



**Genetic Testing for BRCA Mutations
Notification/Prior Authorization Request Form**

Please use this form to complete the notification/prior authorization process for BRCA mutation genetic testing. Use this form for UnitedHealthcare Commercial members who aren't included in the Genetic and Molecular Lab Testing Notification/Prior Authorization requirement (**UHCprovider.com/genetics**).

If you have any questions or need more information, please contact the Provider Services number listed on the member's ID card.

Please include clinical notes documenting, when applicable, the member's:

- Personal history of cancer (please include cancer type and age of diagnosis)
- Three-generation pedigree, including all cancers with age of diagnosis in maternal and paternal blood relatives. Where the following criteria specifies a "blood relative," in your clinical notes please indicate which family members meet that requirement, including which side of the family, maternal or paternal.
- Ethnicity or ancestry; include if the patient is Ashkenazi Jewish or from ethnic groups associated with founder mutations.

Fax this form and all clinical information to:

Health Plan	Fax Number
Neighborhood Health Plan	800-731-2515
UnitedHealthcare of the River Valley	800-340-2184
UnitedHealthcare Oxford	800-303-9902
UnitedHealthcare	866-756-9733
Utilization Management Review	866-912-8464

Care Provider Information

Ordering Physician: _____ Tax ID Number: _____

Address: _____

City: _____ State: _____ ZIP: _____ Phone: _____

Member Information

Member Name: _____ Member ID: _____

Test and Diagnosis Information

Lab: Invitae Corporation Tax ID Number: 27-1701898

Address: 1400 16th Street

City: San Francisco State: CA ZIP: 94103 Phone: (800) 436-3037

Lab Test Name: BRCA 1/2 Hereditary Breast & Ovarian Cancer Panel Diagnosis Code: _____

Date of Sample Collection: _____

Authorization is requested for these CPT® codes:

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 the information requested in your clinical notes.

Personal History of Cancer

Women with a Personal History of Breast Cancer

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

- Breast cancer diagnosed at age 45 or younger with or without family history
- Diagnosed with metastatic breast cancer and may be a candidate for treatment with a PARP Inhibitor (e.g. olaparib)
- Breast cancer diagnosed at age 50 or younger with (check all that apply):
 - An additional primary breast cancer or bilateral breast cancer
 - At least one close blood relative with breast cancer at any age
 - At least one close blood relative with pancreatic cancer
 - At least one close blood relative with prostate cancer
 - An unknown or limited family history
 - In your clinical notes, please explain why there is a limited family history.
- 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
 - At least two close blood relatives on the same side of the family with breast cancer at any age
 - At least one close blood relative with ovarian cancer at any age
 - At least two close blood relatives on the same side of the family with pancreatic and/or prostate cancer at any age
 - Close male blood relative with breast cancer
 - At least one close blood relative who has a BRCA1 or BRCA2 mutation; testing should be targeted to the known BRCA1 or BRCA2 mutation in the family; further testing for BRCA1/BRCA2 only if the results are negative and the patient otherwise meets the testing criteria.
 - Ashkenazi Jewish or ethnic groups associated with founder mutations. Testing for Ashkenazi Jewish founder-specific mutations should be performed first; further testing for BRCA1/BRCA2 only if the results are negative and the patient otherwise meets testing criteria without considering their Ashkenazi Jewish ancestry.
 - Please indicate ethnicity or ancestry in the clinical notes.
- Triple-negative breast cancer diagnosed at age 60 or younger

Men with a Personal History of Breast Cancer

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

Personal History of Ovarian Cancer

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

Personal History of Pancreatic Cancer

- 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 ovarian cancer at any age or breast cancer (age 50 or younger) or two relatives with breast, pancreatic and/or prostate cancer at any age.
 - In your clinical notes, please include the family member's age when diagnosed.
- 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.
 - Please indicate ethnicity or ancestry in the clinical notes.

Personal History of Prostate Cancer

- BRCA1 and BRCA2 testing is proven and medically necessary for men with a personal history of prostate cancer (Gleason score 7 or greater) at any age and at least one close blood relative on the same side of the family with ovarian cancer at any age or breast cancer (age 50 or younger) or two relatives with breast, pancreatic or prostate cancer at any age.
 - In your clinical notes, please include the family member's age when diagnosed.

No Personal History of Cancer

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 (please check all that apply):

- At least one first or second-degree blood relative meeting any of the above criteria
- 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 age 50 or younger) or ovarian cancer
- A known BRCA1 or BRCA2 mutation in a first, second or third- degree blood 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 patient otherwise meets testing criteria.

Insurance coverage provided by or through UnitedHealthcare Insurance Company, All Savers Insurance Company, or their affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Texas, LLC, UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc. and UnitedHealthcare of Washington, Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc., OptumRx, OptumHealth Care Solutions, Inc. or its affiliates. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH) or its affiliates.