Genetic Testing for Hereditary Hemorrhagic Telangiectasia (HHT)  

**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 for the hereditary cardiomyopathies and arrhythmias. For ASO members pre and post-genetic counseling is not required. Please reference the ASO Summary 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.

**WellFirst Health Medical Policy:**

1.0 **Hereditary Testing for Hemorrhagic Telangiectasia (HHT)** also referred to as Osler-Weber-Rendu syndrome) ACVRL1, ENG, and SMAD4 gene testing requires prior authorization through the Health Services Division and is considered medically necessary when the following are met:

1.1 Confirmation of diagnosis in member with 2 or more of the following:

1.1.1 Cutaneous or multiple mucosal telangiectasias at characteristic sites;

1.1.2 Epistaxis that is spontaneous and recurrent;

1.1.3 First-degree relative diagnosed with hereditary hemorrhagic telangiectasia according to Curacao criteria;

1.1.4 Visceral involvement such as lung, liver, gastrointestinal or cerebral arteriovenous malformations
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.

1.2 Predictive testing for asymptomatic child or young adult with ANY of the following:

1.2.1 Disease-causing mutation in ACVRL1, ENG, and SMAD4 gene has been identified in a relative;

1.2.2 Parent has been diagnosed with hereditary hemorrhagic telangiectasia.

1.3 Prenatal diagnosis when disease-causing mutation in gene ACVRL1, ENG, and SMAD4 has been identified in a parent.

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

CPT/HCPCS Codes Related to MP9524

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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<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>81405</td>
<td>Molecular pathology procedure level 6</td>
</tr>
<tr>
<td>81406</td>
<td>Molecular pathology procedure level 7</td>
</tr>
<tr>
<td>81479</td>
<td>Unlisted molecular pathology procedure</td>
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</tbody>
</table>

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