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 for Ehlers-Danlos Syndrome (EDS) MP9505

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.

WellFirst Health Medical Policy:

1.0 Ehlers-Danlos Syndrome (Vascular type) COL3A1 gene testing requires prior authorization through the Health Services Division and is considered medically necessary when ONE of the following are met:

1.1 Predictive testing for at-risk asymptomatic first-degree relative, when disease-causing mutation has been identified in affected family member (e.g. parent, full-sibling, child); OR

1.2 Confirmation of diagnosis in individual with clinical manifestations suggestive of vascular Ehlers-Danlos syndrome when ONE of the following criteria are met:

1.2.1 Presence of at least ONE of the following MAJOR criteria:

1.2.1.1 Arterial rupture prior to age 40;

1.2.1.2 First-degree blood relative (e.g. parent, full-sibling, child) diagnosed with EDS vascular type;

1.2.1.3 Spontaneous colon perforation in the absence of known diverticular disease;

1.2.1.4 Uterine rupture during pregnancy in the absence of a previous C-section;
1.2.2 Displaying at least 2 of the following symptoms:

1.2.2.1 Acrogeria (aged appearance to extremities, particularly hands);
1.2.2.2 Arteriovenous carotid cavernous sinus fistula;
1.2.2.3 Characteristic facial appearance (thin lips and philtrum, small chin, thin nose, large eyes);
1.2.2.4 Chronic joint subluxations/dislocations;
1.2.2.5 Clubfoot;
1.2.2.6 Congenital dislocation of the hips;
1.2.2.7 Early-onset varicose veins (under age 30 and nulliparous if female);
1.2.2.8 Easy bruising unrelated to identified trauma and/or in unusual sites such as cheeks or back
1.2.2.9 Gingival recession;
1.2.2.10 Hypermobility of small joints;
1.2.2.11 Spontaneous pneumothorax/pneumohemothorax;
1.2.2.12 Tendon/muscle rupture;
1.2.2.13 Thin, translucent skin (especially noticeable on chest/abdomen).

2.0 Genetic testing for EDS is considered experimental and investigational and therefore not medically necessary for all other indications including but not limited to the following:

2.1 Ehlers-Danlos Syndrome multigene Sequencing Panels that include genes associated with multiple types of EDS;
2.2 An at-risk (unaffected) individual when an affected family member has been tested for mutations and received a result of VUS (variant of uncertain significance);
2.3 EDS, arthrochalasia (COL1A1, COL1A2 genes);
2.4 EDS, dermatosparaxis (ADAMTS2 gene);
2.5 EDS, hypermobility type (TNXB gene);
2.6 EDS, kyphoscoliotic type (PLOD1);
2.7 EDS, classic type (COL5A1 and COL5A2 genes);
2.8 General population screening;
2.9 Deletion/duplication analysis of COL3A1 gene
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### CPT/HCPCS Codes Related to MP9505

* 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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>81405</td>
<td>Molecular Procedure Level 6</td>
</tr>
<tr>
<td>81408</td>
<td>Molecular Procedure Level 9</td>
</tr>
<tr>
<td>81410</td>
<td>Aortic dysfunction or dilation (e.g., Marfan syndrome, Loeys Dietz syndrome, Ehlers-Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFB1, TGFB2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK</td>
</tr>
<tr>
<td>81411</td>
<td>Aortic dysfunction or dilation (e.g., Marfan syndrome, Loeys Dietz syndrome, Ehlers-Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFB1, TGFB2, MYH11, and COL3A1</td>
</tr>
<tr>
<td>81479</td>
<td>Unlisted molecular pathology procedure</td>
</tr>
</tbody>
</table>

Document created: Medical Policy Committee/Health Services Division

Revised:

Reviewed:

Effective: 01/01/2020