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 Breast and/or Epithelial Ovarian Cancer Susceptibility

**MP9478**

**Covered Service:** Yes–when meets criteria below

**Prior Authorization Required:** No prior authorization for BRCA1 and BRCA2 testing.

Prevea360 Health Plan considers multigene hereditary cancer panels that accompany BRCA testing experimental and investigational, and therefore not medically necessary.

**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 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:

**BRCA1 and BRAC2 – Personal History of Cancer**

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

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

3.0 Personal history of pancreatic cancer; **OR**

4.0 Personal history of metastatic prostate cancer; **OR**

5.0 Personal history of high-grade prostate cancer (Gleason score ≥7) at any age with **ANY** of the following:
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

5.1 One or more close blood relatives with breast cancer (diagnosed at 50 or younger); OR

5.2 Invasive ovarian cancer; OR

5.3 Pancreatic cancer; OR

5.4 Metastatic prostate cancer; OR

5.5 Ashkenazi Jewish ancestry

6.0 BRCA1/BRCA 2 pathogenic/likely variant detected by tumor profiling on any tumor type in the absence of germline pathogenic/likely pathogenic variant analysis.

7.0 Personal history of breast cancer and one or more of the following indications:

7.1 Breast cancer diagnosed at age 45 years or younger; OR

7.2 Breast cancer is diagnosed at age 46-50 years; and ANY of the following indications:

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

7.2.2 At least one close blood relative with high-grade prostate cancer (Gleason score ≥7); OR

7.2.3 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

7.2.4 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).

7.3 Breast cancer is diagnosed at age 60 years or younger with a triple negative breast cancer; OR

7.4 Breast cancer is diagnosed at any age with ANY of the following indications:

7.4.1 Two or more close relatives on the same side of the family with breast cancer at any age; OR

7.4.2 One close blood relative with breast cancer diagnosed at any age 50 years or younger; OR

7.4.3 One close blood relative with epithelial ovarian cancer, fallopian tube, or primary peritoneal cancer; OR

7.4.4 One or more close male blood relatives with breast cancer; OR

7.4.5 One or more close male blood relatives with metastatic prostate cancer; OR

7.4.6 One or more blood relatives with pancreatic cancer

7.5 Ashkenazi Jewish ancestry
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.

BRCA1 and BRAC2 – No Personal History/Family History Only

8.0 Testing of an individual without a cancer diagnosis is not medically necessary if an affected family member is available for testing.
9.0 Testing of an individual from a family with a known deleterious BRCA1/BRCA2 gene mutation; OR
10.0 No personal history of breast cancer or ovarian cancer however, family history increases risk with ANY of the following:
   10.1 First or second degree blood relative with a history of breast cancer and ANY of the following:
      10.1.1 Diagnosed at age 45 or younger; OR
      10.1.2 Diagnosed at age 50 or younger with a least 1 additional close blood relative with ANY of the following:
         10.1.2.1 Breast cancer at any age; OR
         10.1.2.2 Pancreatic cancer at any age; OR
         10.1.2.3 Prostate cancer (Gleason score ≥7).
      10.1.3 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
      10.1.4 Diagnosed at age 60 or younger with a triple negative breast cancer; OR
      10.1.5 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
      10.1.6 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
      10.1.7 Diagnosed at any age with a least one close blood relative with breast cancer at age 50 or younger; OR
      10.1.8 Diagnosed at any age with at least one close blood relative with invasive ovarian cancer, fallopian tube, or primary peritoneal cancer; OR
      10.1.9 Close male blood relative with breast cancer; OR
      10.1.10 Individual with Ashkenazi Jewish descent.
   10.2 First- or second-degree blood relative with a history of invasive ovarian, fallopian tube, or primary peritoneal cancer; OR
   10.3 First- or second-degree relative with a history of male breast cancer; 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

10.4 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:

10.4.1 Breast cancer (diagnosed at 50 or younger); OR
10.4.2 Invasive ovarian cancer; OR
10.4.3 Two or more relatives with breast, pancreatic cancer or prostate cancer (Gleason ≥7) at any age.

10.5 First- or second-degree relative with a history of pancreatic cancer at any age with at least one or more close blood relative with one or more of the following:

10.5.1 Breast cancer (diagnosed at 50 or younger); OR
10.5.2 Invasive ovarian cancer; OR
10.5.3 Two or more relatives with breast, pancreatic cancer or prostate cancer (Gleason≥7) at any age.

10.6 First- or second-degree relative with a history of pancreatic cancer at any age with Ashkenazi Jewish descent; OR

10.7 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.

11.0 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.

12.0 Prevea360 Health Plan considers BRCA testing experimental and investigational, and therefore not medically necessary for all other indications. This includes genetic screening in the general population and testing of individuals under the age of 18 years of age.

13.0 Prevea360 Health Plan considers the following genes not medically necessary for breast and/or ovarian cancer susceptibility testing including but not limited to: ATM, BARD1, BRIP1, CDH1, CHEK2, EPCAM, FANCC, MRE11A, MUTYH, NBN, NF1, PALB2, RAD51C, RAD51D, SLX4, SMARCA4, STK11, and XRCC2.

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 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.

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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>81162</td>
<td>BRCA1, BRCA2 (breast cancer 1 and 2) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis</td>
</tr>
<tr>
<td>81163</td>
<td>BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis</td>
</tr>
<tr>
<td>81164</td>
<td>BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (e.g., detection of large gene rearrangements)</td>
</tr>
<tr>
<td>81165</td>
<td>BRCA1 (BRCA1, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis</td>
</tr>
<tr>
<td>81166</td>
<td>BRCA1 (BRCA1, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (i.e., detection of large gene rearrangements)</td>
</tr>
<tr>
<td>81167</td>
<td>RCA2 (BRCA2, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (i.e., detection of large gene rearrangements)</td>
</tr>
<tr>
<td>81211</td>
<td>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)</td>
</tr>
<tr>
<td>81212</td>
<td>BRCA1, BRCA2 (breast cancer 1 and 2) (e.g., hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants</td>
</tr>
<tr>
<td>81213</td>
<td>BRCA1, BRCA2 (breast cancer 1 and 2) (e.g., hereditary breast and ovarian cancer) gene analysis; uncommon duplication/deletion variants</td>
</tr>
<tr>
<td>81214</td>
<td>BRCA1 (breast cancer 1) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants (e.g. exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)</td>
</tr>
<tr>
<td>81215</td>
<td>BRCA1 (breast cancer 1) (e.g., hereditary breast and ovarian cancer) gene analysis; known familial variant</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>----------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>81216</td>
<td>BRCA2 (breast cancer 2) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis</td>
</tr>
<tr>
<td>81217</td>
<td>BRCA2 (breast cancer 2) (e.g., hereditary breast and ovarian cancer) gene analysis; known familial variant</td>
</tr>
<tr>
<td>81432</td>
<td>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</td>
</tr>
<tr>
<td>81433</td>
<td>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</td>
</tr>
</tbody>
</table>

**Committee/Source**

**Originated:** Medical Policy Committee/Quality and Care Management Division

Date(s): April 3, 2017

**Revised:**

- Medical Policy Committee/Quality and Care Management Division
- Medical Policy Committee/Health Services Division

Date(s): June 20, 2018, December 19, 2019, February 20, 2019, March 20, 2019

**Reviewed:**

- Medical Policy Committee/Quality and Care Management Division
- Medical Policy Committee/Health Services Division

Date(s): June 20, 2018, December 19, 2019, February 20, 2019, March 20, 2019

Published/Effective: 04/01/2019