polyps or gastrointestinal polyposis
 - 1.8 Gastric cancer at any age and a family history of cancers associated with Lynch syndrome (colorectal, endometrial, small bowel, or urinary tract cancer)
 - 1.9 Family history of gastric cancer and breast cancer in one patient with one diagnosis before age 50, juvenile polyps, or gastrointestinal polyposis in a close relative
- 2.0 CDH1 testing is considered experimental and investigational and therefore is not medically necessary for all other indications.



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.

CPT/HCPCS Codes Related to MP9484

* 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. This list may not be all-inclusive.

Table with 2 columns: Code and Description. Codes include 81403, 81406, 81435, and 81479.

Table with 3 columns: Document, Committee/Source, and Date(s). Lists creation and review dates for the policy.

Published/Effective: 03/01/2022