Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate.

Genetic Testing for Multiple Endocrine Neoplasia, Type 1 and 2 (MEN 1, RET)  

MP9483

Covered Service: Yes—when meets criteria below

Prior Authorization Required: Yes— as shown below

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.

Prevea360 Health Plan Medical Policy:

1.0 Multiple Endocrine Neoplasia Type 1 (MEN 1) gene testing requires prior authorization through the Quality and Care Management Division and is considered medically necessary when ALL of the following is 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, or
1.1.1.3 Recurrent hyperparathyroidism, or

1.1.2 Multifocal pancreatic endocrine tumors; or
1.1.3 First or second degree relative of patient with known MEN1 mutation.

1.2 Patient with 2 or more of the following endocrine tumors: parathyroid adenoma/hyperplasia, pituitary tumors, enteropancreatic tumor (e.g., gastrinoma, insulinoma).

2.0 Multiple Endocrine Neoplasia Type 2 (MEN2) RET gene testing requires prior authorization through the Quality and Care Management Division and is considered medically necessary when ANY of the following criteria are met:

2.1 Clinical diagnosis of multiple endocrine neoplasia type 2A based on meeting the following:
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2.1.1 At least 2 of the following in the patient OR at least one in the patient and one in a first degree relative:
   2.1.1.1 Medullary thyroid cancer; or
   2.1.1.2 Pheochromocytoma; or
   2.1.1.3 Hyperparathyroidism.

2.2 Primary C cell hyperplasia; or
2.3 Medullary thyroid cancer; or
2.4 Clinical diagnosis of multiple endocrine neoplasia type 2B based meeting ALL of the following:
   2.4.1 Medullary thyroid cancer; and
   2.4.2 Mucosal neuromas of the lips and tongue; and
   2.4.3 Medullated corneal nerve fibers; and
   2.4.4 Distinctive facies with enlarged lips; and
   2.4.5 “Marfinoid” body habitus.

2.5 Hirschsprung disease consistent with monogenic nonsyndromic etiology; or
2.6 First or second relative of patient with known RET mutation.

**CPT/HCPCS Codes Related to MP9483**

* Codes on Medical Policy documents are included only as a general reference tool for each policy. This list may not be all-inclusive.

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<thead>
<tr>
<th>Code</th>
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<td>81403</td>
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<td>Unlisted molecular pathology procedure</td>
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<tr>
<td>88271</td>
<td>Molecular cytogenetics; DNA probe, each (eg, FISH)</td>
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**Committee/Source**

**Originated:** Medical Policy Committee/Quality and Care Management Division

**Date(s):** April 3, 2017

**Revised:**
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Published/Effective: 07/01/2017