

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

Genetic Testing for BRCA1 and BRCA2 Genes

MP9478

Covered Service: Yes—when meets criteria below

Prior Authorization Required:

Yes as shown below

Additional Information:

Pre and post-test genetic counseling is required for any individual undergoing genetic testing for hereditary breast and ovarian cancer syndromes.

Allowed once per lifetime in adults 18 years of age or older.

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:

Molecular susceptibility testing for breast and/or epithelial ovarian cancer (BRCA testing) **requires prior authorization through the Quality and Care Management Division** and is considered medically necessary in **any** of the following categories of high-risk adults over the age of 18:

1.0 Individual from a family with a known deleterious BRCA1/BRCA2 gene mutation;

OR

2.0 Personal history of epithelial ovarian cancer, fallopian tube, or primary peritoneal cancer; **OR**

3.0 Personal history of male breast cancer; **OR**

4.0 Personal history of breast cancer and **ANY** of the following indications; **OR**

4.1 Breast cancer is diagnosed at age 45 years or younger; **OR**

4.2 Breast cancer is diagnosed at age 50 years or younger, **AND ANY** of the following indications:

4.2.1 At least one close blood relative with breast cancer at any age; **OR**

4.2.2 At least one close blood relative with pancreatic cancer at any age; **OR**

4.2.3 At least one close blood relative with prostate cancer (Gleason score of \geq

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

- 7); **or**
- 4.2.4 Diagnosed with two primary breast cancers (includes bilateral disease or cases where there are two or more clearly separate ipsilateral primary tumors) with first primary diagnosed at age 50 years or younger; **OR**
 - 4.2.5 Unknown or limited family history (e.g., fewer than two first- or second degree female relatives or female relatives surviving beyond 45 years in the relevant maternal and/or paternal lineage).
- 4.3 Breast cancer is diagnosed at age 60 years or younger with a triple negative breast cancer; **OR**
- 4.4 Breast cancer is diagnosed at any age with **ANY** of the following indications:
- 4.4.1 Two or more close blood relatives on the same side of the family with breast cancer, pancreatic cancer, or prostate cancer (Gleason score ≥ 7) at any age; **OR**
 - 4.4.2 One close blood relative with breast cancer diagnosed at age 50 years or younger; **OR**
 - 4.4.3 One close blood relative with epithelial ovarian cancer, fallopian tube, or primary peritoneal cancer; **OR**
 - 4.4.4 One or more close male blood relatives with breast cancer; **OR**
 - 4.4.5 If ethnicity is associated with higher mutation frequency (Ashkenazi Jewish), no additional family history is required.
- 5.0 Personal history of pancreatic cancer diagnosed at any age with **ANY** of the following:
- 5.1 One or more close blood relative with breast cancer (diagnosed at 50 or younger) or epithelial ovarian cancer, **OR**
 - 5.2 Two or more relatives with breast cancer, pancreatic cancer, or prostate cancer (Gleason score ≥ 7) at any age; **OR**
 - 5.3 Ashkenazi Jewish ancestry.
- 6.0 Personal history prostate cancer (Gleason score ≥ 7) at any age with **ANY** of the following:
- 6.1 One or more close blood relatives with breast cancer (diagnosed at 50 or younger) or invasive ovarian cancer; **OR**
 - 6.2 Two or more relatives with breast cancer, pancreatic cancer or prostate cancer (Gleason score ≥ 7) at any age.

7.0 No personal history of breast cancer or ovarian cancer however, family history

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

increases risk with **ANY** of the following:

- 7.1 First or second degree blood relative with a history of breast cancer and **ANY** of the following:
 - 7.1.1 Diagnosed at age 45 or younger; **OR**
 - 7.1.2 Diagnosed at age 50 or younger with at least 1 additional close blood relative with **ANY** of the following:
 - 7.1.2.1 Breast cancer at any age; **OR**
 - 7.1.2.2 Pancreatic cancer at any age; **OR**
 - 7.1.2.3 Prostate cancer (Gleason score ≥ 7).
 - 7.1.3 Diagnosed with two primary breast cancers (includes bilateral disease or cases where there are two or more clearly separate ipsilateral primary tumors) with first primary diagnosed at age 50 years or younger; **OR**
 - 7.1.4 Diagnosed at age 60 or younger with a triple negative breast cancer; **OR**
 - 7.1.5 Diagnosed at age 50 or younger with unknown or limited family history (e.g., fewer than two first- or second degree female relatives or female relatives surviving beyond 45 years in the relevant maternal and/or paternal lineage); **or**
 - 7.1.6 Diagnosed at any age and there are at least 2 or more relatives with breast cancer, pancreatic cancer, or prostate cancer (Gleason score ≥ 7) at any age; **OR**
 - 7.1.7 Diagnosed at any age with at least one close blood relative with breast cancer at age 50 or younger; **OR**
 - 7.1.8 Diagnosed at any age with at least one close blood relative with invasive ovarian cancer, fallopian tube, or primary peritoneal cancer; **OR**
 - 7.1.9 Close male blood relative* with breast cancer; **OR**
 - 7.1.10 Individual of Ashkenazi Jewish descent.
- 7.2 First- or second-degree blood relative with a history of invasive ovarian, fallopian tube, or primary peritoneal cancer; **OR**
- 7.3 First- or second-degree blood relative with a history of male breast cancer; **OR**
- 7.4 First- or second-degree relative with a history of prostate cancer (Gleason ≥ 7) at any age WITH one or more close blood relatives with **one or more** of the following:
 - 7.4.1 Breast cancer (diagnosed at 50 or younger); **OR**

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

- 7.4.2 Invasive ovarian cancer; **OR**
- 7.4.3 Two or more relatives with breast, pancreatic cancer or prostate cancer (Gleason ≥ 7) at any age.
- 7.5 First- or second-degree relative WITH a history of pancreatic cancer at any age with at least one or more close blood relative with **1 or more** of the following:
 - 7.5.1 Breast cancer (diagnosed at 50 or younger); **OR**
 - 7.5.2 Invasive ovarian cancer; **OR**
 - 7.5.3 Two or more relatives with breast, pancreatic cancer or prostate cancer (Gleason ≥ 7) at any age.
- 7.6 First- or second-degree relative with a history of pancreatic cancer at any age with Ashkenazi Jewish descent; **OR**
- 7.7 Third-degree blood relative with breast and/or invasive ovarian/fallopian tube/primary peritoneal cancer with two or more close blood relatives with breast (at least one diagnosed at or prior to age 50) and/or invasive ovarian/fallopian tube/primary peritoneal cancer.
- 8.0 Prevea360 Health Plan considers multigene hereditary cancer panels that accompany BRCA testing experimental and investigational and therefore not medically necessary. There is insufficient published evidence to support their clinical utility and validity. The BRCA testing portion of these panels are considered medically necessary if the above criteria are met.
- 9.0 Prevea360 Health Plan considers BRCA testing experimental and investigational and therefore not medically necessary for all other indications. This includes genetic screening in the population and testing of individuals under the age of 18 years of age.

CPT/HCPCS Codes Related to MP9478

* 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.

81162	BRCA1, BRCA2 (breast cancer 1 and 2) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis
-------	--

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

81211	BRCA1, BRCA2 (breast cancer 1 and 2) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants in BRCA1 (i.e., exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)
81212	BRCA1, BRCA2 (breast cancer 1 and 2) (e.g., hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants
81213	BRCA1, BRCA2 (breast cancer 1 and 2) (e.g., hereditary breast and ovarian cancer) gene analysis; uncommon duplication/deletion variants
81214	BRCA1 (breast cancer 1) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants (i.e., exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)
81215	BRCA1 (breast cancer 1) (e.g., hereditary breast and ovarian cancer) gene analysis; known familial variant
81216	BRCA2 (breast cancer 2) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis
81217	BRCA2 (breast cancer 2) (e.g., hereditary breast and ovarian cancer) gene analysis; known familial variant
81432	Hereditary breast cancer-related disorders (e.g., hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 14 genes, including ATM, BRCA1, BRCA2, BRIP1, CDH1, MLH1, MSH2, MSH6, NBN, PALB2, PTEN, RAD51C, STK11, and TP53
81433	Hereditary breast cancer-related disorders (e.g., hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11

	Committee/Source	Date(s)
Originated:	Medical Policy Committee/Quality and Care Management Division	April 3, 2017
Revised:	Medical Policy Committee/Quality and Care Management Division	June 20, 2018

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

	Committee/Source	Date(s)
Reviewed:	Medical Policy Committee/Quality and Care Management Division	June 20, 2018

Published/Effective: 07/01/2018