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 Thoracic Aortic Aneurysm and Nonsyndromic Aortic Dissection MP9503

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.

For ASO member's 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.

Prevea360 Health Plan Medical Policy:

1.0 Diagnosis or screening for nonsyndromic familial thoracic aortic aneurysm and aortic dissection **requires** prior authorization through the Quality and Care Management Division and is considered medically necessary when **1 or more** of the following is met:

1.1 Confirmation of diagnosis in individual with clinical suspicion of nonsyndromic familial thoracic aortic aneurysm and aortic dissection, as indicated by **ALL** of the following:

1.1.1 Aortic imaging reveals aneurysm and/or dissection of thoracic aorta; **AND**

1.1.2 Upon physical examination, there is no clear evidence of a syndromic cause of thoracic aortic aneurysm or aortic dissection (eg, Marfan syndrome, vascular Ehlers Danlos syndrome) ; **AND**

1.1.3 Family history is positive for thoracic aortic aneurysm or aortic dissection;

1.2 Predictive testing for at-risk asymptomatic first-degree relative, when disease-causing mutation has been identified in affected family member.

2.0 Testing for the disease mutation will be covered when 1.2 above is met.

3.0 All other indications not listed above are considered experimental and investigational and are not covered.

4.0 When 1.1 above is met, the following 12 gene panel is considered medically necessary and will be covered: ACTA2, FBN1, MYH11, MYLK, PRKG1, SMAD3, TGFB2, TGFBR1, TGFBR2, COL3A1, MAT2A and MFAP5. (see below for obtaining this panel)*

Underwritten by Dean Health Plan, Inc.

*This panel is available at Prevention Genetics as Familial Thoracic Aortic Aneurysm and Dissection (TAAD) Sequencing Panel, NGS Sequencing.

5.0 All other Thoracic Aortic Aneurysm and Aortic Dissection (Hereditary) Gene Panels are considered not medically necessary and therefore are not covered.

CPT/HCPCS Codes Related to MP9503

* 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.

81401	Molecular Pathology Procedure Level 2
81405	Molecular Pathology Procedure Level 6
81408	Molecular Pathology Procedure Level 9
81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK
81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFBR1, TGFBR2, MYH11, and COL3A1
81479	Unlisted molecular pathology procedure

	Committee/Source	**Date(s)**
Originated:	Medical Policy Committee/Quality and Care Management Division	December 20, 2017
Revised:		
Reviewed:		

Published/Effective: 01/01/2018