Genetic Testing for Stickler Syndrome

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 ASO members pre and post-genetic counseling is not required. Please reference the ASO Summary Plan Document (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.

WellFirst Health Medical Policy:

1.0 Stickler Syndrome sequencing panel – including COL2A1, COL11A1, COL11A2, COL9A1, COL9A2, COL9A3 and VCAN genetic testing requires prior authorization through the Health Services Division and is considered medically necessary when 2 or more of the following are met:

1.1 Ocular findings such as severe nearsightedness and retinal detachments; OR

1.2 Two (2) or more of the following: Hearing loss and/or frequent ear infections; OR

1.3 Midfacial underdevelopment; OR

1.4 Cleft palate; OR

1.5 Mild spondyloepiphyseal dysplasia; OR

1.6 Precocious arthritis

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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.

1.6.1 First or second degree relative with a known pathogenic autosomal dominant or autosomal recessive sequence variant(s) in a related gene.

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

**CPT/HCPCS Codes Related to MP9504**

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>81479</td>
<td>Unlisted molecular pathology procedure</td>
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<th>Committee/Source</th>
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<tbody>
<tr>
<td>Document created:</td>
<td>Medical Policy Committee/Health Services Division</td>
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Reviewed:

Effective: 01/01/2020