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Genetic Testing for Polyposis

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:
Familial Adenomatous Polyposis (APC):

1.0 Adenosis polyposis coli APC gene testing requires prior authorization through the Health Services Division and is considered medically necessary when ALL of the following are present:

1.1 Diagnosis and screening for familial adenomatous polyposis as indicated by 1 or more of the following:

1.1.1 Personal history of twenty or more cumulative adenomatous colonic polyps

1.1.2 First-degree relative of individual diagnosed with familial adenomatous polyposis or attenuated familial adenomatous polyposis when the familial mutation is known

1.1.3 Personal history of a desmoid tumor, hepatoblastoma, cribriformmorular variant of papillary thyroid cancer, or multifocal/bilateral CHRPE, if individual meets EITHER of the following:
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1.1.3.1 At least five (5) serrated polyps proximal to the sigmoid colon with two (2) or more of these being > 10 mm

1.1.3.2 Twenty or more serrated polyps of any size but distributed throughout the colon.

MYH (MUTYH) Associated Polyposis

2.0 MUTYH gene testing requires prior authorization through the Health Services Division and is medically necessary for diagnosis and screening for as indicated by 1 or more of the following:

2.1 Carrier testing for 1 or more of the following:
   2.1.1 Individual of reproductive age with family history of MUTYH-associated polyposis, when disease-causing mutation has been identified in family
   2.1.2 Reproductive partner of MUTYH gene mutation carrier, or patient with MUTYH-associated polyposis

2.2 Colorectal cancer without associated polyps, diagnosed before 40 years of age

2.3 Predictive testing in adult sibling of patient with MUTYH-associated polyposis

2.4 Twenty or more adenomatous colonic polyps on colonoscopy (e.g. cumulative, not a single examination), and either family history that suggest autosomal recessive inheritance of colorectal cancer or negative test for APC mutation.

Juvenile Polyposis Syndrome

3.0 Genetic testing for juvenile polyposis syndrome (JPS) (BMPR1A and SMAD4) requires prior authorization through the Health Services Division and is considered medically necessary for persons who meet 1 or more of the following criteria:

3.1 Greater than or equal to five (5) pathologically confirmed juvenile polyps of the colorectum

3.2 Multiple pathologically confirmed juvenile polyps throughout the GI tract

3.3 Any number of pathologically confirmed juvenile polyps and a family history of juvenile polyps

3.4 Known deleterious mutation in BMPR1A or SMAD4 in the family

3.5 Genetic testing for SMAD4 is considered medically necessary for infants with first degree relatives with JPS because of the risk of hereditary hemorrhagic telangiectasia
Serrated Polyposis Syndrome

4.0 Genetic testing for serrated polyposis syndrome (e.g. hyperplastic polyposis) requires prior authorization through the Health Services Division and is considered medically for persons who meet 1 or more of the following criteria:

4.1 At least five (5) serrated polyps proximal to the sigmoid colon with two (2) or more being greater than or equal to 10 mm

4.2 At least twenty or more serrated polyps of any size, but distributed throughout the colon

CPT/HCPCS Codes Related to MP9482

* 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>
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</thead>
<tbody>
<tr>
<td>81201</td>
<td>APC (adenomatous polyposis coli) (e.g., familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence</td>
</tr>
<tr>
<td>81202</td>
<td>APC (adenomatous polyposis coli) (e.g., familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants</td>
</tr>
<tr>
<td>81203</td>
<td>APC (adenomatous polyposis coli) (e.g., familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants</td>
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<tr>
<td>81401</td>
<td>Molecular Pathology Procedure Level 2</td>
</tr>
<tr>
<td>81403</td>
<td>Molecular Pathology Procedure Level 4</td>
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<td>81405</td>
<td>Molecular Pathology Procedure Level 6</td>
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<tr>
<td>81406</td>
<td>Molecular Pathology Procedure Level 7</td>
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<tr>
<td>81435</td>
<td>Hereditary colon cancer disorders (e.g., Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11</td>
</tr>
</tbody>
</table>
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<tbody>
<tr>
<td>81436</td>
<td>Hereditary colon cancer disorders (e.g., Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); duplication/deletion analysis panel, must include analysis of at least 5 genes, including MLH1, MSH2, EPCAM, SMAD4, and STK11</td>
</tr>
<tr>
<td>81479</td>
<td>Unlisted molecular pathology procedure</td>
</tr>
</tbody>
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Committee/Source  Date(s)

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