

Genetic Testing for Hereditary Breast, Ovarian, Pancreatic and Prostate Cancer



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Medical Coverage Policy

Table of Contents

[Related Medical/Pharmacy Coverage Policies](#)
[Coverage Determination](#)
[Coding Information](#)
[Appendix](#)

[Description](#)
[Coverage Limitations](#)
[References](#)
[Change Summary](#)

Disclaimer

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Related Medical/Pharmacy Coverage Policies

[Code Compendium \(Laboratory\)](#)
[Comparative Genomic Hybridization/Chromosomal Microarray Analysis](#)
[Genetic Testing](#)
[Genetic Testing for Hereditary Cancer](#)
[Genetic Testing for Hereditary Colorectal and Uterine Cancer](#)
[Pharmacogenomics and Companion Diagnostics](#)

Description

Genetic testing is a laboratory method that is performed to analyze an individual's deoxyribonucleic acid (DNA) to detect gene variants (mutations) associated with inherited conditions including hereditary cancer such as breast, ovarian (including fallopian tube and peritoneal) and pancreatic cancer. Testing may be appropriate for an affected individual as well as asymptomatic relatives at increased risk for cancer. This type of testing may also be referred to as germline genetic testing. Additional inherited cancers include Li-Fraumeni syndrome (LFS) and PTEN hamartoma tumor syndrome/Cowden syndrome. Both are rare, inherited conditions that are associated with increased risk of many types of cancer.

A **multigene panel** is defined as a test that analyzes more than one gene simultaneously while single gene testing searches for variants in one specific gene. Multigene panels evaluate the DNA of an individual with a personal and/or family history of a hereditary condition. Multisymptom genetic testing panels analyze genes associated with more than one hereditary cancer syndrome such as breast, colon, ovarian and uterine. Panels can be targeted or expanded. A targeted panel offers a limited number of genes associated with a specific condition while expanded panels are broad, providing analysis of a large number of genes and often include genes with unclear medical management.

Concurrent (paired) deoxyribonucleic acid (DNA) and ribonucleic acid (RNA) genetic testing (also referred to as expanded RNA analysis) is a laboratory method that analyzes DNA in combination with RNA to purportedly aid with the detection, diagnosis and management of cancer as well as classification of variants of unknown significance (VUS). Paired testing may be offered to an individual who is at increased risk for hereditary cancer and is performed concurrent to DNA testing to identify additional variants (mutations). **+RNAinsight** is an example of paired genetic testing and is conducted as an add-on test for multigene hereditary breast and ovarian panels such as **GYNPlus, OvaNext and ProstateNext**. +RNAinsight has also been proposed for use with single gene testing (eg, *ATM, BRCA1, BRCA2* and *PALB2*).

Coverage Determination

Any state mandates for genetic testing for breast, ovarian or pancreatic cancer susceptibility take precedence over this medical coverage policy.

Genetic testing may be excluded by certificate. Please consult the member's individual certificate regarding Plan coverage.

Hereditary Breast Cancer

Humana members may be eligible under the Plan for **single gene or multigene germline panel sequencing and deletion/duplication analysis for hereditary breast cancer** when the following criteria are met:

- [Pre- and post-test genetic counseling](#); **AND**
- No known pathogenic or likely pathogenic variant in the family (if a pathogenic or likely pathogenic variant has been detected in an affected family member, genetic testing should be limited to the known familial variant; see [Known Familial Pathogenic or Likely Pathogenic Variant Testing criteria](#) below); **AND**
 - Single gene testing and/or deletion duplication analysis ([performed concurrently or sequentially](#)) of *BRCA1* (81165/81166), *BRCA2* (81216/81167), *CDH1*, *PALB2* (81307), *PTEN* (81321/81323) or *TP53* (81351/81352) genes; **OR**
 - Multigene germline panel sequencing and/or deletion/duplication analysis (81432/81433) ([performed concurrently or sequentially](#)); **AND**

- Personal history of breast cancer (includes invasive ductal carcinoma in situ [DCIS]); **AND**
 - Diagnosed at 50 years of age or younger; **OR**
 - Diagnosed at any age; **AND**
 - Individual is of Ashkenazi Jewish, Bahamian, Central and South American, French Canadian, Hungarian, Icelandic, Mexican, Polish, Spanish ancestry/ethnicity; **OR**
 - Lobular breast cancer with a personal history of or has a [first-, second- or third-degree relative](#) diagnosed with diffuse gastric cancer; **OR**
 - Male breast cancer; **OR**
 - Multiple primary breast cancers (synchronous [occurring simultaneously] or metachronous [occurring at different time periods]); **OR**
 - Triple-negative breast cancer; **OR**
 - At least 1 [first-, second- or third-degree relative](#) diagnosed with any of the following:
 - ❖ Breast cancer at 50 years of age or younger; **OR**
 - ❖ Male breast cancer; **OR**
 - ❖ Ovarian cancer; **OR**
 - ❖ Pancreatic cancer; **OR**
 - ❖ Prostate cancer with any of the following features:
 - Metastatic (includes distant metastasis and regional bed or nodes) established by biopsy and/or radiography; **OR**
 - [Intermediate-risk](#) with intraductal or cribriform histology; **OR**
 - [High-risk](#) or [very-high-risk](#); **OR**
- 3 or more total diagnoses of breast cancer and/or prostate cancer in the family (including the individual diagnosed with breast cancer and [first-, second- or third-degree relatives](#) on the same side of the family); **OR**
- Individual with a breast cancer diagnosis but does not meet the above [testing criteria for hereditary breast cancer](#); **AND**
 - ❖ Has a [first- or second-degree relative](#) who meets above [testing criteria for hereditary breast cancer](#); **OR**

- ❖ Risk stratification tool ([Tyrer-Cuzick](#), [BRCAPRO](#), [CanRisk](#)) indicates greater than 2.5% probability for a *BRCA1/2* pathogenic variant; **OR**
- Individual without a breast cancer diagnosis; **AND**
 - Has a [first- or second-degree relative](#) who meets above [testing criteria for hereditary breast cancer](#); **OR**
 - Risk stratification tool ([Tyrer-Cuzick](#), [BRCAPRO](#), [CanRisk](#)) indicates greater than 2.5% probability for a *BRCA1/2* pathogenic variant; **OR**
- Meets above [testing criteria for hereditary breast cancer](#) and tested negative on previous limited testing (single gene testing and/or absent deletion/duplication analysis) (applies to multigene germline panel sequencing only); **OR**
- Pathogenic or likely pathogenic variant identified on tumor genomic testing that has clinical implications if also identified in the germline

Hereditary Ovarian, Fallopian Tube or Peritoneal Cancer

Humana members may be eligible under the Plan for **single gene or multigene germline panel sequencing and deletion/duplication analysis for hereditary ovarian cancer, fallopian tube or peritoneal cancer** when the following criteria are met:

- [Pre- and post-test genetic counseling](#); **AND**
- No known pathogenic or likely pathogenic variant in the family (if a pathogenic or likely pathogenic variant has been detected in an affected family member, genetic testing should be limited to the known familial variant; see [Known Familial Pathogenic or Likely Pathogenic Variant Testing criteria](#) below); **AND**
 - Single gene testing and/or deletion duplication analysis ([performed concurrently or sequentially](#)) of *ATM*, *BRCA1* (81165/81166), *BRCA2* (81216/81167), *BRIP1*, *EPCAM*, *MLH1* [81292/81294], *MSH2* [81295/81297], *MSH6* [81298/81300], *PALB2* [81307], *PMS2* [81317/81319], *RAD51C* or *RAD51D* genes; **OR**
 - Multigene germline panel sequencing and/or deletion/duplication analysis ([performed concurrently or sequentially](#)); **AND**
- Personal history of epithelial ovarian, fallopian tube or peritoneal cancer at any age; **OR**
- Individual without an ovarian cancer diagnosis; **AND**
 - Has a [first-, second- or third-degree relative](#) diagnosed with epithelial ovarian, fallopian tube or peritoneal cancer at any age; **OR**

- Does not otherwise meet the above [testing criteria hereditary ovarian, fallopian tube or peritoneal cancer](#) and a risk stratification tool ([Tyrer-Cuzick](#), [BRCAPRO](#), [CanRisk](#)) indicates greater than 5% probability for a *BRCA1/2* pathogenic variant; **OR**
- Pathogenic or likely pathogenic variant identified on tumor genomic testing that has clinical implications if also identified in the germline

Hereditary Pancreatic Cancer

Humana members may be eligible under the Plan for **single gene or multigene germline panel sequencing and deletion/duplication analysis for hereditary pancreatic cancer** when the following criteria are met:

- [Pre- and post-test genetic counseling](#); **AND**
- No known pathogenic or likely pathogenic variant in the family (if a pathogenic or likely pathogenic variant has been detected in an affected family member, genetic testing should be limited to the known familial variant; see [Known Familial Pathogenic or Likely Pathogenic Variant Testing criteria](#) below); **AND**
 - Single gene testing and/or deletion duplication analysis ([performed concurrently or sequentially](#)) of *ATM*, *BRCA1* [81165/81166], *BRCA2* [81216/81167], *CDKN2A*, *EPCAM*, *MLH1* [81292/81294], *MSH2* [81295/81297], *MSH6* [81298/81300], *PALB2* [81307], *PMS2* [81317/81319], *STK11* or *TP53* [81351] genes; **OR**
 - Multigene germline panel sequencing and/or deletion/duplication analysis ([performed concurrently or sequentially](#)); **AND**
- Personal history of exocrine pancreatic cancer at any age; **OR**
- Personal history of neuroendocrine pancreatic tumors (nonfunctioning pancreatic tumors, gastrinoma, insulinoma, glucagonoma, VIPoma) at any age; **OR**
- Has a [first- or second-degree relative](#) diagnosed with exocrine pancreatic cancer at any age; **OR**
- Pathogenic or likely pathogenic variant identified on tumor genomic testing that has clinical implications if also identified in the germline

Hereditary Prostate Cancer

Humana members may be eligible under the Plan for **single gene or multigene germline panel sequencing and deletion/duplication analysis for hereditary prostate cancer** when the following criteria are met:

- [Pre- and post-test genetic counseling](#); **AND**

- No known pathogenic or likely pathogenic variant in the family (if a pathogenic or likely pathogenic variant has been detected in an affected family member, genetic testing should be limited to the known familial variant; see [Known Familial Pathogenic or Likely Pathogenic Variant Testing criteria](#) below); **AND**
 - Single gene testing and/or deletion duplication analysis ([performed concurrently or sequentially](#)) of *ATM*, *BRCA1* (81165/81166), *BRCA2* (81216/81167), *CHEK2* or *HOXB13* genes; **OR**
 - Multigene germline panel sequencing and/or deletion/duplication analysis ([performed concurrently or sequentially](#)); **AND**
- Personal history of prostate cancer; **AND**
 - Any of the following features:
 - Metastatic (includes distant metastasis and regional bed or nodes) established by biopsy and/or radiography; **OR**
 - [Intermediate-risk](#) with intraductal or cribriform histology; **OR**
 - [High-risk](#) or [very-high-risk](#); **OR**
 - At least one [first-, second- or third-degree relative](#) with any of the following:
 - Breast cancer diagnosed at or before 50 years of age; **OR**
 - Male breast cancer diagnosed at any age; **OR**
 - Triple-negative breast cancer diagnosed at any age; **OR**
 - Ovarian cancer diagnosed at any age; **OR**
 - Pancreatic cancer diagnosed at any age; **OR**
 - Prostate cancer with any of the following features diagnosed at any age:
 - ❖ Metastatic (includes distant metastasis and regional bed or nodes) established by biopsy and/or radiography; **OR**
 - ❖ [High-risk](#) or [very-high-risk](#); **OR**
 - 3 or more total diagnoses of prostate cancer and/or breast cancer in the family (including the individual diagnosed with prostate cancer and [first-, second- or third-degree relatives](#) on the same side of the family); **OR**
 - Ashkenazi Jewish ancestry; **OR**
- Individual with a prostate cancer diagnosis but does not meet the above [testing criteria for hereditary prostate cancer](#) and has a [first-, second- or third-degree relative](#) who meets above [testing criteria for hereditary prostate cancer](#); **OR**

- Individual without a prostate cancer diagnosis and has a [first-, second- or third-degree relative](#) who meets above [testing criteria for hereditary prostate cancer](#); **OR**
- Pathogenic or likely pathogenic variant identified on tumor genomic testing that has clinical implications if also identified in the germline

Li-Fraumeni Syndrome

Humana members may be eligible under the Plan for **TP53 sequencing and/or deletion/duplication analysis ([performed concurrently or sequentially](#)) for LFS (81351)** when the following criteria are met:

- [Pre- and post-test genetic counseling](#); **AND**
- Individual to be tested meets classic LFS criteria, as demonstrated by the presence of **ALL** of the following:
 - Diagnosed with a sarcoma before 45 years of age; **AND**
 - [First-degree relative](#) diagnosed with cancer before 45 years of age; **AND**
 - An additional [first- or second-degree relative](#), on the same side of the family, diagnosed with cancer before 45 years of age or diagnosed with a sarcoma at any age; **OR**
- Individual to be tested meets Chompret criteria as demonstrated by the presence of at least 1 of the following:
 - Diagnosed with a tumor from LFS tumor spectrum (eg, adrenocortical carcinoma, breast cancer, central nervous system [CNS] tumor, osteosarcoma, soft tissue sarcoma) before 46 years of age, **AND** at least one [first- or second-degree relative](#) with any of the previously mentioned cancers (other than breast cancer if the proband has breast cancer) before 56 years of age or with multiple primaries at any age; **OR**
 - Diagnosed with multiple tumors (except multiple breast tumors), 2 of which belong to LFS tumor spectrum (eg, adrenocortical carcinoma, breast cancer, CNS tumor, osteosarcoma, soft tissue sarcoma) with the initial cancer occurring before 46 years of age; **OR**
 - Diagnosed with adrenocortical carcinoma or choroid plexus carcinoma or rhabdomyosarcoma of embryonal anaplastic subtype at any age of onset, regardless of the family history; **OR**
 - Diagnosed with breast cancer before 31 years of age
- Personal or family history of pediatric hypodiploid acute lymphoblastic leukemia; **OR**

- Individual diagnosed with a cancer with a pathogenic or likely pathogenic *TP53* variant on tumor-only genomic testing when any of the following are present:
 - Individual meets at least 1 of the above [testing criteria for LFS](#); **OR**
 - Diagnosed before 30 years of age with any cancer; **OR**
 - Individual with a clinical scenario not meeting these criteria but warranting germline evaluation per clinician discretion

PTEN Hamartoma Tumor Syndrome/Cowden Syndrome

Humana members may be eligible under the Plan for ***PTEN* sequencing and/or deletion/duplication analysis (performed concurrently or sequentially) for PHTS/CS (81321/81323)** (eg, Genomic Unity PTEN Analysis [0235U]) when the following criteria are met:

- [Pre- and post-test genetic counseling](#); **AND**
- Individual to be tested does **NOT** meet [PHTS Clinical Diagnostic Criteria](#) and has a personal history of any of the following:
 - Adult Lhermitte-Duclos disease (cerebellar tumors); **OR**
 - Autism spectrum disorder and macrocephaly; **OR**
 - 1 major and 3 or more minor [PHTS/CS Testing Criteria](#) (If an individual has 2 or more major criteria, such as breast cancer and nonmedullary thyroid cancer, but does not have macrocephaly, one of the major criteria may be included as 1 of the 3 minor criteria to meet testing criteria); **OR**
 - 2 or more biopsy-proven trichilemmomas; **OR**
 - 2 or more major [PHTS/CS Testing Criteria](#) (one must be macrocephaly); **OR**
 - 3 or more major [PHTS/CS Testing Criteria](#) without macrocephaly; **OR**
 - 4 or more minor [PHTS/CS Testing Criteria](#); **OR**
- Personal history of Bannayan-Ryile-Ruvalcaba syndrome (BRRS); **OR**
- Individual to be tested meets [PHTS Clinical Diagnostic Criteria](#) as demonstrated by:
 - 2 major and 3 minor criteria of the [PHTS Clinical Diagnostic Criteria](#); **OR**
 - 3 major criteria of the [PHTS Clinical Diagnostic Criteria](#) (one must include macrocephaly, Lhermitte-Duclos disease or gastrointestinal [GI] hamartomas); **OR**

- Has a [first-, second- or third-degree relative](#) with a clinical diagnosis of PHTS, CS or BRRS; **AND**
 - Individual to be tested has the presence of one major criterion of [PHTS/CS Testing Criteria](#); **OR**
 - Individual to be tested has the presence of two minor criteria of [PHTS/CS Testing Criteria](#); **OR**
- PTEN pathogenic or likely pathogenic variant detected by tumor genomic testing on any tumor type

Known Familial Pathogenic or Likely Pathogenic Variant Testing

Humana members may be eligible under the Plan for [known familial pathogenic or likely pathogenic variant testing](#)* for hereditary breast, ovarian, pancreatic or prostate cancer when the following criteria are met:

- [Pre- and post-test genetic counseling](#); **AND**
- Individual to be tested has an affected [first-, second- or third-degree relative](#) with a pathogenic or likely pathogenic variant in any of the following:
 - Hereditary breast cancer gene (*BRCA1* [81215], *BRCA2* [81217], *CDH1*, *PALB2* [81308], *PTEN* [81322], *STK11*, *TP53* [81353]); **OR**
 - Hereditary ovarian cancer gene (*ATM*, *BRCA1* [81215], *BRCA2* [81217], *BRIP1*, *EPCAM*, *MLH1* [81293], *MSH2* [81296], *MSH6* [81299], *PALB2* [81308], *PMS2* [81318], *RAD51C*, *RAD51D*; **OR**
 - Hereditary pancreatic cancer gene (*ATM*, *BRCA1* [81215], *BRCA2* [81217], *CDKN2A*, *MLH1* [81293], *MSH2* [81296], *MSH6* [81299], *PALB2* [81308], *PMS2* [81318], *STK11*, *TP53*); **OR**
 - Hereditary prostate cancer gene (*ATM*, *BRCA1* [81215], *BRCA2* [81217], *CHEK2*, *HOXB13*); **OR**
 - LFS gene (*TP53*) (81353); **OR**
 - PTEN hamartoma tumor syndrome/cowden syndrome gene (*PTEN*) (81322)

*Genetic testing should be limited to the known familial variant (KFV). If the individual to be tested is of Ashkenazi Jewish ancestry, testing may be expanded to the three Ashkenazi Jewish founder specific mutations (*BRCA1 185delAG*, *BRCA1 5382insC* and *BRCA2 6174delT*).

Coverage Limitations

Humana members may **NOT** be eligible under the Plan for **genetic testing for hereditary breast, ovarian, pancreatic and prostate cancer** for the following:

- Deletion/duplication analysis is obtained as part of the sequencing procedure but submitted as an independent analysis
- Individual to be tested has an affected [first-, second- or third-degree relative](#) with a negative genetic testing result for the associated condition
- Individual to be tested is unaffected and an affected [first-, second- or third-degree relative](#) who is available for genetic testing
- KfV detection analysis if the individual to be tested previously received KfV testing, single gene analysis or multigene panel testing that would have detected the KfV

These are considered **not medically necessary** as defined in the member's individual certificate. Please refer to the member's individual certificate for the specific definition.

Humana members may **NOT** be eligible under the Plan for **genetic testing for breast, ovarian or pancreatic cancer susceptibility** for any indications other than those listed above. This is considered experimental/investigational as it is not identified as widely used and generally accepted for any other proposed use as reported in nationally recognized peer-reviewed medical literature published in the English language.

Humana members may **NOT** be eligible under the Plan for **genetic testing for hereditary breast, ovarian, pancreatic or prostate cancer** for any indications or tests other than those listed above including, but may not be limited to:

- Concurrent (paired) DNA and RNA genetic testing including, but may not be limited to:
 - +RNAinsight for ATM (0136U)
 - +RNAinsight for BRCA1/2 (0138U)
 - +RNAinsight for BreastNext (0131U)
 - +RNAinsight for GynPlus (0135U)
 - +RNAinsight for OvaNext (0132U)
 - +RNAinsight for PALB2 (0137U)
 - +RNAinsight for ProstateNext (0133U)

These are considered experimental/investigational as they are not identified as widely used and generally accepted for the proposed uses as reported in nationally recognized peer-reviewed medical literature published in the English language.

Coding Information

Genetic Testing for Hereditary Breast, Ovarian, Pancreatic and Prostate Cancer

Page: 11 of 30

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)	
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	
81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	
81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	
81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	
81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	
81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	
81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	
81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	
81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	

Genetic Testing for Hereditary Breast, Ovarian, Pancreatic and Prostate Cancer

Page: 12 of 30

81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	
81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	

Genetic Testing for Hereditary Breast, Ovarian, Pancreatic and Prostate Cancer

Page: 13 of 30

81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	
81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence	
81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	
81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant	
81404	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis)	
81405	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis)	
81406	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic array analysis for neoplasia)	
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis)	
81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 genes, always including BRCA1, BRCA2, CDH1, MLH1, MSH2, MSH6, PALB2, PTEN, STK11, and TP53	
81433	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11	
81445	Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; DNA analysis or combined DNA and RNA analysis	
81479	Unlisted molecular pathology procedure	Not Covered if used to report any test outlined in Coverage Limitations section

Genetic Testing for Hereditary Breast, Ovarian, Pancreatic and Prostate Cancer

Page: 14 of 30

96040	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family	
0131U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (13 genes) (List separately in addition to code for primary procedure)	Not Covered
0132U	Hereditary ovarian cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (17 genes) (List separately in addition to code for primary procedure)	Not Covered
0133U	Hereditary prostate cancer-related disorders, targeted mRNA sequence analysis panel (11 genes) (List separately in addition to code for primary procedure)	Not Covered
0135U	Hereditary gynecological cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (12 genes) (List separately in addition to code for primary procedure)	Not Covered
0136U	ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia) mRNA sequence analysis (List separately in addition to code for primary procedure)	Not Covered
0137U	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)	Not Covered
0138U	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)	Not Covered
0235U	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
S0265	Genetic counseling, under physician supervision, each 15 minutes	

References

1. Agency for Healthcare Research and Quality (AHRQ). Risk assessment, genetic counseling, and genetic testing for BRCA-related cancer: systematic review to update the U.S. Preventive Services Task Force recommendation. <https://www.ahrq.gov>. Published December 2013.
2. American College of Gastroenterology (ACG). Practice Guidelines. ACG clinical guideline: genetic testing and management of hereditary gastrointestinal cancer syndromes. <https://gi.org>. Published 2015.
3. American College of Medical Genetics and Genomics (ACMG). ACMG Practice Guidelines. Clinical genetics evaluation in identifying the etiology of autism spectrum disorders: 2013 guideline revisions. <https://www.acmg.net>. Published March 2013.
4. American College of Medical Genetics and Genomics (ACMG). ACMG Practice Guidelines. Technical standards and guidelines for reproductive screening in the Ashkenazi Jewish population. <https://www.acmg.net>. Published January 2008.
5. American College of Medical Genetics and Genomics (ACMG). ACMG Practice Resource. Management of individuals with germline variants in PALB2: a clinical practice resource of the American College of Medical Genetics and Genomics (ACMG). <https://www.acmg.net>. Published 2021.
6. American College of Medical Genetics and Genomics (ACMG). ACMG Statement. Points to consider for reporting of germline variation in patients undergoing tumor testing: a statement of the American College of Medical Genetics and Genomics (ACMG). <https://www.acmg.net>. Published July 2020.
7. American College of Medical Genetics and Genomics (ACMG). ACMG Statement. Points to consider: is there evidence to support BRCA1/2 and other inherited breast cancer genetic testing for all breast cancer patients? A statement of Medical Genetics and Genomics (ACMG). <https://www.acmg.net>. Published December 13, 2019.
8. American College of Obstetricians and Gynecologists (ACOG). ACOG Committee Opinion. Cascade testing: testing women for known hereditary genetic mutations associated with cancer. <https://www.acog.org>. Published January 2018. Updated 2022.
9. American College of Obstetricians and Gynecologists (ACOG). ACOG Committee Opinion. Hereditary cancer syndromes and risk assessment. <https://www.acog.org>. Published June 2015. Updated 2020.
10. American College of Obstetricians and Gynecologists (ACOG). ACOG Practice Bulletin. Breast cancer risk assessment and screening in average-risk women. <https://www.acog.org>. Published August 2011. Updated 2021.
11. American College of Obstetricians and Gynecologists (ACOG). ACOG Practice Bulletin. Hereditary breast and ovarian cancer syndrome. <https://www.acog.org>. Published April 2009. Updated 2021.

12. American Gastroenterological Association (AGA). Clinical Practice Guidelines. Diagnosis and management of cancer risk in the gastrointestinal hamartomatous polyposis syndromes: recommendations from the US Multi-Society Task Force on Colorectal Cancer. <https://gastro.org>. Published June 2022.
13. American Society of Breast Surgeons (ASBS). Official Statement. Consensus guideline on genetic testing for hereditary breast cancer. <https://www.breastsurgeons.org>. Published February 10, 2019.
14. American Society of Clinical Oncology (ASCO). Evaluating susceptibility to pancreatic cancer: ASCO provisional clinical opinion. <https://www.asco.org>. Published November 20, 2018.
15. American Society of Clinical Oncology (ASCO). Germline and somatic tumor testing in epithelial ovarian cancer: ASCO guideline. <https://www.asco.org>. Published January 27, 2020.
16. American Society of Clinical Oncology (ASCO). Germline testing in patients with breast cancer: ASCO-Society of Surgical Oncology guideline. <https://www.asco.org>. Published January 4, 2024.
17. American Society of Clinical Oncology (ASCO). Management of hereditary breast cancer: American Society of Clinical Oncology, American Society for Radiation Oncology, and Society of Surgical Oncology guideline. <https://www.asco.org>. Published April 3, 2020.
18. American Society of Clinical Oncology (ASCO). Management of male breast cancer: ASCO guideline. <https://www.asco.org>. Published February 14, 2020.
19. American Society of Clinical Oncology (ASCO). Policy statement update: genetic and genomic testing for cancer susceptibility. <https://www.asco.org>. Published November 1, 2015.
20. American Urological Association (AUA). Advanced prostate cancer: AUA/SUO guideline. <https://www.acog.org>. Published 2020. Updated 2023.
21. Association for Molecular Pathology (AMP). Special Article. The spectrum of clinical utilities in molecular pathology testing procedures for inherited conditions and cancer: a report of the Association for Molecular Pathology. <https://www.amp.org>. Published September 2016.
22. Bono M, Finale D, Incorvaia L, et al. Impact of deleterious variants in other genes beyond BRCA1/2 detected in breast/ovarian and pancreatic cancer patients by NGS-based multi-gene panel testing: looking over the hedge. *ESMO Open*. 2021;6(4):100235.
23. Brand R, Borazanci E, Speare V, et al. Prospective study of germline genetic testing in incident cases of pancreatic adenocarcinoma. *Cancer*. 2018;124(17):3520-3527.
24. Breast Cancer Association Consortium. Breast cancer risk genes - association analysis in more than 113,000 women. *N Engl J Med*. 2021;384(5):428-439.

25. Clinical Genome Resource (ClinGen). Gene-Disease Validity. ATM – familial ovarian cancer. <https://www.clinicalgenome.org>. Updated July 12, 2017.
26. Clinical Genome Resource (ClinGen). Gene-Disease Validity. ATM – hereditary breast carcinoma. <https://www.clinicalgenome.org>. Updated July 12, 2017.
27. Clinical Genome Resource (ClinGen). Gene-Disease Validity. BARD1 – familial ovarian cancer. <https://www.clinicalgenome.org>. Updated August 9, 2017.
28. Clinical Genome Resource (ClinGen). Gene-Disease Validity. BARD1 – hereditary breast carcinoma. <https://www.clinicalgenome.org>. Updated August 9, 2017.
29. Clinical Genome Resource (ClinGen). Gene-Disease Validity. BRCA1 – breast-ovarian cancer, familial, susceptibility to, 1. <https://www.clinicalgenome.org>. Updated September 13, 2017.
30. Clinical Genome Resource (ClinGen). Gene-Disease Validity. BRCA2 – breast-ovarian cancer, familial, susceptibility to, 2. <https://www.clinicalgenome.org>. Updated September 13, 2017.
31. Clinical Genome Resource (ClinGen). Gene-Disease Validity. BRIP1 – familial ovarian cancer. <https://www.clinicalgenome.org>. Updated December 20, 2023.
32. Clinical Genome Resource (ClinGen). Gene-Disease Validity. BRIP1 – hereditary breast carcinoma. <https://www.clinicalgenome.org>. Updated December 21, 2023.
33. Clinical Genome Resource (ClinGen). Gene-Disease Validity. CDH1 – familial ovarian cancer. <https://www.clinicalgenome.org>. Published August 3, 2017.
34. Clinical Genome Resource (ClinGen). Gene-Disease Validity. CHEK2 – familial ovarian cancer. <https://www.clinicalgenome.org>. Updated December 14, 2016.
35. Clinical Genome Resource (ClinGen). Gene-Disease Validity. CHEK2 – hereditary breast carcinoma. <https://www.clinicalgenome.org>. Updated December 14, 2016.
36. Clinical Genome Resource (ClinGen). Gene-Disease Validity. EPCAM – hereditary breast carcinoma. <https://www.clinicalgenome.org>. Updated December 21, 2023.
37. Clinical Genome Resource (ClinGen). Gene-Disease Validity. MLH1 – hereditary breast carcinoma. <https://www.clinicalgenome.org>. Updated December 21, 2023.
38. Clinical Genome Resource (ClinGen). Gene-Disease Validity. MSH2 – hereditary breast carcinoma. <https://www.clinicalgenome.org>. Updated December 14, 2023.
39. Clinical Genome Resource (ClinGen). Gene-Disease Validity. MSH6 – hereditary breast carcinoma. <https://www.clinicalgenome.org>. Updated December 21, 2023.

40. Clinical Genome Resource (ClinGen). Gene-Disease Validity. NF1 – familial ovarian cancer. <https://www.clinicalgenome.org>. Updated February 22, 2017.
41. Clinical Genome Resource (ClinGen). Gene-Disease Validity. PALB2 – familial ovarian cancer. <https://www.clinicalgenome.org>. Published November 8, 2017.
42. Clinical Genome Resource (ClinGen). Gene-Disease Validity. PALB2 – hereditary breast carcinoma. <https://www.clinicalgenome.org>. Published December 1, 2016.
43. Clinical Genome Resource (ClinGen). Gene-Disease Validity. PMS2 – hereditary breast carcinoma. <https://www.clinicalgenome.org>. Updated December 21, 2023.
44. Clinical Genome Resource (ClinGen). Gene-Disease Validity. PTEN – PTEN hamartoma tumor syndrome. <https://www.clinicalgenome.org>. Updated October 9, 2017.
45. Clinical Genome Resource (ClinGen). Gene-Disease Validity. RAD51C – familial ovarian cancer. <https://www.clinicalgenome.org>. Updated December 20, 2023.
46. Clinical Genome Resource (ClinGen). Gene-Disease Validity. RAD51C – hereditary breast carcinoma. <https://www.clinicalgenome.org>. Updated May 10, 2017.
47. Clinical Genome Resource (ClinGen). Gene-Disease Validity. RAD51D – familial ovarian cancer. <https://www.clinicalgenome.org>. Updated December 20, 2023.
48. Clinical Genome Resource (ClinGen). Gene-Disease Validity. RAD51D – hereditary breast carcinoma. <https://www.clinicalgenome.org>. Updated November 8, 2017.
49. Clinical Genome Resource (ClinGen). Gene-Disease Validity. STK11 – familial ovarian cancer. <https://www.clinicalgenome.org>. Updated October 26, 2016.
50. Clinical Genome Resource (ClinGen). Gene-Disease Validity. TP53 – familial ovarian cancer. <https://www.clinicalgenome.org>. Updated January 10, 2018.
51. Clinical Genome Resource (ClinGen). Gene-Disease Validity. TP53 – Li-Fraumeni syndrome 1. <https://www.clinicalgenome.org>. Updated March 7, 2024.
52. ClinicalKey. Clinical Overview. Breast cancer in females. <https://www.clinicalkey.com>. Updated January 30, 2024.
53. ClinicalKey. Clinical Overview. Breast cancer in females, screening and prevention. <https://www.clinicalkey.com>. Updated August 13, 2021.
54. ClinicalKey. Clinical Overview. Breast cancer in males. <https://www.clinicalkey.com>. Updated July 7, 2023.

55. ClinicalKey. Clinical Overview. Hereditary breast and ovarian cancer. <https://www.clinicalkey.com>. Updated January 1, 2024.
56. ClinicalKey. Clinical Overview. Ovarian cancer. <https://www.clinicalkey.com>. Updated January 31, 2023.
57. ClinicalKey. Clinical Overview. Pancreatic cancer. <https://www.clinicalkey.com>. Updated August 2, 2023.
58. ClinicalKey. Clinical Overview. Prostate cancer. <https://www.clinicalkey.com>. Updated August 9, 2023.
59. ClinicalKey. Clinical Overview. Prostate cancer, screening and prevention. <https://www.clinicalkey.com>. Updated August 27, 2021.
60. Churpek JE, Walsh T, Zheng Y, et al. Inherited predisposition to breast cancer among African American women. *Breast Cancer Res Treat*. 2015;149(1):31-39.
61. Couch FJ, Shimelis H, Hu C et al. Associations between cancer predisposition testing panel genes and breast cancer. *JAMA Oncol*. 2017;3(9):1190-1196.
62. Desmond A, Kurian AW, Gabree M, et al. Clinical actionability of multigene panel testing for hereditary breast and ovarian cancer risk assessment. *JAMA Oncol*. 2015;1(7):943-951.
63. Dudley B, Karloski E, Monzon FA, et al. Germline mutation prevalence in individuals with pancreatic cancer and a history of previous malignancy. *Cancer*. 2018;124(8):1691-1700.
64. Easton DF, Pharoah PD, Antoniou AC, et al. Gene-panel sequencing and the prediction of breast-cancer risk. *N Engl J Med*. 2015;372(23):2243-2257.
65. Frey MK, Koppam RV, Ni Zhou Z, et al. Prevalence of nonfounder BRCA1/2 mutations in Ashkenazi Jewish patients presenting for genetic testing at a hereditary breast and ovarian cancer center. *Cancer*. 2019;125(5):690-697.
66. Friedman LS, Gayther SA, Kurosaki T, et al. Mutation analysis of BRCA1 and BRCA2 in a male breast cancer population. *Am J Hum Genet*. 1997;60:313-319.
67. Gallagher S, Hughes, Wagner S, et al. Association of a polygenic risk score with breast cancer among women carriers of high- and moderate-risk breast cancer genes. *JAMA Netw Open*. 2020;3(7):e208501.
68. Goggins M, Overbeek KA, Brand R, et al. Management of patients with increased risk for familial pancreatic cancer: updated recommendations from the International Cancer of the Pancreas Screening (CAPS) Consortium. *Gut*. 2020;69(1):7-17.
69. Grant RC, Selander I, Connor AA, et al. Prevalence of germline mutations in cancer predisposition genes in patients with pancreatic cancer. *Gastroenterology*. 2015;148(3):556-564.

70. Hayes, Inc. Clinical Utility Evaluation. Screening all women with new diagnoses of breast cancer for hereditary cancer risk variants. <https://evidence.hayesinc.com>. Published July 7, 2021. Updated November 13, 2023.
71. Hayes, Inc. Clinical Utility Evaluation. Genetic testing For PTEN hamartoma tumor syndrome (PHTS). <https://evidence.hayesinc.com>. Published February 2, 2017. Updated March 28, 2021.
72. Hayes, Inc. Clinical Utility Evaluation. The clinical utility of genetic testing for hereditary breast and ovarian cancer in patients with a personal history of breast and/or ovarian cancer and a suggestive family history. <https://evidence.hayesinc.com>. Published December 22, 2016. Updated October 23, 2020.
73. Hayes, Inc. Clinical Utility Evaluation. The clinical utility of genetic testing for hereditary breast and ovarian cancer in patients with no personal history of breast and/or ovarian cancer and a suggestive family history. <https://evidence.hayesinc.com>. Published December 1, 2016. Updated October 23, 2020.
74. Hayes, Inc. Genetic Test Evaluation (GTE) Report. Breast cancer susceptibility 1 and 2 (BRCA1/2) gene testing for hereditary breast and ovarian cancer (HBOC). <https://evidence.hayesinc.com>. Published August 6, 2013. Updated July 20, 2015.
75. Hayes, Inc. Genetic Test Evaluation (GTE) Report. Comprehensive screening for large rearrangements in BRCA1/2 for assessment of breast cancer risk. <https://evidence.hayesinc.com>. Published March 31, 2008. Updated March 23, 2012.
76. Hayes, Inc. Genetic Test Evaluation (GTE) Report. PALB2-associated hereditary breast cancer. <https://evidence.hayesinc.com>. Published August 14, 2014.
77. Hayes, Inc. Genetic Test Evaluation (GTE) Report. TP53 (p53) testing for Li-Fraumeni syndrome. <https://evidence.hayesinc.com>. Published June 23, 2011. Updated June 12, 2015.
78. Hayes, Inc. Genetic Test Evaluation (GTE) Synopsis. CHEK2-related cancer test. <https://evidence.hayesinc.com>. Published September 15, 2016.
79. Hayes, Inc. Genetic Test Evaluation (GTE) Synopsis. PancNext next-gen cancer panel. <https://evidence.hayesinc.com>. Published May 7, 2015.
80. Hayes, Inc. Medical Technology Directory. Genetic testing for susceptibility to breast cancer. <https://evidence.hayesinc.com>. Published December 20, 2002. Updated January 6, 2007.
81. Horton C, Hoang L, Zimmerman H, et al. Diagnostic outcomes of concurrent DNA and RNA sequencing in individuals undergoing hereditary cancer testing. *JAMA Oncol*. 2023:e235586.
82. Hu C, Hart SN, Gnanaolivu R, et al. A population-based study of genes previously implicated in breast cancer. *N Engl J Med*. 2021;384(5):440-451.

83. Karam R, Conner B, LaDuca H, et al. Assessment of diagnostic outcomes of RNA genetic testing for hereditary cancer. *JAMA Netw Open*. 2019; 2(10):e1913900.
84. Laitman Y, Michaelson-Cohen R, Levi E, et al. Uterine cancer in Jewish Israeli BRCA1/2 mutation carriers. *Cancer*. 2019;125(5):698-703.
85. Landrith T, Li B, Cass AA, et al. Splicing profile by capture RNA-seq identifies pathogenic germline variants in tumor suppressor genes. *NPJ Precis Oncol*. 2020;4:4.
86. Lee K, Seifert BA, Shimelis H, et al. Clinical validity assessment of genes frequently tested on hereditary breast and ovarian cancer susceptibility sequencing panels. *Genet Med*. 2019;21(7):1497-1506.
87. Lincoln SE, Kobayashi Y, Anderson MJ, et al. A systematic comparison of traditional and multigene panel testing for hereditary breast and ovarian cancer genes in more than 1000 patients. *J Mol Diagn*. 2015;17(5):533-544.
88. Lowery MA, Wong W, Jordan EJ et al. Prospective evaluation of germline alterations in patients with exocrine pancreatic neoplasms. *J Natl Cancer Inst*. 2018;110(10):1067-1074.
89. MCG Health. Breast cancer (hereditary) – gene panel. 27th edition. <https://humana.access.mcg.com/index>.
90. MCG Health. Breast or ovarian cancer, hereditary – BRCA1 and BRCA2 genes. 27th edition. <https://humana.access.mcg.com/index>.
91. MCG Health. Cowden syndrome – PTEN gene. 27th edition. <https://humana.access.mcg.com/index>.
92. MCG Health. Li-Fraumeni syndrome – TP53 gene. 27th edition. <https://humana.access.mcg.com/index>.
93. MCG Health. Ovarian cancer (hereditary) - gene and gene panel testing. 27th edition. <https://humana.access.mcg.com/index>.
94. MCG Health. Pancreatic cancer (hereditary) - gene panel. 27th edition. <https://humana.access.mcg.com/index>.
95. MCG Health. Prostate cancer - BRCA1 and BRCA2 genes. 27th edition. <https://humana.access.mcg.com/index>.
96. MCG Health. Prostate cancer (hereditary) - gene panel. 27th edition. <https://humana.access.mcg.com/index>.
97. Mersch J, Jackson MA, Park M, et al. Cancers associated with BRCA1 and BRCA2 mutations other than breast and ovarian. *Cancer*. 2015;121(2):269-275.

98. Momozawa Y, Sasai R, Usui Y, et al. Expansion of cancer risk profile for BRCA1 and BRCA2 pathogenic variants. *JAMA Oncol.* 2022;8(6):871-878.
99. Narod SA. Which genes for hereditary breast cancer? *N Engl J Med.* 2021;384(5):471-473.
100. National Cancer Institute (NCI). Genetics of breast and gynecologic cancers (PDQ) – health professional version. <https://www.cancer.gov>. Updated April 4, 2024.
101. National Cancer Institute (NCI). Genetics of prostate cancer (PDQ) – health professional version. <https://www.cancer.gov>. Updated February 15, 2024.
102. National Cancer Institute (NCI). Pancreatic cancer treatment (adult) (PDQ) – health professional version. <https://www.cancer.gov>. Updated January 31, 2024.
103. National Center for Biotechnology Information (NCBI). Genetic Testing Registry. BRCA1 and BRCA2 hereditary breast and ovarian cancer. <https://www.ncbi.nlm.nih.gov/gtr>. Published September 4, 1998. Updated September 21, 2023.
104. National Center for Biotechnology Information (NCBI). Genetic Testing Registry. Li-Fraumeni syndrome. <https://www.ncbi.nlm.nih.gov/gtr>. Published January 19, 1999. Updated November 21, 2019.
105. National Center for Biotechnology Information (NCBI). Genetic Testing Registry. PTEN hamartoma tumor syndrome (PHTS). <https://www.ncbi.nlm.nih.gov/gtr>. Published November 29, 2001. Updated February 11, 2021.
106. National Comprehensive Cancer Network (NCCN). NCCN biomarkers compendium: ATM, BARD1, BRCA1, BRCA2, BRIP1, CDH1, CDKN2A, CHEK2, EPCAM, HOXB13, MLH1, MSH2, MSH6, NF1, PALB2, PMS2, PTEN, RAD51C, RAD51D, STK11, TP53. <https://www.nccn.org>. Updated 2024.
107. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology. Breast cancer. <https://www.nccn.org>. Updated March 11, 2024.
108. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology. Genetic/familial high-risk assessment: breast, ovarian, and pancreatic. <https://www.nccn.org>. Updated February 12, 2024.
109. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology. Neuroendocrine and adrenal tumors. <https://www.nccn.org>. Updated August 2, 2023.
110. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology. Ovarian cancer including fallopian tube cancer and primary peritoneal cancer. <https://www.nccn.org>. Updated January 17, 2024.
111. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology. Pancreatic adenocarcinoma. <https://www.nccn.org>. Updated December 13, 2023.

112. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology. Prostate cancer. <https://www.nccn.org>. Updated March 8, 2024.
113. National Society of Genetic Counselors (NSGC). Practice Resource. Risk assessment and genetic counseling for hereditary breast and ovarian cancer syndromes - practice resource of the National Society of Genetic Counselors. <https://www.nsgc.org>. Published January 7, 2021.
114. Nguyen-Dumont T, Hammet F, Mahmoodi M, et al. Mutation screening of PALB2 in clinically ascertained families from the Breast Cancer Family Registry. *Breast Cancer Res Treat*. 2015;149(2):547-554.
115. Rosenthal ET, Evans B, Kidd J, et al. Increased identification of candidates for high-risk breast cancer screening through expanded genetic testing. *J Am Coll Radiol*. 2017;14(4):561-568.
116. Sakamoto I, Hirotsu Y, Nakagomi H, et al. BRCA1 and BRCA2 mutations in Japanese patients with ovarian, fallopian tube, and primary peritoneal cancer. *Cancer*. 2016;122(1):84-90.
117. Salo-Mullen EE, O'Reilly EM, Kelsen DP, et al. Identification of germline genetic mutations in patients with pancreatic cancer. *Cancer*. 2015;121(24):4382-4388.
118. Schmidt MK, Hogervorst F, van Hien R, et al. Age- and tumor subtype-specific breast cancer risk estimates for CHEK2*1100del carriers. *J Clin Oncol*. 2016;34(23):2750-2760.
119. Stoffel EM, McKernin SE, Brand R, et al. Evaluating susceptibility to pancreatic cancer: ASCO Provisional Clinical Opinion. *J Clin Oncol*. 2019;37(2):153-164.
120. Stutgen K, Croessmann S, Fetting J, et al. Pathogenic germline variants in patients with metastatic breast cancer. *JAMA Oncol*. 2019;5(10):1506-1508.
121. Tung N, Battelli C, Allen B, et al. Frequency of mutations in individuals with breast cancer referred for BRCA1 and BRCA2 testing using next-generation sequencing with a 25-gene panel. *Cancer*. 2015;121(1):25-33.
122. Tung N, Lin NU, Kidd J, et al. Frequency of germline mutations in 25 cancer susceptibility genes in a sequential series of patients with breast cancer. *J Clin Oncol*. 2016;34(13):1460-1468.
123. UpToDate, Inc. Breast cancer in men. <https://www.uptodate.com>. Updated March 2024.
124. UpToDate, Inc. Cancer risks and management of BRCA1/2 carriers without cancer. <https://www.uptodate.com>. Updated March 2024.
125. UpToDate, Inc. Clinical manifestations, diagnosis, and staging of exocrine pancreatic cancer. <https://www.uptodate.com>. Updated March 2024.
126. UpToDate, Inc. Epithelial carcinoma of the ovary, fallopian tube, and peritoneum: incidence and risk factors. <https://www.uptodate.com>. Updated March 2024.

127. UpToDate, Inc. Familial risk factors for pancreatic cancer and screening of high-risk patients. <https://www.uptodate.com>. Updated March 2024.
128. UpToDate, Inc. Gene test interpretation: BRCA1 and BRCA2. <https://www.uptodate.com>. Updated March 2024.
129. UpToDate, Inc. Gene test interpretation: PTEN (hamartoma tumor syndromes). <https://www.uptodate.com>. Updated March 2024.
130. UpToDate, Inc. Gene test interpretation: TP53 (Li-Fraumeni syndrome gene). <https://www.uptodate.com>. Updated March 29, 2024.
131. UpToDate, Inc. Genetic risk factors for prostate cancer. <https://www.uptodate.com>. Updated March 2024.
132. UpToDate, Inc. Genetic testing and management of individuals at risk of hereditary breast and ovarian cancer syndromes. <https://www.uptodate.com>. Updated March 18, 2024.
133. UpToDate, Inc. Li-Fraumeni syndrome. <https://www.uptodate.com>. Updated March 13, 2024.
134. UpToDate, Inc. Management of ovarian cancer associated with BRCA and other genetic mutations. <https://www.uptodate.com>. Updated March 2024.
135. UpToDate, Inc. Molecular pathogenesis of exocrine pancreatic cancer. <https://www.uptodate.com>. Updated April 3, 2024.
136. UpToDate, Inc. Overview of epithelial carcinoma of the ovary, fallopian tube, and peritoneum. <https://www.uptodate.com>. Updated March 2024.
137. UpToDate, Inc. Overview of hereditary breast and ovarian cancer syndromes. <https://www.uptodate.com>. Updated March 2024.
138. UpToDate, Inc. Overview of the treatment of castration-resistant prostate cancer (CRPC). <https://www.uptodate.com>. Updated March 2024.
139. UpToDate, Inc. PTEN hamartoma tumor syndrome, including Cowden syndrome. <https://www.uptodate.com>. Updated March 2024.
140. UpToDate, Inc. Screening for breast cancer: strategies and recommendations. <https://www.uptodate.com>. Updated March 2024.
141. US Preventive Services Task Force (USPSTF). Final Recommendation Statement. BRCA-related cancer: risk assessment, genetic counseling, and genetic testing. <https://www.uspreventiveservicestaskforce.org>. Published August 20, 2019.
142. Weidner AE, Liggin ME, Zuniga BI et al. Breast cancer screening implications of risk modeling among female relatives of ATM and CHEK2 carriers. *Cancer*. 2020;126(8):1651-1655.

143. Wesoła M, Jeleń M. The risk of breast cancer due to PALB2 gene mutations. *Adv Clin Exp Med*. 2017;26(2):339-342.
144. Whitworth PW, Beitsch PD, Patel R, et al. Clinical utility of universal germline Genetic testing for patients with breast cancer. *JAMA Netw Open*. 2022;5(9):e2232787.
145. Woodward ER, van Veen EM, Forde C, et al. Clinical utility of testing for PALB2 and CHEK2 c.1100delC in breast and ovarian cancer. *Genet Med*. 2021;23(10):1969-1976.
146. Yoo J, Lee GD, Kim JH, et al. Clinical validity of next-generation sequencing multi-gene panel testing for detecting pathogenic variants in patients with hereditary breast-ovarian cancer syndrome. *Ann Lab Med*. 2020;40(2):148-154.
147. Yurgelun MB, Chittenden AB, Morales-Oyarvide V, et al. Germline cancer susceptibility gene variants, somatic second hits, and survival outcomes in patients with resected pancreatic cancer. *Genet Med*. 2019;21(1):213-223.
148. Zhen DB, Rabe KG, Gallinger S, et al. BRCA1, BRCA2, PALB2, and CDKN2A mutations in familial pancreatic cancer: a PACGENE study. *Genet Med*. 2015;17(7):569-577.

Appendix

Appendix A

Pre- and Post-Test Genetic Counseling Criteria

Pre- and post-test genetic counseling performed by any of the following qualified medical professionals
Genetic counselor who is board-certified or board-eligible by the American Board of Medical Genetics and Genomics (ABMGG) or American Board of Genetic Counseling, Inc (ABGC) and is not employed by a commercial genetic testing laboratory; OR
Genetic clinical nurse (GCN) or advanced practice nurse in genetics (APNG) who is credentialed by the Genetic Nursing Credentialing Commission (GNCC) or the American of Nurses Credentialing Center (ANCC) and is not employed by a commercial genetic testing laboratory; OR
Medical geneticist who is board-certified or board-eligible by ABMGG; OR
Treating physician who has evaluated the individual to be tested and has completed a family history of three generations

Appendix B

Family Relationships¹⁰⁸

Degree of Relationship	Relative of the Individual to be Tested
First-degree	Child, full-sibling, parent
Second-degree	Aunt, uncle, grandchild, grandparent, nephew, niece, half-sibling
Third-degree	First cousin, great aunt, great-uncle, great-grandchild, great-grandparent, half-aunt, half-uncle

Appendix C

Initial Risk Stratification and Staging Workup for Clinically Localized Disease¹¹²

Risk Group	Clinical/Pathologic Features
Very-low	<p>All of the following:</p> <ul style="list-style-type: none"> • cT1c; AND • Grade Group 1; AND • PSA less than 10 ng/mL; AND • Fewer than three prostate biopsy fragments/cores positive, 50% or less cancer in each fragment/core; AND • PSA density less than 0.15 ng/mL/g
Low	<p>All of the following (but does not qualify for very-low-risk):</p> <ul style="list-style-type: none"> • cT1-cT2a; AND • Grade Group 1; AND • PSA less than 10 ng/mL
Intermediate	<p>All of the following:</p> <ul style="list-style-type: none"> • No high-risk group features; AND • No very-high-risk group features; AND • Has one or more of the following intermediate risk factors: <ul style="list-style-type: none"> ○ cT2b-cT2c ○ Grade Group 2 or 3 ○ PSA 10-20 ng/mL
High	<p>No very-high-risk features and <u>exactly one</u> of the following high-risk features:</p> <ul style="list-style-type: none"> • cT3a; OR • Grade Group 4 or Grade Group 5; OR • PSA more than greater than 20 ng/mL
Very-high	<p>At least one of the following:</p> <ul style="list-style-type: none"> • cT3b-cT4 • Primary Gleason pattern 5 • Two or three high-risk features • More than four cores with Grade Group 4 or 5

Appendix D

American Joint Committee on Cancer (AJCC) TNM Staging System for Prostate Cancer¹¹²

Primary tumor (T)	
Clinical T (cT)	
T category	T criteria
TX	Primary tumor cannot be assessed
T0	No evidence of primary tumor
T1	Clinically inapparent tumor that is not palpable
T1a	Tumor incidental histologic finding in 5% or less of tissue resected
T1b	Tumor incidental histologic finding in more than 5% of tissue resected
T1c	Tumor identified by needle biopsy found in 1 or both sides, but not palpable
T2	Tumor is palpable and confined within prostate
T2a	Tumor involves one-half of 1 side or less
T2b	Tumor involves more than one-half of 1 side but not both sides
T2c	Tumor involves both sides
T3	Extraprostatic tumor that is not fixed or does not invade adjacent structures
T3a	Extraprostatic extension (unilateral or bilateral)
T3b	Tumor invades seminal vesicle(s)
T4	Tumor is fixed or invades adjacent structures other than seminal vesicles such as external sphincter, rectum, bladder, levator muscles, and/or pelvic wall.
Pathological T (pT)	
T category	T criteria
T2	Organ confined
T3	Extraprostatic extension
T3a	Extraprostatic extension (unilateral or bilateral) or microscopic invasion of bladder neck
T3b	Tumor invades seminal vesicle(s)
T4	Tumor is fixed or invades adjacent structures other than seminal vesicles such as external sphincter, rectum, bladder, levator muscles, and/or pelvic wall
Note: There is no pathological T1 classification.	
Note: Positive surgical margin should be indicated by an R1 descriptor, indicating residual microscopic disease.	
Regional lymph nodes (N)	
N category	N criteria
NX	Regional nodes were not assessed
N0	No positive regional nodes
N1	Metastases in regional node(s)
Distant metastasis (M)	
M category	M criteria
M0	No distant metastasis

M1	Distant metastasis
M1a	Nonregional lymph node(s)
M1b	Bone(s)
M1c	Other site(s) with or without bone disease
Note: When more than one site of metastasis is present, the most advanced category is used. M1c is most advanced.	

Appendix E

AJCC Prognostic Groups¹¹² (When either PSA or Grade Group is not available, grouping should be determined by T category and/or either PSA or Grade Group as available)

Group	T	N	M	PSA (ng/mL)	Grade Group
Stage I	cT1a-c	N0	M0	Less than 10	1
	cT2a	N0	M0	Less than 10	1
	pT2	N0	M0	Less than 10	1
Stage IIA	cT1a-c	N0	M0	At least 10 but less than 20	1
	cT2a	N0	M0	At least 10 but less than 20	1
	pT2	N0	M0	At least 10 but less than 20	1
	cT2b	N0	M0	Less than 20	1
	cT2c	N0	M0	Less than 20	1
Stage IIB	T1-2	N0	M0	Less than 20	2
Stage IIC	T1-2	N0	M0	Less than 20	3
	T1-2	N0	M0	Less than 20	4
Stage IIIA	T1-2	N0	M0	At least 20	1-4
Stage IIIB	T3-4	N0	M0	Any	1-4
Stage IIIC	Any	N0	M0	Any	5
Stage IVA	Any	N1	M0	Any	Any
Stage IVB	Any	Any	M1	Any	Any

Appendix F

Definition of Histologic Grade Group¹¹² (The Gleason system has recently been compressed into Grade Groups)

Grade Group	Gleason Score	Gleason Pattern
1	Less than or equal to 6	Less than or equal to 3+3
2	7	3+4
3	7	4+3
4	8	4+4, 3+5, 5+3
5	9 or 10	4+5, 5+4, 5+5

Appendix G

PHTS Clinical Diagnostic Criteria – Clinical diagnosis of PHTS when 3 major criteria (one must include macrocephaly, Lhermitte-Duclos disease or GI hamartomas) or 2 major plus 3 minor criteria are present¹⁰⁸:

Major Criteria	Minor Criteria
<ul style="list-style-type: none"> • Breast cancer • Endometrial cancer (epithelial) • Follicular thyroid cancer • GI hamartomas (including ganglioneuromas but excluding hyperplastic polyps; at least 3) • Lhermitte-Duclos disease (adult) • Macrocephaly (at least 97th percentile: 58 cm for females, 60cm for males) • Macular pigmentation of glans penis • Multiple mucocutaneous lesions (any of the following): <ul style="list-style-type: none"> ○ Acral keratoses (at least three palmoplantar keratotic pits and/or acral hyperkeratotic papules) ○ Mucocutaenous neuromas (at least three) ○ Multiple oral papillomas (particularly on tongue and gingiva) (at least 3 OR biopsy proven OR dermatologist diagnosed) • Multiple trichilemmomas (at least three and at least one biopsy proven) 	<ul style="list-style-type: none"> • Autism spectrum disorder • Colon cancer • Esophageal glycogenic acanthoses (at least three) • Intellectual disability (IQ less than or equal to 75) • Lipomas (at least 3) • Renal cell carcinoma • Testicular lipomatosis • Thyroid cancer (papillary or follicular variant of papillary) • Thyroid structural lesions (eg, adenoma, multinodular goiter) • Vascular anomalies (including multiple intracranial developmental venous anomalies)

Appendix H

PHTS/CS Testing Criteria¹⁰⁸

Major Criteria	Minor Criteria
<ul style="list-style-type: none"> • Breast cancer • Endometrial cancer • Follicular thyroid cancer 	<ul style="list-style-type: none"> • Autism spectrum disorder • Colon cancer • Esophageal glycogenic acanthosis (at least 3)

<ul style="list-style-type: none">• Macrocephaly (megalencephaly) (at least 97th percentile: 58cm in adult women, 60cm in adult men)• Macular pigmentation of glans penis• Mucocutaneous lesions<ul style="list-style-type: none">○ One biopsy proven trichilemmoma○ Multifocal or extensive oral mucosal papillomatosis○ Multiple cutaneous facial papules (often verrucous)○ Multiple palmoplantar keratosis• Multiple GI hamartomas or ganglioneuromas	<ul style="list-style-type: none">• Intellectual disability (IQ less than or equal to 75)• Lipomas• Papillary or follicular variant of papillary thyroid cancer• Renal cell carcinoma• Single GI hamartoma or ganglioneuroma• Testicular lipomatosis• Thyroid structural lesions (eg, adenoma, nodule[s], goiter)• Vascular anomalies (including multiple intracranial developmental venous anomalies)
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Change Summary

04/25/2024 Annual Review, Coverage Change. Provider Claims Codes Update