Medica Central Coverage Policy

Policy Name:	**Genetic Testing – Specialty Testing: Endocrinology MP9600**
Effective Date:	**July 01, 2025**

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

OVERVIEW

This policy addresses the use of tests to measure various hormones and assess for diseases and conditions that primarily affect the endocrine system.

Pre-test and post-test genetic counseling that facilitates informed decision-making, addresses the possibility of secondary or incidental findings, and a plan for returning results before testing occurs is strongly advised.

For additional information see the Rationale section.

The tests, CPT codes, and ICD codes referenced in this policy are not comprehensive, and their inclusion does not represent a guarantee of coverage or non-coverage.

POLICY REFERENCE TABLE

COVERAGE CRITERIA SECTIONS	EXAMPLE TESTS (LABS)	COMMON BILLING CODES	REF
Monogenic Diabetes Panel Tests			
Monogenic Diabetes (Including Maturity Onset Diabetes of the Young (MODY)) Panels	Maturity Onset Diabetes of the Young (MODY) Panel (PreventionGenetics, part of Exact Sciences)	81403, 81405, 81406, 81407, 81479, E10, E11, E16.1, E16.2	1, 2, 3

COVERAGE CRITERIA SECTIONS	EXAMPLE TESTS (LABS)	COMMON BILLING CODES	REF
	Maturity-onset diabetes of the young (MODY) (Ambry Genetics)		
	Monogenic Diabetes (MODY) Five Gene Evaluation (GCK,HNF1A,HNF1B,HNF4A,IPF1) (Athena Diagnostics Inc)		

RELATED POLICIES

This policy document provides coverage criteria for endocrine disorders. Please refer to:

- ***General Approach to Laboratory Testing*** for coverage criteria related to endocrine disorders not specifically discussed in this or another non-general policy, including known familial variant testing.

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COVERAGE CRITERIA

MONOGENIC DIABETES PANEL TESTS

Monogenic Diabetes (Including Maturity Onset Diabetes of the Young (MODY)) Panels

I. Multigene panel analysis to establish or confirm a diagnosis of monogenic diabetes (including maturity-onset diabetes of the young (MODY)) is considered **medically necessary** when:
   A. The member has a diagnosis of diabetes within the first 12 months of life, **OR**
   B. The member has a diagnosis of diabetes before 30 years of age, **AND**
      1. The member has at least one of the following:
         a) Autoantibody negative, **OR**
         b) Retained C-peptide levels, **OR**
   C. The member has a diagnosis of diabetes not characteristic of type 1 or type 2 diabetes, **AND**
      1. The member has a family history of diabetes consistent with an autosomal dominant pattern of inheritance.

II. Multigene panel analysis to establish or confirm a diagnosis of monogenic diabetes (maturity-onset diabetes of the young (MODY)) is considered **investigational** for all other indications.

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PRIOR AUTHORIZATION

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

RATIONALE

Monogenic Diabetes (Including Maturity Onset Diabetes of the Young (MODY)) Panels

American Diabetes Association

In 2024, the American Diabetes Association made the following recommendations (p. S32):

- Individuals of any age who were diagnosed with diabetes in the first 6 months of life should have immediate genetic testing for neonatal diabetes (Category A).
- Children and those diagnosed in early adulthood who have diabetes not characteristic of type 1 or type 2 diabetes that occurs in successive generations (suggestive of an autosomal dominant pattern of inheritance) should have genetic testing for maturity-onset diabetes of the young (Category A)

Murphy, et al.

Murphy, et al (2023) performed a systematic review and issued an expert opinion on how to use precision diagnostics to identify individuals with monogenic diabetes. The article states that the following individuals should be offered testing for monogenic diabetes:

1. All patients diagnosed with diabetes before the age of 6 months should be tested for monogenic forms of neonatal diabetes using the large-gene panel.
2. All patients diagnosed between 6 and 12 months should be tested for monogenic forms of neonatal diabetes using the large-gene panel. No demonstrable yield of monogenic etiology to support reflexive genetic testing patients diagnosed with diabetes between 12-24 months.
3. Women with gestational diabetes and fasting glucose above 5.5 mmol/L without obesity* should be tested for GCK etiology.
4. Those with persisting, mild hyperglycemia (HbA1c 38–62 mmol/mol, or fasting glucose 5.5–7.8 mmol/L) at any age, in the absence of obesity* should be tested for GCK etiology.
5. People without obesity under the age of 30 years who are either autoantibody negative and/or have retained C-peptide levels should be tested for monogenic diabetes using a large-gene panel (p.10).

International Society for Pediatric and Adolescent Diabetes (ISPAD)

In 2022, the International Society for Pediatric and Adolescent Diabetes (ISPAD) released a clinical practice consensus guideline for the diagnosis and management of monogenic diabetes in children and adolescents. The statement includes the following recommendations for genetic testing in the setting of neonatal diabetes and maturity onset diabetes of the young:

“All infants diagnosed with diabetes in the first 6 months of life are recommended to have immediate molecular genetic testing. Genetic testing may be considered in infants diagnosed between 6 and 12 months, especially in those without islet autoantibodies or who have other features suggestive of a monogenic cause” (p. 1190).

“The diagnosis of maturity onset diabetes of the young (MODY) is recommended in the following scenarios: family history of diabetes in a parent and first-degree relatives of that affected parent in persons with diabetes who lack the characteristics of T1D and T2D” (p. 1191).

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DEFINITIONS

1. **Autosomal dominant pattern of inheritance** refers to a type of transmission of a genetic condition in which only one mutated copy of a gene (rather than two) is necessary for an individual to manifest the disease. These conditions are generally characterized by the following traits:
    a. There are individuals with the condition in multiple generations of a family
    b. Individuals who do not have the condition do not have children with the condition
    c. Individuals with the condition have a parent with the condition

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REFERENCES

1. Murphy R, Colclough K, Pollin TI, et al. The use of precision diagnostics for monogenic diabetes: a systematic review and expert opinion. *Commun Med (Lond)*. 2023;3(1):136. Published 2023 Oct 5. doi:10.1038/s43856-023-00369-8
2. Greeley SAW, Polak M, Njølstad PR, et al. ISPAD Clinical Practice Consensus Guidelines 2022: The diagnosis and management of monogenic diabetes in children and adolescents. *Pediatr Diabetes*. 2022;23(8):1188-1211. doi:10.1111/pedi.13426
3. American Diabetes Association Professional Practice Committee. 2. Diagnosis and Classification of Diabetes: Standards of Care in Diabetes-2024. Diabetes Care. 2024;47(Suppl 1):S20-S42. doi:10.2337/dc24-S002

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Note: The Health Plan uses the genetic testing clinical criteria developed by Concert Genetics, an industry-leader in genetic testing technology assessment and policy development.

	Committee/Source	Date(s)
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