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)

BRCA
Precertification Information Request Form

About this form

All BRCA tests require precertification. To initiate a request, please submit your request electronically or you can call our Precertification Department. **Failure to complete this form and submit all medical records we are requesting may result in the delay of review or denial of coverage.**

This form replaces all other BRCA precertification information request documents and forms.

How to fill out this form

As the patient's attending physician, you must complete **all** sections of this 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 this form, submit it **and** all requested medical documentation to our Precertification Department by:

- We prefer you submit precertification requests electronically. Use our provider portal on Availity® to also upload clinical documentation, check statuses, and make changes to existing requests. Register today at availity.com/aetnaproviders.
- Send your information via confidential **fax**: **860-975-9126**
- Mail your information to: **PO Box 14079**
  Lexington, KY 40512-4079

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@bmgl.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**
Progenity	Progenity - Submit the completed BRCA precertification form with a Riscover patient specimen. For questions or to receive specimen kits, call 855-293-2639.

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.

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 **If submitting request electronically, complete member name and ID only**	
Member name:	**Member ID:**
Member address:	
Member phone #:	**Member date of birth:** / /
Biological Gender: ☐ M ☐ F	**Reference Number:**
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- - -	

BRCA
Precertification Information Request Form

Member Name:	
Member ID:	**Reference Number:**

Section 2: Provide the following general information
Do not complete section 2 if submitting electronically

Laboratory name:	**Laboratory phone number:**
Laboratory status: ☐ Participating ☐ Non-participating	**Date of specimen collection:** / /
ICD-10 code(s):	

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) analysis **(Medicare members only)** (CPT 81164)
- ☐ BRCA 1/2 full gene sequence analysis WITH full large rearrangement (BART) 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 history

- ☐ No personal history of breast/ovarian/pancreatic cancer
- ☐ Personal history of breast cancer - currently under treatment
- ☐ Personal history of breast cancer - treatment completed
- ☐ Unilateral ☐ Bilateral ☐ Triple Negative
  Age at diagnosis: _____ Date of diagnosis: ____/____/____
  Stage: _____
- ☐ Invasive ductal carcinoma (IDC) ☐ Invasive lobular carcinoma (ILC) ☐ Ductal carcinoma in situ (DCIS)
- ☐ Personal history of ovarian cancer - currently under treatment
- ☐ Personal history of ovarian cancer - treatment completed
- ☐ Personal history of pancreatic cancer
- ☐ Other clinical history:

Member Name:	
Member ID:	**Reference Number:**

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(s): _____

Date(s) of testing: _____

Results: _____

Formal genetic counseling ☐ Yes ☐ No

Genetic counselor name and location (state): _____

Section 6: Family cancer history and ethnicity

☐ No known family history of breast[3], ovarian[4] or pancreatic cancer

☐ Ashkenazi Jewish Ancestry	☐ African American	☐ Asian
☐ Caribbean	☐ Central/South American	☐ Eastern European
☐ Hispanic	☐ Middle Eastern	☐ Native American
☐ Northern European	☐ Pacific Islander	☐ Western European
☐ Other _____		

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

Section 7: Intended medical management (if patient tests positive)

☐ Prophylactic oophorectomy ☐ Bilateral		☐ Tamoxifen chemoprevention	☐ Other, please specify:
☐ Prophylactic mastectomy ☐ Bilateral		☐ Increased breast surveillance	

Section 8: Risk criteria category for both FEMALES and MALES

☐ Individuals with a **Personal history of pancreatic adenocarcinoma at any age**

Member Name:	
Member ID:	**Reference Number:**

Section 9: Risk criteria category for FEMALES

☐ **Personal history of ovarian cancer** Date of ovarian cancer diagnosis**:** Month _____ Year _____

☐ **Personal history of breast cancer** Date of breast cancer diagnosis**:** Month _____ Year _____

☐ 1. Breast cancer diagnosed at age 50 years or younger; or

☐ 2. Breast cancer is diagnosed at age 60 years or younger and is triple negative

☐ 3. Breast cancer is diagnosed at any age, with any of the following:

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

NO personal history of breast, ovarian cancer or pancreatic adenocarcinoma (coverage excluded by Medicare)

- ☐ 1. Women with at least one first-degree blood relative with:
- ☐ a. epithelial ovarian cancer or
- ☐ b. breast cancer diagnosed at age 45 years or younger, or
- ☐ c. bilateral breast cancer
- ☐ 2. Women with three or more close blood relatives on the same side of the family with breast cancer; or
- ☐ 3. Women with at least one close blood relative with:
- ☐ a. male breast cancer; or
- ☐ b. both breast and epithelial ovarian cancer.
- 4. Women with two close blood relatives on the same side of the family with:
- ☐ a. epithelial ovarian cancer; or
- ☐ b. breast cancer, one of whom was diagnosed at age 50 years or younger; or
- ☐ c. breast cancer in one relative and epithelial ovarian cancer 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 cancer; or
- ☐ 6. Women with first, second- or third-degree blood relatives with a known BRCA1 or BRCA2 mutation

NOTE: 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.

Member Name:	
Member ID:	**Reference Number:**

Section 9 (continued): Risk criteria category for FEMALES

☐ Women who do not meet any of the above criteria but are determined through both independent formal genetic counseling and validated quantitative risk assessment tool to have at least a 5% or greater 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.

Section 10: Risk criteria category for MALES

☐ 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) **(coverage excluded by Medicare);** or

☐ Personal history of breast cancer; or

☐ Personal history of pancreatic cancer; or

☐ Metastatic castrate-resistant prostate cancer who have been treated with androgen receptor-directed therapy and are considering the initiation of a poly (ADP-ribose) polymerase (PARP) inhibitor.

Section 11: 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
2. Explanation of how genetics affects cancer susceptibility
3. Potential benefits, risk, and limitations of testing
4. Possible outcomes of testing (e.g., positive, negative or uncertain test results)
5. Limited data regarding efficacy of methods for early detection and prevention
6. Possible psychological and social impact of testing
7. Counseling regarding therapeutic options, including limitations

Section 12: 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 13: 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:**
Physician Signature (required):	
Contact Person:	**Phone Number:**