Genetic Testing for BRCA1 and BRCA2 Genes  

<table>
<thead>
<tr>
<th>Covered Service:</th>
<th>Yes—when meets criteria below</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior Authorization Required:</td>
<td>Yes—as shown below</td>
</tr>
<tr>
<td>Additional Information:</td>
<td>Pre and post-test genetic counseling is required for any individual undergoing genetic testing for hereditary breast and ovarian cancer syndromes.</td>
</tr>
<tr>
<td></td>
<td>For ASO members pre and post-genetic counseling is not required. Please reference the ASO Summary Plan Description (SPD).</td>
</tr>
<tr>
<td></td>
<td>Allowed once per lifetime in adults 18 years of age or older.</td>
</tr>
<tr>
<td></td>
<td>A first-degree relative is defined as an individual’s parents, full siblings, and children.</td>
</tr>
<tr>
<td></td>
<td>A second-degree relative is defined as an individual’s grandparents, grandchildren, aunts, uncles, nephews, nieces and half-siblings.</td>
</tr>
<tr>
<td></td>
<td>A third-degree relative is defined as first cousins, great-aunts, great-uncles, great-grandchildren, or great-grandparents.</td>
</tr>
<tr>
<td>Medicare Policy:</td>
<td>Dean Health Plan covers when Medicare also covers the benefit.</td>
</tr>
<tr>
<td>BadgerCare Plus Policy:</td>
<td>Dean Health Plan covers when BadgerCare Plus also covers the benefit.</td>
</tr>
</tbody>
</table>

Dean 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 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.
2.0 Personal history of epithelial ovarian cancer, fallopian tube, or primary peritoneal cancer.
3.0 Personal history of male breast cancer.
4.0 Personal history of breast cancer and ANY of the following indications.
Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member’s benefit certificate.

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 ≥ 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
Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate.

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 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
Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate.

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
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 one 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 Dean Health Plan considers multigene hereditary cancer panels that accompany BRCA testing experimental/investigational. 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 Dean Health Plan considers BRCA testing experimental/investigational 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
Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member’s benefit certificate.

* Codes on Medical Policy documents are included only as a general reference tool for each policy. **This list may not be all-inclusive.**

<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>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 (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>81215</td>
<td>BRCA1 (breast cancer 1) (e.g., hereditary breast and ovarian cancer) gene analysis; known familial variant</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:**  
**Reviewed:**

**Published/Effective:** 06/05/2017