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 Marfan Syndrome MP9506

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.

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.

Reproductive carrier screening (prenatal testing) does not require prior authorization and is addressed per MP9477

Prevea360 Health Plan Medical Policy:

1.0 Marfan Syndrome (MFS**) FBN1** gene testing individually or as part of a panel for individuals without a family history of MFS **requires** prior authorization through the Health Services Division and is considered medically necessary when **ANY** of the following criteria are met:

1.1 Marfan syndrome is suspected but the clinical diagnostic criteria have not led to the confirmed diagnosis of Marfan syndrome, and **ALL** of the following criteria are met:

1.1.1 Absence of confirmed family history of Marfan syndrome; **AND**

1.1.2 Ectopia lentis with aortic root dilatation (Z score ≥2.0)

1.2 Testing of an asymptomatic individual who has an affected first-degree blood relative with a known deleterious or suspected deleterious mutation

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2.0 Genetic testing for Marfan syndrome and related connective tissue disorders (e.g. Loeys-Dietz Syndrome) using gene panels is considered medically necessary when the following is met:

2.1 The member has been evaluated by a clinical geneticist or genetic counselor who has documented that the member phenotype and family history is not classic for a single condition, and multiple disorders remain on the differential diagnosis

3.0 Genetic testing for Marfan syndrome (MFS) is considered experimental and investigational and therefore not medically necessary for any other indication, including but not limited to:

3.1 The use of FBN1 gene testing in the diagnostic evaluation of Marfan syndrome in members exhibiting only minor features of the condition, according to the Ghent diagnostic criteria.

3.2 The use of TGFBR2 gene testing to facilitate the diagnosis of Marfan syndrome in members testing negative for FBN1 gene variants.

3.3 The use of TGFBR1 gene testing to facilitate the diagnosis of Marfan syndrome in members testing negative for FBN1 and TGFBR2 gene variants.

3.4 The use of Marfan syndrome gene testing in members fulfilling the Ghent diagnostic criteria who will not be using the information for reproductive decision making or facilitating the diagnosis of Marfan syndrome in at-risk relatives.

CPT/HCPCS Codes Related to MP9506

* 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.

CPT Code	Description
81401	Molecular pathology procedure level 2
81405	Molecular pathology procedure level 6
81406	Molecular pathology procedure level 7

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CPT Code	Description
81408	Molecular pathology procedure level 9
81410	Aortic dysfunction or dilation (e.g., 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
81411	Aortic dysfunction or dilation (e.g., 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

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