Breast and Ovarian Cancer Susceptibility Gene Testing, Prophylactic Mastectomy, and Prophylactic Oophorectomy Precertification Information Request Form

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)

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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 Breast and Ovarian Cancer Susceptibility Gene Testing, Prophylactic Mastectomy, and Prophylactic Oophorectomy 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

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** or learn more about Availity at **www.availity.com/aetnatraining**.

- Precertification – Commercial and Medicare using FaxHub: **1-833-596-0339.**
  The fax number above (FaxHub) is for clinical information only. Please send specific information that supports your medical necessity review. Please continue to send all other information (claims, etc.) to appropriate fax numbers: **833-596-0339**
- 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 Breast and Ovarian Cancer Susceptibility Gene Testing, Prophylactic Mastectomy, and Prophylactic Oophorectomy 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 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: Breast and Ovarian Cancer Susceptibility Gene 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.

Questions?

If you have any questions about how to fill out the form or our precertification process, call us at:

- HMO plans: **1-800-624-0756**
- Traditional plans: **1-888-632-3862**
- Medicare plans: **1-800-624-0756**

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Failure to complete this form in its entirety may result in the delay of review.	
Fax to: BRCA Precertification Department	**Fax number:** 1-833-596-0339
Section 1: Member Demographics **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	Ashkenazi Jewish Ancestry: ☐ Yes ☐ No Other ancestry to be considered:
Section 2: Provider Information	
Provider name:	**NPI number:**
Provider phone number:	**Provider fax number:** 1- - -
Provider address:	
Is provider participating? ☐ Yes ☐ No	
Contact Name:	**Contact Phone Number:**

Section 3: Genetic Counselor Information		
If member does not have genetic counselor, enter NA here:		
Name:	**NPI:**	**TIN:**
Phone number: - -		

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Member Name:			
Member ID:		**Reference Number:**	
Section 4: Laboratory information **Do not complete this section if submitting electronically**			
Name:		**Phone number:**	
Is laboratory participating? ☐ Yes ☐ No		**Date of specimen collection:** / /	
ICD-10 code(s):			
Section 5: Test Requested **Refer to CPB 227 for Coverage Criteria**			
☐ Germline ☐ Somatic			
☐ **BRCA Hereditary breast cancer-related disorders genomic sequence analysis panel with at least 14+ genes (CPT 81432)**			
☐ **BRCA Hereditary breast cancer-related disorders duplication/deletion analysis panel (CPT 81433)**			
☐ BRCA1/2 three gene mutation (187delAG, 5385insC, 6174delT) analysis, Ashkenazi Jewish Ancestry WITH reflex to full gene sequencing (CPT 81163)			
☐ BRCA 1 known deleterious familial variant (CPT 81215)	Mutation:	Family Member:	
☐ BRCA 2 known deleterious familial variant (CPT 81217)	Mutation:	Family Member:	
☐ BRCA1/2 testing for PARP- inhibitor treatment (CPT 81162 or 81163)	PARP inhibitor name:		
☐ Other:			
Names of previously failed therapies:	1.		
	2.		
	3.		
Section 6: Tested Member's cancer history			
☐ No history of Breast, Ovarian, Pancreatic or Prostate Cancer			
☐ Breast Cancer Age at diagnosis:	☐ Unilateral	☐ Bilateral	☐ HER2 Negative
	☐ Triple Negative	☐ Metastatic	
☐ Breast Cancer (recurrent, new primary) Age at diagnosis:	☐ Unilateral	☐ Bilateral	☐ HER2 Negative
	☐ Triple Negative	☐ Metastatic	
☐ Ovarian Cancer	☐ Metastatic		
☐ Pancreatic Cancer	☐ Metastatic		
☐ Prostate Cancer	☐ Metastatic	☐ Gleason Score Value:	

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

Section 7: Member 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 Testing AND Large Rearrangement Testing
Other: (Please Specify):	
Previous Testing Lab(s):	Date(s) of Test:
Results:	

Section 8: Family Medical\Cancer History

☐ No Family History of breast, ovarian, pancreatic, or prostate cancer.

Family member #1		
Relationship to member:	Biological gender: ☐ Female ☐ Male	Is family member: ☐ Maternal ☐ Paternal
☐ Breast Cancer; age at diagnosis: ☐ Bilateral	☐ Ovarian; age at diagnosis: ☐ Pancreatic; Age at diagnosis:	☐ Prostate; age at diagnosis ☐ Metastatic Gleason score:
Other cancer diagnoses or medical information:		

Family member #2		
Relationship to member:	Biological gender: ☐ Female ☐ Male	Is family member: ☐ Maternal ☐ Paternal
☐ Breast Cancer; age at diagnosis: ☐ Bilateral	☐ Ovarian; age at diagnosis ☐ Pancreatic; age at diagnosis:	☐ Prostate; age at diagnosis ☐ Metastatic Gleason score:
Other cancer diagnoses or medical information:		

Family member #3		
Relationship to member:	Biological gender: ☐ Female ☐ Male	Is family member: ☐ Maternal ☐ Paternal
☐ Breast Cancer; age at diagnosis: ☐ Bilateral	☐ Ovarian; age at diagnosis ☐ Pancreatic; Age at diagnosis:	☐ Prostate; age at diagnosis ☐ Metastatic Gleason score:
Other cancer diagnoses or medical information:		

Continued

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

Section 8, continued: Family Medical\Cancer History

Family member #4

Relationship to member:	Biological gender: ☐ Female ☐ Male	Is family member: ☐ Maternal ☐ Paternal
☐ Breast Cancer; age at diagnosis: ☐ Bilateral	☐ Ovarian; age at diagnosis ☐ Pancreatic; Age at diagnosis:	☐ Prostate; age at diagnosis ☐ Metastatic Gleason score:
Other cancer diagnoses or medical information:		
Additional Family Medical\Cancer History:		

Section 9: Intended medical management (if member tests positive)

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

Section 10: Member 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 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.

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Member Name:	
Member ID:	**Reference Number:**
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:**
Physician Signature (required):	
Contact Person:	**Phone Number:**