

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 and to applicable state and/or federal laws.

Genetic Testing for Diffuse Gastric Cancer, Hereditary – CDH1 Gene MP9484

Covered Service: Yes

**Prior Authorization
Required:** Yes

**Additional
Information:** Genetic testing is covered for a Prevea360 Health Plan member if the test results provide a direct medical benefit or guides reproductive decision-making for the Prevea360 Health Plan 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.

Prevea360 Health Plan Medical Policy:

1.0 Diffuse Gastric Cancer cadherin-1 (CDH1) gene testing requires prior authorization through the Health Services Division and is considered medically necessary when **ANY** of the following criteria are met:

- 1.1 First-degree relative of person with known CDH1 mutation
- 1.2 Personal history of diffuse gastric cancer before age 40 years, without other known familial history
- 1.3 Diffuse gastric cancer and lobular breast cancer each diagnosed in patient or in at least one first-degree or second-degree relative, with one confirmed as diffuse gastric cancer diagnosed before age 50 years
- 1.4 Gastric cancer diagnosed in 2 or more first-degree or second-degree relatives, with at least one case of confirmed diffuse gastric cancer diagnosed before age 50 years
- 1.5 Confirmed diffuse gastric cancer in 3 or more first-degree or second-degree relatives regardless of age
- 1.6 Personal or family history in one first or second degree relative of diffuse gastric cancer and lobular breast cancer, one cancer which was

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diagnosed before age 50.

- 1.7 Gastric cancer at any age and a family history of juvenile polyps or gastrointestinal polyposis
- 1.8 Gastric cancer at any age and a family history of cancers associated with Lynch syndrome (colorectal, endometrial, small bowel, or urinary tract cancer)
- 1.9 Family history of gastric cancer and breast cancer in one patient with one diagnosis before age 50, juvenile polyps, or gastrointestinal polyposis in a close relative

2.0 CDH1 testing is considered experimental and investigational and therefore is not medically necessary for all other indications.

CPT/HCPCS Codes Related to MP9484

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. **This list may not be all-inclusive.**

81403	Molecular Pathology Procedure Level 4
81406	Molecular Pathology Procedure Level 7
81435	Hereditary colon cancer disorders (eg, 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
81479	Unlisted molecular pathology procedure

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