Coverage of any medical intervention discussed in a WellFirst Health 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 Familial Hypercholesterolemia (FH) – APOB, LDLR, and PCSK9

**MP9525**

**Covered Service:** 
Yes

**Prior Authorization Required:** 
Yes

**Additional Information:**
Genetic testing is covered for a WellFirst Health member if the test results provide a direct medical benefit or guides reproductive decision-making for the WellFirst Health member. See [Genetic Testing MP9012](#) for additional information.

Pre- and post-test genetic counseling is required for any individual undergoing genetic testing.

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.

**WellFirst Health Medical Policy:**

1.0 **APOB, LDLR, and PCSK9** gene testing for diagnosis or screening for familial hypercholesterolemia **requires** prior authorization through the Health Services Division and is considered medically necessary for **1 or more** (1.1, 1.2) of the following indications:

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

1.1.1 Hypercholesterolemia, as indicated by **1** of the following:

1.1.1.1 For adult age > 20: 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)

1.1.1.2 For child age < 20: 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
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1.1.2 Physical examination, clinical history, or family history suggestive of familial hypercholesterolemia, as indicated by 1 or more of the following:

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

1.1.2.2 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); OR

1.1.2.3 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); OR

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

1.1.2.5 Family history of MI before age 60 in a first-degree relative or before age 50 in a second-degree relative; OR

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

1.1.2.7 Presence of xanthoma(s) (tendinous or cutaneous) prior to 10 years of age

1.2 First-degree relative of patient with DNA based evidence of mutation in LDLR, PCSK9 or APOB mutation.

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

2.0 All other indications not listed above 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 WellFirst Health. Inclusion of a code above does not imply any right to reimbursement or guarantee claim payment. Other medical policies may also apply.

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<th>CPT Code</th>
<th>Description</th>
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<td>81401</td>
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<tr>
<td>81479</td>
<td>Unlisted molecular pathology procedure</td>
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