HEREDITARY POLYPOSIS PANELS

A hereditary polyposis panel is one that includes genes that are associated with inherited susceptibility to colon polyposis.

I. Genetic testing using a hereditary polyposis panel (81201, 81203, 81406, 81479) is considered **medically necessary** when:

   A. The member meets criteria for sequencing and/or deletion/duplication analysis for Adenomatous Polyposis conditions (Familial Adenomatous Polyposis Syndrome (FAP)/Attenuated FAP (AFAP) and *MUTYH*-Associated Polyposis Syndrome (MAP), **AND**

   B. The panel includes, at a minimum, sequencing of the following genes: *APC* and *MUTYH*, **AND**

   C. The panel does not include genes without a known association with colon polyposis by ClinGen.

II. Genetic testing using a hereditary polyposis panel (81201, 81203, 81406, 81479) is considered **investigational** for all other indications.

ADENOMATOUS POLYPOSIS CONDITIONS (Familial Adenomatous Polyposis Syndrome (FAP)/Attenuated FAP (AFAP) AND *MUTYH*-Associated Polyposis Syndrome (MAP)

APC and/or *MUTYH* Sequencing and/or Deletion/Duplication Analysis

I. *APC* sequencing and/or deletion/duplication analysis (81201, 81203) and/or *MUTYH* sequencing and/or deletion/duplication analysis (81406, 81479) for adenomatous polyposis conditions is considered **medically necessary** when:

   A. The member has a history of any of the following:

      1. 10 or more cumulative adenomas, **OR**

2. Congenital hypertrophy of the retinal pigment epithelium (CHRPE), **OR**
3. Desmoid tumor, **OR**
4. Hepatoblastoma, **OR**
5. Cribriform-morular variant of papillary thyroid cancer, **OR**
6. A clinical diagnosis of serrated-polyposis syndrome, with at least some adenomas, based on one of the following:
    a) 5 or more serrated polyps proximal to the rectum, all being 5mm or greater in size and at least 2 being 10mm or greater in size, **OR**
    b) More than 20 serrated polyps of any size distributed throughout the large bowel, with at 5 or more being proximal to the rectum, **OR**
7. Duodenal cancer, **OR**
8. Duodenal adenomas.

II. *APC* sequencing and/or deletion/duplication analysis (81201, 81203) and/or *MUTYH* sequencing and/or deletion/duplication analysis (81406, 81479) for adenomatous polyposis conditions is considered **investigational** for all other indications.

III. *APC* mRNA sequencing analysis for the interpretation of variants of unknown significance (0157U), when billed in addition, is considered **investigational** because it is typically either considered an existing component of the genetic testing process for quality assurance or follow up testing without proven utility.

NOTES AND DEFINITIONS

1. **ClinGen** is a National Institutes of Health (NIH)-funded resource dedicated to building a central resource that defines the clinical relevance of genes and variants for use in precision medicine and research.

REFERENCES

1. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology: Genetic/Familial High-Risk Assessment: Colorectal. Version 1.2023. https://www.nccn.org/professionals/physician_gls/pdf/genetics_colon.pdf.