**LETTER OF MEDICAL NECESSITY**

**HEREDITARY BREAST/OVARIAN CANCER GENETIC TESTING (*BRCA1*/*BRCA2* Sequence and Deletion/Duplication)**

Date: Date of service/claim

To: Utilization Review Department

Insurance Company Name, Address, City, State

Re: Patient Name, DOB, ID #

ICD-10 Codes:

The ICD-10 codes listed below are commonly received by Ambry from ordering providers for the testing described in this letter. Ambry provides this information as a customer service but makes no recommendations regarding the use of any diagnosis codes. As a reminder, it is the ordering provider’s responsibility to always determine, for the specific date of service, the appropriate diagnostic codes based on the patient’s signs and symptoms.

ACTIVE DIAGNOSIS:

C50.011-C50.929 Breast cancer (male or female)

C57.00-C57.03 Fallopian Tube Cancer

C56.1-C56.9 Ovarian cancer

C25.0-C25.9 Pancreatic cancer

C48.1-C48.2 Peritoneal Cancer

C61 Prostate cancer

PERSONAL HISTORY:

Z85.3 Breast cancer, personal history

Z85.43 Ovarian/Fallopian Tube/Peritoneal cancer, Personal history

Z85.07 Pancreatic cancer, Personal history

Z85.46 Prostate cancer, Personal history

FAMILY HISTORY:

Z80.3 Breast cancer, family history

Z80.0 Pancreatic cancer, Family history

Z80.41 Ovarian/Fallopian Tube/Peritoneal cancer, Family history

Z80.0 Pancreatic cancer, family history

Z80.42 Prostate cancer, family history

This letter is regarding my patient and your subscriber, referenced above, to request full coverage of medically indicated genetic testing for hereditary breast and ovarian cancer (*BRCA1* and *BRCA2*) to be performed by Ambry Genetics Corporation.

Breast and ovarian cancers are thought to have a hereditary component in up to 10% and 25% of cases respectively1. **Significant aspects of my patient’s personal and/or family medical history that suggest a reasonable probability of hereditary breast/ovarian cancer are below** [check all that apply]**:**

* Ovarian, triple negative breast, male breast, pancreatic, or metastatic or high/very high-risk group prostate cancer at any age
* Early-onset breast cancer (diagnosed before 45)
* Multiple primary cancers in one person (*e.g*., breast and ovarian, or bilateral breast cancer)
* Close family members with breast, ovarian or other cancers
* A known mutation in a cancer susceptibility gene within the family
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Based on the personal and/or family history, my patient is suspicious for Hereditary Breast and Ovarian Cancer syndrome.* **According to published guidelines, germline genetic testing (*BRCA1*/*BRCA2* Sequence and Deletion/Duplication) is warranted.**2

**This genetic testing will help estimate my patient’s risk to develop [choose one] cancer/another primary cancer and could directly impact my patient’s medical management. These genes have published clinical practice guidelines** to reduce the risk for cancer and/or detect cancer early, in order to reduce morbidity and mortality. Management options may include2 [check all that apply]:

* Increased breast screening, including clinical breast examinations, mammogram, ultrasound, MRI
* Breast cancer risk reduction using anti-estrogen therapy or prophylactic mastectomies
* Gynecologic cancer risk reduction using risk-reducing salpingo-oophorectomy and/or hysterectomy
* Prostate cancer screening (PSA and DRE)
* Consideration of other MRI-based screening/technologies
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[For affected patients:] This testing may also impact the surgical and/or medical options available to treat my patient’s current cancer.

Based on these factors, this testing is medically necessary, and I request that you approve coverage of genetic testing for hereditary breast/ovarian cancer in my patient.

Thank you for your time, and please don’t hesitate to contact me with any questions.

Sincerely,

Ordering Clinician Name (Signature Provided on Test Requisition Form)

(MD/DO, Clinical Nurse Specialist, Nurse-Midwives, Nurse Practitioner, Physician Assistant, Genetic Counselor\*)

\*Authorized clinician requirements vary by state

**Test Details**

CPT codes: 81162

Laboratory: Ambry Genetics Corporation (TIN 33-0892453 / NPI 1861568784), a CAP-accredited and CLIA-certified laboratory located at 7 Argonaut, Aliso Viejo, CA 92656

References:

1. Chen S and Parmigiani G. Meta-analysis of *BRCA1* and *BRCA2* penetrance. J Clin Oncol. 2007 Apr 10;24(1):1329-33.
2. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®). Genetic/Familial High-Risk Assessment: Breast, Ovarian, and Pancreatic. Version 2.2022, 3/9/2022.