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 Multiple Endocrine Neoplasia Syndrome, Type 1 (MEN1) and Type 2 (RET) MP9483

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 multiple endocrine neoplasia.

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 **Multiple Endocrine Neoplasia Syndrome Type 1 (MEN 1 gene)** gene testing **requires** prior authorization through the Health Services Division and is considered medically necessary when **ANY** of the following are met:

- 1.1 High clinical suspicion or family history of MEN1 syndrome, as indicated by **1 or more** of the following:
  - 1.1.1 Appropriate primary hyperparathyroidism features, as indicated by **1 or more** of the following:
    - 1.1.1.1 Multiglandular hyperparathyroidism
    - 1.1.1.2 Onset of primary hyperparathyroidism at age 30 years or younger
    - 1.1.1.3 Recurrent hyperparathyroidism
    - 1.1.1.4 Relative with primary hyperparathyroidism
  - 1.1.2 Multifocal pancreatic endocrine tumors
  - 1.1.3 Predictive testing of asymptomatic relative of a member with known MEN1 mutation
  - 1.1.4 Gastrinoma
- 1.2 Member with two (**2) or more** endocrine tumors: (e.g. parathyroid adenoma, prolactinoma, gastrinoma, insulinoma).
- 1.3 An at-risk relative of an individual with a known germline MEN1 mutation
- 1.4 Prenatal diagnosis for pregnancy at risk as indicated by **1 or more** of the following:
  - 1.4.1 Linkage is established in family
  - 1.4.2 Mutation is identified in affected relative

2.0 **Multiple Endocrine Neoplasia Syndrome Type 2 (MEN2) RET Gene** testing **requires prior authorization** through the Health Services Division and is considered medically necessary clinical suspicion or family history of MEN2 syndrome, as indicated by **1 or more** of the following:

- 2.1 Member with a diagnosis of medullary thyroid cancer or clinical diagnosis of MEN2 or primary C-cell hyperplasia
- 2.2 An at-risk relative of an individual with a known germline RET mutation**.**
- 2.3 High clinical suspicion or family history of MEN2 syndrome, as indicated by **1 or more** of the following:
  - 2.3.1 First-degree or second-degree relative of member with known RET mutation

2.3.2 Member with C-cell hyperplasia

2.3.3 Member with Hirschsprung disease

2.4 Member with two (2) or more endocrine tumors

2.5 Member with tumor suggestive of MEN2 syndrome, as indicated by **1 or more** of the following:

2.5.1 Medullary carcinoma of thyroid

2.5.2 Paraganglioma

2.5.3 Parathyroid carcinoma

2.5.4 Pheochromocytoma

2.6 Prenatal diagnosis for pregnancy as indicated by **1 or more** of the following:

2.6.1 Linkage established in family

2.6.2 Mutation is identified in affective relative

CPT/HCPCS Codes Related to MP9483

* 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
81403	Molecular Pathology Procedure Leve 4
81404	Molecular Pathology Procedure Level 5
81405	Molecular Pathology Procedure Level 6
81406	Molecular Pathology Procedure Level 7
81479	Unlisted molecular pathology procedure
88271	Molecular cytogenetics; DNA probe, each (e.g., FISH)

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