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Maturity Onset Diabetes of the Young (MODY) Sequencing Panel

MP9507

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).

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 MODY Sequencing Panel which may include GCK, HNF1A, HNF1B, HNF4A, PDX1, ABCC8, APPL1, BLK, CEL, INS, KCNJ11, KLF11, NEUROD1, PAX4, and PDX1 **requires** prior authorization through the Health Services Division and is considered medically necessary when **ALL** of the following are met:

1.1 Member with hyperglycemia or non-insulin-dependent diabetes who have a history of abnormal glucose metabolism in at least 2 consecutive generations; **AND**

1.2 Onset of non-insulin-dependent diabetes in second or third decade of life, or persistent fasting hyperglycemia at a time after birth; **AND**

1.3 Other conditions associated with diabetes mellitus have been ruled out (e.g. cystic fibrosis, hereditary hemochromatosis, myotonic dystrophy)



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2.0 For family members of mutation carriers, biochemical testing to confirm diabetes must be performed before genetic testing will be covered in first degree relatives.

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

CPT/HCPCS Codes Related to MP9507

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 4
81403	Molecular Pathology Procedure Level 4
81404	Molecular Pathology Procedure Level 5
81405	Molecular Pathology Procedure Level 6
81406	Molecular Pathology Procedure Level 7
81407	Molecular Pathology Procedure Level 8
81479	Unlisted molecular pathology procedure
0195U	KLF1 (Kruppel-like factor 1), targeted sequencing (ie, exon 13)



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