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 or policy.

### 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
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2.1 Clinical diagnosis of multiple endocrine neoplasia type 2A based on meeting the following:
   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

* 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 Prevea360 Health Plan. 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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<tr>
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Published/Effective: 07/01/2018