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 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 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 Multiple Endocrine Neoplasia Type 1 (MEN 1) 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 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, OR

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
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1.1.3 First or second degree relative of patient with known MEN1 mutation

1.1.4 Gastrinoma

1.2 Patient with two (2) or more of the following 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 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 Individual 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 of MEN2 syndrome, as indicated by 1 or more of the following:

   2.3.1 First degree or second degree relative of patient with known RET mutation

   2.3.2 Patient with C-cell hyperplasia

   2.3.3 Patient with Hirschsprung disease

2.4 Patient with two (2) or more endocrine tumors

2.5 Patient 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
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.

**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 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>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>81403</td>
<td>Molecular Pathology Procedure Level 4</td>
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<tr>
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<td>Unlisted molecular pathology procedure</td>
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<td>88271</td>
<td>Molecular cytogenetics; DNA probe, each (eg, FISH)</td>
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