

Applies to:

Aetna plans

Innovation Health® plans

**Health benefits and health insurance plans offered and/or underwritten
by the following:**

Allina Health and Aetna Health Insurance Company (Allina Health | Aetna)

**Banner Health and Aetna Health Insurance Company and/or Banner Health and
Aetna Health Plan Inc. (Banner | Aetna)**

Sutter Health and Aetna Administrative Services LLC (Sutter Health | Aetna)

**Texas Health + Aetna Health Plan Inc. and Texas Health + Aetna Health Insurance
Company (Texas Health Aetna)**

aetna®

BRCA Precertification Information Request Form

About this form

All BRCA tests require precertification. Failure to complete this form in its entirety may result in the delay of review. Effective December 21, 2018, this form replaces all other BRCA precertification information request documents and forms.

Once completed, this form contains confidential information. Only the individual or entity it's addressed to can use it. If you're not the intended recipient, or the employee or agent responsible for delivering the form to the intended recipient, you can't disseminate, distribute or copy the completed form. If you received the completed form in error, call us at **1-877-794-8720**.

How to fill out this form

As the patient's attending physician, you must complete **all** sections of the form. You can use this form with all Aetna health plans, including Aetna's Medicare Advantage plans. You can also use this form with health plans for which Aetna provides certain management services.

When you're done

Once you've filled out the form, fax it and all requested medical documentation to us at **1-860-975-9126**. Or you can submit the completed form and the specimen sample to one of our network BRCA testing laboratories listed below. Then they'll submit the form to us.

Quest Diagnostics, Inc.	Fax the precertification form to 1-855-422-5181 . Call BRCAvantage Concierge Services at 1-866-436-3463 or visit www.questvantage.com for more information
LabCorp	Fax the precertification form to 1-855-711-5699 . For questions, call 1-855-488-8750 or send email to BRCApriorauth@labcorp.com
Ambry Genetics	Fax the precertification form to 1-949-900-5501 . Order collection and transportation kits from by calling 1-866-262-7943 or online at www.ambrygen.com
Baylor Miraca Genetics Laboratories, LLC	Fax the precertification form to 1-713-798-2728 . Order collection and transportation kits by calling 1-800-411-GENE or 1-713-798-6555 or email geneticetest@bmgil.com
Counsyl	For more information, call 1-888-COUNSYL (1-888-268-6795) , send an email to support@counsyl.com or visit www.counsyl.com
GeneDx, Genpath, BioReference	Fax the precertification form to 1-201-421-2010 . If you have any questions call 1-888-729-1206 or visit www.genedx.com
Invitae	Fax the precertification form to 1-415-276-4164 . If you have any questions, call 1-800-436-3037 or email clientservices@invitae.com or visit www.invitae.com/en/request-a-kit/
Medical Diagnostic Lab, LLC	Fax the precertification form to 1-609-570-1062 . If you have questions, call 1-877-269-0090 or visit www.mdlab.com
Myriad Genetics Laboratories, Inc.	Fax the precertification form to 1-801-584-3615 . If you have questions, call 1-800-469-7423

What happens next?

Once we receive the requested documentation, we'll perform a clinical review. Then we'll make a coverage determination and let you know our decision.

How we make coverage determinations

For our Medicare Advantage members, we use CMS benefit policies, including national coverage determinations (NCD) and local coverage determinations (LCD) when available, to make our coverage determinations. If there isn't an available NCD or LCD to review, then we'll use the Clinical Policy Bulletin referenced below to make the determination.

For all other members, we encourage you to review **Clinical Policy Bulletin #227: BRCA Testing, Prophylactic Mastectomy, and Prophylactic Oophorectomy** before you complete this form.

You can find the Clinical Policy Bulletins and Precertification Lists by visiting the website on the back of the member's ID card.

BRCA
Precertification Information Request Form

Failure to complete this form in its entirety may result in the delay of review.

Fax to: BRCA Precertification Department

Fax number: 1-860-975-9126

Section 1: To be completed by ordering physician

Member name:

Member ID:

Member address:

Member phone #:

Member date of birth: / /

Gender: M F

Physician name:

Physician NPI number:

Physician phone number:

Physician status: Participating Non-participating

Physician address:

IPA name:

IPA NPI Number:

IPA address:

IPA phone #: 1- - -

Section 2: Provide the following general information

Laboratory name:

Laboratory phone number:

Laboratory status: Participating Non-participating

Date of specimen collection: / /

ICD-10 code(s):

Member name: _____	Member date of birth: / /
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Section 3: Test menu

BRCA1/2 full gene sequence analysis (CPT 81163)

BRCA1/2 three mutation (187delAG, 5385insC, 6174delT) gene analysis, Ashkenazi Jewish Ancestry (CPT 81212)

BRCA1/2 three mutation (187delAG, 5385insC, 6174delT) gene analysis, Ashkenazi Jewish Ancestry WITH reflex to full gene sequencing (CPT 81212 or 81163)

BRCA 1/2 full large rearrangement (BART) analysis¹ (**Medicare members only**) (CPT 81164)

BRCA 1/2 full gene sequence analysis WITH full large rearrangement(BART)¹ analysis for hereditary cancer risk (**Medicare members only**) (CPT 81162)

BRCA 1 or BRCA 2 known deleterious familial variant (BRCA 1: CPT 81215, BRCA 2; CPT 81217);
Specify gene: _____ relationship: _____ mutation: _____

BRCA1/2 testing to determine PARP-inhibitor treatment (CPT 81162 or 81163);
Specify somatic or germline: _____ test name: _____
PARP-inhibitor considered: _____
Total number and names of previously failed therapies: _____

Section 4: Personal cancer history²

No personal history of breast³/ovarian⁴/pancreatic cancer

Personal history of breast cancer³ - currently under treatment

Personal history of breast cancer³ - treatment completed
 Unilateral Bilateral Triple Negative
Age at diagnosis: _____ Date of diagnosis: ____/____/____

Invasive ductal carcinoma (IDC) Invasive lobular carcinoma (ILC) Ductal carcinoma in situ (DCIS)

Personal history of ovarian cancer⁴ - currently under treatment

Personal history of ovarian cancer⁴ - treatment completed

Personal history of pancreatic cancer

Other clinical history, please specify: _____

Section 5: Personal testing history

No previous BRCA genetic testing

Negative Ashkenazi Jewish panel testing

Negative BRCA 1/2 gene sequencing testing

Negative BRCA 1/2 gene sequencing and large rearrangement testing

Other, please specify: _____

Previous testing lab: _____

Date of testing: _____

Results: _____

¹ Aetna does not cover large rearrangement testing (BART) unless the member is covered by Medicare and meets criteria for comprehensive testing. There is inadequate information regarding the frequency of large genomic re-arrangements in the United States populations to indicate that testing or re-testing for these specific mutations (e.g., the BART) is useful or effective in managing the care of members, including those with a strong family history of breast, ovarian or pancreatic cancer.

In addition, Aetna does not cover multigene hereditary breast cancer panels that accompany BRCA testing because there is insufficient published evidence of their clinical validity and utility. Information regarding this can be found in our Clinical Policy Bulletin (CPB): BRCA Testing, Prophylactic Mastectomy, and Prophylactic Oophorectomy available at www.aetna.com.

² Members who seek coverage for BRCA1/2 testing for the benefit of OTHER family members must seek reimbursement of payment from the OTHER family member's insurance carrier. BRCA analysis for the medical management of OTHER family members is not a covered benefit for Aetna members.

³ The term "breast cancer" includes both invasive and ductal carcinoma in situ (DCIS) breast cancers. Lobular carcinoma in situ (LCIS) is not included.

⁴ For purposes of these guidelines, ovarian cancer includes fallopian tube and primary peritoneal carcinoma.

Member name:	Member date of birth: / /
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Section 6: Family cancer history and ethnicity

No known family history of breast³, ovarian⁴ or pancreatic cancer

<input type="checkbox"/> Ashkenazi Jewish Ancestry	<input type="checkbox"/> African American	<input type="checkbox"/> Asian
<input type="checkbox"/> Caribbean	<input type="checkbox"/> Central/South American	<input type="checkbox"/> Eastern European
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Native American
<input type="checkbox"/> Northern European	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Western European
<input type="checkbox"/> Other _____		

Relationship to patient	Maternal (M) or paternal (P) side	Type of cancer	Age at diagnosis

Section 7: Risk criteria category for FEMALES

Personal history of ovarian cancer¹ Date of ovarian cancer diagnosis: Month ____ Year ____

Personal history of breast cancer² Date of breast cancer diagnosis: Month ____ Year ____

1. Breast cancer² diagnosed at age 45 years or younger; or

2. Breast cancer² diagnosed at age 50 years or younger, with any of the following:

- a. At least one close blood relative³ with breast cancer² at age 50 years or younger; or
- b. At least one close blood relative³ with prostate or pancreatic cancer; or
- c. Limited family structure⁴ or no family history available because member is adopted; or
- d. Bilateral breast cancer² or two primaries⁵, with first diagnosis age 50 years or younger

3. Breast cancer² is diagnosed at age 60 years or younger and is triple negative⁶

4. Breast cancer² is diagnosed at any age, with any of the following:

- a. At least one close blood relative³ with epithelial ovarian cancer; or
- b. At least two close blood relatives³ on the same side of the family with breast cancer²; or
- c. Member has two breast primaries⁵ and has at least one close blood relative³ with breast cancer diagnosed at age 50 or younger; or
- d. Close blood relative³ with either breast cancer² at age 50 or younger or with epithelial ovarian cancer¹ (**Medicare only**); or
- e. At least two close blood relatives³ with pancreatic cancer or prostate cancer with Gleason score > 7 at any age (**Medicare only**); or
- f. Close male blood relative³ with breast cancer²; or
- g. First, second or third degree blood relative³ with a known BRCA1 or BRCA2 mutation⁷; or
- h. Two close relatives³ on the same side of the family with pancreatic adenocarcinoma at any age; or
- i. Ethnicity is associated with higher mutation frequency (Ashkenazi Jewish)⁸.

Member name:

Member date of birth:

/ /

Section 7 (continued): Risk criteria category for FEMALES

- NO personal history of breast², ovarian cancer¹ or pancreatic adenocarcinoma (coverage excluded by Medicare)⁹**
 - 1. Women with at least one first-degree blood relative³ with:
 - a. epithelial ovarian cancer¹ or
 - b. breast cancer diagnosed at age 45 years or younger, or
 - c. bilateral breast cancer⁵
 - 2. Women with three or more close blood relatives³ on the same side of the family with breast cancer; or
 - 3. Women with at least one close blood relative³ with:
 - a. male breast cancer; or
 - b. both breast² and epithelial ovarian cancer¹.
 - 4. Women with two close blood relatives³ on the same side of the family with:
 - a. epithelial ovarian cancer¹; or
 - b. breast cancer², one of whom was diagnosed at age 50 years or younger; or
 - c. breast cancer² in one relative and epithelial ovarian cancer¹ in another relative
 - 5. Women of Ashkenazi Jewish descent with a first degree relative or two or more second degree relatives on the same side of the family with breast or epithelial ovarian cancer⁸; or
 - 6. Women with first, second or third degree blood relatives with a known BRCA1 or BRCA2 mutation¹⁰.
- Women who do not meet any of the above criteria but are determined through both independent formal genetic counseling and validated quantitative risk assessment tool⁷ to have at least a 10% pre-test probability of carrying a BRCA1 or BRCA2 mutation. Note: In this category only, a 3-generation pedigree and quantitative risk assessment results must be faxed directly to us at 1-860-975-9126. Pedigree template available on request.**
 - Formal genetic counseling Yes No
 - Genetic counselor name and location (state): _____
- Personal history of pancreatic adenocarcinoma at any age, and any of the following:**
 - 1. Women with at least one first-degree blood relative³ with:
 - a. epithelial ovarian cancer¹; or
 - b. breast cancer diagnosed at age 45 years or younger; or
 - c. bilateral breast cancer⁵
 - 2. Women with at least two close blood relatives³ on the same side of the family with breast cancer, epithelial ovarian cancer, and/or pancreatic adenocarcinoma at any age;
 - 3. Women with at least one close blood relative³ with:
 - a. male breast cancer; or
 - b. both breast² and epithelial ovarian cancer¹
 - 4. Women of Ashkenazi Jewish⁸ descent with a first-degree relative with breast cancer; or
 - 5. Women with first, second, or third-degree blood relatives with a known BRCA1 or BRCA2 mutation¹⁰.

Section 8: Risk criteria category for MALES

- Personal history of breast cancer; or
- First, second or third degree blood relative with a known BRCA1 or BRCA2 mutation, where the results will influence clinical utility (e.g., reproductive decision-making)¹⁰ **(coverage excluded by Medicare)⁹**

Member name:	Member date of birth: / /
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Section 9: Medical management (if patient tests positive)

<input type="checkbox"/> Prophylactic oophorectomy	<input type="checkbox"/> Bilateral	<input type="checkbox"/> Tamoxifen chemoprevention	<input type="checkbox"/> Other, please specify:
<input type="checkbox"/> Prophylactic mastectomy	<input type="checkbox"/> Bilateral	<input type="checkbox"/> Increased breast surveillance	

Section 10: Patient education

Consistent with the 1997 National Institutes of Health Consensus Statement on guidelines for care of patients with BRCA1 and BRCA2 mutations and American College of Medical Genetics guidelines, prior to testing and follow-up treatment, the patient must give informed consent in accordance with applicable law. Also consistent with such guidelines, such informed consent discussions should include at least the following:

1. Clarification of the patient’s increased risk status	5. Limited data regarding efficacy of methods for early detection and prevention
2. Explanation of how genetics affects cancer susceptibility	6. Possible psychological and social impact of testing
3. Potential benefits, risk, and limitations of testing	7. Counseling regarding therapeutic options, including limitations
4. Possible outcomes of testing (e.g., positive, negative or uncertain test results)	

Section 11: Read this important information

Any person who knowingly files a request for authorization of coverage of a medical procedure or service with the intent to injure, defraud or deceive any insurance company by providing materially false information or conceals material information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Section 12: Sign the form

By signing this form, I certify that the member listed above has given informed consent in accordance with the guidelines and risks above and that the BRCA analysis will be used to direct the medical management of this member.

Form completed by (please print):	Title:
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Physician Signature (required) :

Contact Person:	Phone Number:
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¹ For the purposes of these guidelines, fallopian tube and primary peritoneal carcinoma are included.
² The term “breast cancer” includes invasive and ductal carcinoma in situ (DCIS) breast cancers. Lobular carcinoma in situ (LCIS) is not included.
³ Close blood relatives include first-degree relatives (i.e., mother, sister, daughter) or second-degree relatives (i.e., aunt, grandmother, niece), on the same side of the family. For affected Medicare members, close relatives also include third-degree relatives (i.e. great grandmother, great aunt and first-degree cousin). For the purposes of BRCA, half-siblings are considered first degree relatives.
⁴ A limited family history is defined as a member who has fewer than two 1st or 2nd degree female relatives in the same lineage that lived to age 45. The “limited family history” can occur on either the maternal or paternal side of family. A three generation pedigree is needed for this category.
⁵ Two breast primaries in a single individual includes bilateral disease or two or more clearly separate ipsilateral primary tumors.
⁶ Triple negative breast cancer is when the individual’s breast cancer cells test negative for estrogen receptors (ER-), progesterone receptors (PR-) and human epidermal growth factor receptors (HER2-).
⁷ Validated quantitative risk assessment tools include BRCAPRO, Yale, UPenn I or UPenn II, BOADICEA and Tyrer-Cuzick IBIS (See CPB).
⁸ For Ashkenazi Jewish women who meet screening criteria, a screening panel for the founder mutations common in the Ashkenazi Jewish population (multisite testing) is considered medically necessary. If founder mutation testing is negative, full gene sequencing (reflex testing) is considered medically necessary only if member meets the criteria described above.
⁹ Medicare does not cover BRCA genetic testing in the absence of a personal history of breast or ovarian cancer, since it considered to be screening and is specifically excluded by Medicare.
¹⁰ Testing in this scenario is for the specific identified mutation (single site testing).