UnitedHealthcare®

Prior Authorization Facsimile Request Form: Genetic Testing for BRCA Mutations for UnitedHealthcare Commercial Health Plans

Date: _____

Ordering Physician/TIN number: _____

Address: _____

City, State, ZIP: _____

Member name and member ID number: _____

Thank you in advance for your cooperation. By supplying the requested information in a timely manner, you will help simplify this process for your patient. If you have any questions or need more information, please contact the Provider Services number on the back of the member's ID card.

Please complete Part B of this form for all members requesting prior authorization of genetic testing for BRCA mutations. Genetic counseling (Part A) is required if the member's Plan requires covered health services to be medically necessary. Please include the following clinical documentation with your request, if applicable:

1. Clinical notes documenting the genetic counseling encounter, including:
    - Personal history of cancer when applicable (please include cancer type and age of diagnosis)
    - Three-generation pedigree, including all cancers with age of diagnosis in maternal and paternal blood relatives; for prostate cancer, the Gleason score should be included
    - Ethnicity/ancestry (include if the member is Ashkenazi Jewish or from ethnic groups associated with founder mutations)
2. Part A: Genetic Counseling Attestation Form (to be completed by an independent genetics care provider)

Please fax the following information to:

- **Neighborhood Health Plan:** 800-731-2515
- **UnitedHealthcare of the River Valley:** 800-340-2184
- **UnitedHealthcare Oxford Plans:** 800-303-9902
- **UnitedHealthcare:** 866-756-9733

Part A: Genetic Counseling Attestation Form

Independent Genetic Care Provider Information

Name: _____

Tax ID number: _____

National Provider Identifier (NPI): _____

Address: _____

City, State, ZIP: _____

Phone: _____

Fax: _____

Please choose one of the following recommendations:

☐ This member meets UnitedHealthcare's Medical Policy criteria, and I support the testing requested (please check the box under medical policy criteria that the individual meets and indicate relevant personal and/or family history details).

☐ This member does not meet UnitedHealthcare's Medical Policy criteria for the testing requested.

☐ This member does not meet UnitedHealthcare's Medical Policy criteria, but I support the testing requested for the following reasons:

Genetic Counseling Attestation:

☐ By checking this box, I affirm that I am not employed by a commercial genetic testing lab, I have personally performed genetic counseling with the indicated member – including collection and assessment of attached documentation – and I am one of the following types of care providers (please check care provider type).

☐ A board-eligible or board-certified genetic counselor

- ☐ Advanced genetics nurse
- ☐ Genetic clinical nurse
- ☐ Advanced practice nurse in genetics
- ☐ A board-eligible or board-certified clinical geneticist
- ☐ A physician with experience in cancer genetics (defined as providing cancer risk assessment on a regular basis and having received specialized ongoing training in cancer genetics. Educational seminars offered by commercial laboratories about how to perform genetic testing are not considered adequate training for cancer risk assessment and genetic counseling).

Signature: _____

Date: _____

Genetic counseling by an independent (i.e., not employed by a genetic testing lab) genetics care provider is required before genetic testing for BRCA mutations so the member being tested is informed about the benefits and limitations of a specific genetic test. Genetics care providers employed by or contracted with a laboratory that is part of an integrated health system that routinely delivers health care services beyond laboratory testing itself are considered independent. Genetic testing for BRCA mutations requires documentation of medical necessity by one of the following genetics care providers who has evaluated the member and intends to engage in post-test follow-up counseling:

- Board-eligible or board-certified genetic counselor
- Advanced genetics nurse
- Genetic clinical nurse
- Advanced practice nurse in genetics
- A board-eligible or board-certified clinical geneticist
- A physician with experience in cancer genetics (defined as providing cancer risk assessment on a regular basis and having received specialized ongoing training in cancer genetics. Educational seminars offered by commercial laboratories about how to perform genetic testing are not considered adequate training for cancer risk assessment and genetic counseling).

Part B:

Laboratory name: GeneDx

Address: 207 Perry Parkway

City, State, ZIP: Gaithersburg, MD, 20877

TIN: 20-5446298

Laboratory test name: _____

Date of service (date of sample collection): _____

CPT code requested for prior authorization (please check all being requested):

☐ 81211 ☐ 81212 ☐ 81213 ☐ 81214 ☐ 81215 ☐ 81216 ☐ 81217 ☐ 81162

☐ 81432 ☐ 81433

Medical Policy Criteria
Please check which of the following criteria the member meets for genetic testing for BRCA mutations and provide information requested.

I. BRCA1 and BRCA2 testing is proven and medically necessary for women with a personal history of breast cancer in the following situations and where genetic testing results will impact medical management:

☐ **A.** Breast cancer diagnosed at age 45 or younger with or without family history

☐ **B.** Breast cancer diagnosed at age 50 or younger with (check all that apply):

- ☐ An additional primary breast cancer
- ☐ At least one close blood relative with breast cancer at any age
  - Please indicate family members including which side of family (i.e. maternal or paternal):
- ☐ At least one close blood relative with pancreatic cancer
  - Please indicate family members including which side of family (i.e. maternal or paternal):
- ☐ At least one close blood relative with prostate cancer (Gleason score ≥7)
  - Please indicate family members including which side of family (i.e., maternal or paternal) and Gleason score:
- ☐ An unknown or limited family history (see Medical Policy Definitions section for further clarification of limited family history)
  - Limited family history explanation:

☐ **C.** Breast cancer diagnosed at any age with (check all that apply):

- ☐ At least one close blood relative with breast cancer diagnosed at age 50 or younger
  - Please indicate family members including which side of family (i.e., maternal or paternal):
- ☐ At least two close blood relatives on the same side of the family with breast cancer at any age

- Please indicate family members including which side of family (i.e., maternal or paternal):

☐ At least one close blood relative with ovarian cancer at any age
- Please indicate family members including which side of family (i.e., maternal or paternal):

☐ At least two close blood relatives on the same side of the family with pancreatic and/or prostate cancer (Gleason score ≥7) at any age
- Please indicate family members including which side of family (i.e., maternal or paternal) and Gleason score:

☐ Close male blood relative with breast cancer
- Please indicate family members including which side of family (i.e. maternal or paternal):

☐ At least one close blood relative who has a BRCA1 or BRCA2 mutation (testing should be targeted to the known BRCA1/BRCA2 mutation in the family; further BRCA1/BRCA2 testing should only be pursued if the results are negative and the member otherwise meets testing criteria)
- Please indicate family members including which side of family (i.e., maternal or paternal):

☐ Ashkenazi Jewish or ethnic groups associated with founder mutations. Testing for Ashkenazi Jewish founder-specific mutations should be performed first. Further BRCA1/BRCA2 testing should only be pursued if the results are negative and the member otherwise meets testing criteria without considering Ashkenazi Jewish ancestry.
- Ethnicity/ancestry:

☐ **D.** Triple-negative breast cancer diagnosed at age 60 or younger.

☐ **II.** BRCA1 and BRCA2 testing is proven and medically necessary for women with a personal history of ovarian cancer.

☐ **III.** BRCA1 and BRCA2 testing is proven and medically necessary for women and men with a personal history of pancreatic cancer at any age and at least one close blood relative on the same side of the family with breast (ages 50 or younger), ovarian, pancreatic and/or prostate cancer (Gleason score ≥7) at any age.
- Please indicate family members including which side of family (i.e. maternal or paternal), cancer including age and/or Gleason score:

☐ **IV.** BRCA1 and BRCA2 testing for Ashkenazi Jewish founder-specific mutations is proven and medically necessary for women and men with a personal history of pancreatic cancer and Ashkenazi Jewish ancestry.

- Ethnicity/ancestry:

☐ **V.** BRCA1 and BRCA2 testing is proven and medically necessary for men with a personal history of prostate cancer (Gleason score ≥7) at any age and at least one close blood relative on the same side of the family with breast (ages 50 and younger), ovarian, pancreatic and/or prostate cancer (Gleason score ≥7) at any age.

- Please indicate family members including which side of family (i.e., maternal or paternal), cancer including age and/or Gleason score:

☐ **VI.** BRCA1 and BRCA2 testing is proven and medically necessary for men with a personal history of breast cancer.

☐ **VII.** BRCA1 and BRCA2 screening tests are proven and medically necessary for men and women without a personal history of breast or ovarian cancer with at least one of the following familial risk factors only when there are no family members affected with a BRCA-associated cancer available for testing (see note below). Please check all that apply:

☐ At least one first- or second-degree blood relative meeting any of the above criteria (I-V)

- Please indicate family members including which side of family (i.e., maternal or paternal):

☐ At least one third-degree blood relative with breast cancer and/or ovarian cancer who has at least two close blood relatives with breast cancer (at least one with breast cancer at ages 50 or younger) and/or ovarian cancer

- Please indicate family members including which side of family (i.e., maternal or paternal):

☐ A known BRCA1/BRCA2 mutation in a blood relative (defined as first-, second- or third-degree relative). Testing should be targeted to the known BRCA1/BRCA2 mutation in the family. Further BRCA1/BRCA2 testing should only be pursued if the results are negative and the member otherwise meets testing criteria.

- Please indicate family members including which side of family (i.e., maternal or paternal):

CPT Codes for UHC FORM

This is a quick guide to selecting the correct CPT codes on page 4.

Test Code	Test Name	UHC CPT Codes to be Selected
B361	BRCA1/BRCA2 Ashkenazi Founder Panel	81212
B362	BRCA1/BRCA2 Sequencing and Deletion	81211 & 81213
B273	Breast/Ovarian Cancer Panel	81211 & 81213
J055	Breast Cancer High/Moderate Risk Panel	81211 & 81213
J005	Breast Cancer High Risk Panel and PALB2	81211 & 81213
B521	Breast Cancer High Risk Panel	81211 & 81213
B275	Comprehensive Cancer Panel	81211 & 81213
B751	High/Moderate Risk Panel	81211 & 81213
B344	Endometrial Cancer Panel	81211 & 81213
B343	Pancreatic Cancer Panel	81211 & 81213
B370	BRCA1 Known Variant	81215
B372	BRCA2 Known Varian	81217
B749	If BRCA1/2 is selected	81211 & 81213