

<u>Document ID:</u>	<u>Title: Aetna Medicaid Administrator (AMA) Louisiana XXXX.xx BRCA 1 and 2 Gene Testing and Genetic Counseling Policy</u>	
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PURPOSE

The purpose of this policy is to describe the health plan's process for the prior authorization decision-making conditions in which CPT Vest-High Frequency Chest Wall Oscillation Device may be authorized according to the directives from state of Louisiana Medicaid.

SCOPE

The scope of this policy applies to the Louisiana Prior Authorization staff and all colleagues processing Louisiana authorization requests for CPT Vest-High Frequency Chest Wall Oscillation Device.

POLICY

It is the policy of the Plan that specific state directives, in addition to MCG® criteria are used when processing authorization requests for CPT Vest-High Frequency Chest Wall Oscillation Device. Louisiana state qualifications, authorization and documentation requirements must be met. This policy defines additional Louisiana state qualifications and authorization and documentation requirements.

STANDARD

Coverage of BRCA Genetic Testing and Counseling requires prior authorization. All Providers (both facility and ordering physicians) must be registered in the state and the health plan's registry. The provider should be a preferred provider for the health plan.

Member Criteria and Prior Authorization Requirements¹

Screening laboratory tests are only considered medically necessary if recommended as Grade A or B by the United States Preventive Services Taskforce, specified in the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program, or as otherwise specified in Medicaid policy.²

Genetic testing may be considered for a member with:

- Individual with any blood relative with known BRCA1 /BRCA2 mutations**
- Previously limited testing after meeting the cancer criteria listed, interested in pursuing multi-gene testing**

¹ 2023 Louisiana Medicaid Service Manual Chapter 27.1 Independent Laboratories , page 1 of 1 and Chapter 5.1 Professional Services Manual pg.1-6 Genetic testing...

² 2023 Louisiana Medicaid Service Manual Chapter 27.1 Independent Laboratories , page 1 of 1

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- **Personal History of Cancer**
 - **Breast cancer and one or more:**
 - **Diagnosed age 45 years or younger**
 - **Diagnosed age 45-50 years with:**
 - **Unknown or limited family history , or**
 - **A second breast cancer diagnosed at any age; or**
 - **One or more close blood relative with breast , ovarian, pancreatic or high grade (Gleason score of 7 or more) or intraductal prostate cancer at any age.**
 - **Diagnosed at age 60 or younger with triple negative (ER-,PR-,HER2) breast cancer;**
 - **Diagnosed at any age with male breast cancer or**
 - **Epithelial ovarian cancer (including fallopian tube cancer or peritoneal cancer at any age**
 - **Exocrine pancreatic cancer at any age**
 - **Metastatic or intraductal prostate cancer at any age;**
 - **High grad (Gleason score of 7 or greater) prostate cancer at any age with:**
 - **Ashkenazi Jewish Ancestry**
 - **One or more close blood relative with breast cancer at age 50 or younger or ovarian, pancreatic, or metastatic or intraductal prostate cancer at any age**
 - **Two or more close blood relatives with breast or prostate cancer (any grade) at any age**
 - **A mutation identified on tumor genomic testing that has clinical implications if also identified in the gem line ; or**
 - **To aid in systemic therapy decision -making, such as for HER2-negative metastatic breast cancer**
- **Individuals with a family history of cancer, including unaffected individuals, defined as one or more of the following:**
 - **An affected or unaffected individual with a 1st or 2nd degree blood relative meeting any of the criterion listed above (except individuals who meet criteria only for systemic therapy decision-making), or**
 - **An affected or unaffected individual who otherwise does not meet criteria above but also has a probability >5% of a BRACA1/2 pathogenic variant based on the prior probability models (eg,Tyer-Cuzick, BRACAPro, Pennll).**
- **Personal or multiple blood relative History of Breast, Ovarian, Pancreatic or Prostate cancer**
- **Multiple blood relatives with History of Breast, Ovarian, Pancreatic or Prostate cancer or known BRCA1 and BRCA2 mutation.**
- **One or more women in the family with breast cancer diagnosis younger than 45-year-old.**
- **A man in the family had breast cancer**

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- Any close relative that had breast cancer AND one of these cancers : Ovary, pancreas or prostate cancer
- Your family came from an eastern European Jewish background.

All genetic testing services must be prior authorized and should receive documentation to meet the medical necessity criteria listed above. Genetic testing for a particular disease should generally be performed once per lifetime; however, there are rare instances in which testing may be performed more than once in a lifetime (e.g., previous testing methodology is inaccurate, or a new discovery has added significant relevant mutations for a disease).³

Providers (both laboratories and ordering physicians) must be registered in the state and the health plan's registry. The provider should be a preferred provider for the health plan.

APPLICABLE CPT CODES

This policy applies the additional definitions, qualifications, criteria and documentation requirements to the procedure codes listed below. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

<u>HCPCS</u>	<u>Description</u>
<u>81432</u>	<u>BRCA testing for hereditary Breast and Ovarian Cancer Gene analysis</u>
<u>81162</u>	<u>Uncommon Duplication or Deletion Large Gene Variants</u>
<u>81163</u>	<u>BRCA 1 & 2 Gene analysis</u>
<u>81164</u>	<u>BRCA 1 & 2 Gene Full analysis of duplications and deletions</u>
<u>81165</u>	<u>BRCA 1- single Gene analysis</u>
<u>81166</u>	<u>BRCA 1 Gene analysis detection of large gene rearrangement</u>
<u>81167</u>	<u>BRCA 2 Gene analysis detection of large gene rearrangement</u>
<u>81216</u>	<u>BRCA 2 Single Gene analysis</u>
<u>81479</u>	<u>BRCA 1 Single Gene analysis- unlisted molecular pathologies</u>
<u>96040</u>	<u>Genetic Counseling</u>

³ 2023 Louisiana Medicaid Service Manual Chapter 5.1 Professional Services Manual page 6 of 6.

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DEFINITIONS:

<u>BRCA 1 & 2 Genes</u>	<u>A blood test that uses DNA analysis to identify harmful changes or mutations in either one of the two breast cancer susceptibility genes. This gene can be hereditary. Changes in these genes significantly increases the risk of many cancers, including Breast (female and male), Ovarian cancer, Prostate cancer and pancreatic cancer.</u>
<u>DNA</u>	<u>Genetic material inside cells that holds the instructions that tell a cell what to do. Harmful changes in the DNA can result in cancer.</u>
<u>Familial assessment</u>	<u>Close blood relatives including first, second-, and third- degree relatives on the same side of the family (maternal or paternal). 1st degree are parents, siblings and children; 2nd degree are grandparents, aunts, uncles, nieces, nephews, grandchildren and half siblings or; 3rd degree who are great-grandparents, great-aunts, great-uncles, great grandchildren and first cousins.</u>
<u>MCG ®</u>	<u>A standard set of guidelines and criteria that offer evidence-based criteria, goals, optimal care pathways, and other decision -support tools for proactive care management, case review and assessment of people facing hospitalizations, treatments, and equipment.</u>
<u>Prior Authorization (PA)</u>	<u>Approval from the health plan that is required before receiving a service in order for the service to be covered</u>

Aetna Better Health of Louisiana

Jess R. Hall
Chief Executive Officer

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Chief Medical Officer

References/Resources

- **2023 Louisiana Medicaid Managed Care Organization Attachment A Model Contract,**
- **2023 Louisiana Medicaid Managed Care Organization (MCO) Manual**
- **2023 Louisiana Medicaid Services Manual Chapter 27, Independent Laboratories**

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- **2023 Louisiana Medicaid Services Manual Chapter 5, 1 Professional Services**
- **Aetna Clinical Policy Bulletin (CPB) 140 – Genetic Testing**
- **Aetna Medicaid Administrator (AMA) 7100.05 Prior Authorization Policy – Louisiana Amendment**