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Genetic Testing for Focal Segmental Glomerular Sclerosis MP9543

Covered Service: Yes

Prior Authorization Required: Yes

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

WellFirst Health Medical Policy:

1.0 Focal Segmental Glomerular Sclerosis (FSGS) INF2, ACTN4, NPHS2, LMX1B, WTI, TRPC6, NPHS1, PLCE1, APOL1, COLA4A3, COLA4A4, COLA4A5, CD2AP gene testing **requires** prior authorization through the Health Services Division and is considered medically necessary for **ANY** of the following:

1.1 Pediatric patients with therapy-resistant FSGS (steroid resistant nephrotic syndrome)

1.2 Adult and pediatric patients with a documented FSGS lesion and a family history of chronic kidney disease (especially nephrotic syndrome)

1.3 Patients with a documented FSGS lesion and a syndromic presentation (e.g., skin lesions, deafness, neurologic abnormalities, ocular abnormalities, skeletal abnormalities, maturity onset diabetes of the young, hepatosplenomegaly, metabolic acidosis).

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1.4 FSGS genetic testing should be strongly considered in any adult, regardless of age, with an "apparently" primary FSGS lesion on kidney biopsy and who does not respond to immunosuppressive (glucocorticoid and/or calcineurin inhibitors) therapy.

1.5 FSGS genetic testing is not considered medically necessary for the following:

1.5.1 Adult patients with FSGS who do not have a family history of kidney disease or who do not have clinical evidence of a genetic syndrome, especially in members of a population with a very low level of consanguinity

1.5.2 Patients with clearly documented causes of secondary FSGS

2.0 All other indications not listed above are considered experimental and investigational, and therefore are not medically necessary.

CPT/HCPCS Codes Related to MP9543

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 WellFirst Health. 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
81405	Molecular Pathology Procedure Level 6
81406	Molecular Pathology Procedure Level 7
81407	Molecular Pathology Procedure Level 8
81408	Molecular Pathology Procedure Level 9
81479	Unlisted molecular pathology procedure

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