

Genetic Guideline NCCN Updates

Issue: The various genetic guidelines need references to NCCN to be updated.

HERC staff recommendations:

- 1) Update Diagnostic Guideline D25 and Guideline Note 3 as shown below

DIAGNOSTIC GUIDELINE D25, HEREDITARY CANCER GENETIC TESTING

Related to genetic testing for patients with breast/ovarian and colon/endometrial cancer or other related cancers suspected to be hereditary, or patients at increased risk to due to family history, services are provided according to the Comprehensive Cancer Network Guidelines.

- A) Lynch syndrome (hereditary colorectal, endometrial and other cancers associated with Lynch syndrome) services (CPT 81288, 81292-81300, 81317-81319, 81435, 81436) and familial adenomatous polyposis (FAP) services (CPT 81201-81203) should be provided as defined by the NCCN Clinical Practice Guidelines in Oncology (Genetic/Familial High-Risk Assessment: Colorectal [V1.2023 \(5/30/23\)](#) ~~V1.2022 (6/8/22)~~ www.nccn.org).
- B) Breast and ovarian cancer syndrome genetic testing services (CPT 81162-81167, 81212, 81215-81217) for patients without a personal history of breast, ovarian and other associated cancers should be provided to high-risk patients as defined by the US Preventive Services Task Force or according to the NCCN Clinical Practice Guidelines in Oncology (Genetic/Familial High-Risk Assessment: Breast, Ovarian and Pancreatic [V2.2024 \(9/27/23\)](#) ~~V1.2023 (9/7/22)~~ www.nccn.org).
- C) Breast and ovarian cancer syndrome genetic testing services (CPT 81162-81167, 81212, 81215-81217) for women with a personal history of breast, ovarian, or other associated cancers and for men with breast or other associated cancers should be provided according to the NCCN Clinical Practice Guidelines in Oncology (Genetic/Familial High-Risk Assessment: Breast, Ovarian and Pancreatic [V2.2024 \(9/27/23\)](#) ~~V1.2023 (9/7/22)~~ www.nccn.org).
- D) PTEN (Cowden syndrome) services (CPT 81321-81323) should be provided as defined by the NCCN Clinical Practice Guidelines in Oncology (Genetic/Familial High-Risk Assessment: Ovarian and Pancreatic [V2.2024 \(9/27/23\)](#) ~~V1.2023 (9/7/22)~~ or Genetic/Familial High-Risk Assessment: Colorectal [V1.2023 \(5/30/23\)](#) ~~V1.2022 (6/8/22)~~ www.nccn.org).

Genetic counseling should precede genetic testing for hereditary cancer whenever possible.

- A) Pre and post-test genetic counseling should be covered when provided by a suitable trained health professional with expertise and experience in cancer genetics. Genetic counseling is recommended for cancer survivors when test results would affect cancer screening.
 - 1) "Suitably trained" is defined as board certified or active candidate status from the American Board of Medical Genetics, American Board of Genetic Counseling, or Genetic Nursing Credentialing Commission.
- B) If timely pre-test genetic counseling is not possible for time-sensitive cases, appropriate genetic testing accompanied by pre- and post- test informed consent and post-test disclosure performed by a board-certified physician with experience in cancer genetics should be covered.
 - 1) Post-test genetic counseling should be performed as soon as is practical.

If the mutation in the family is known, only the test for that mutation is covered. For example, if a mutation for BRCA 1 has been identified in a family, a single site mutation analysis for that mutation is covered (CPT 81215), while a full sequence BRCA 1 and 2 (CPT 81163) analyses is not. There is one

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exception, for individuals of Ashkenazi Jewish ancestry with a known mutation in the family, the panel for Ashkenazi Jewish BRCA mutations is covered (CPT 81212).

Costs for rush genetic testing for hereditary breast/ovarian and colon/endometrial cancer is not covered.

Hereditary breast cancer-related disorders genomic sequence analysis panels (CPT 81432, 81433, 81479) are only included for patients meeting the criteria for hereditary cancer syndrome testing per NCCN guidelines.

GUIDELINE NOTE 3, PROPHYLACTIC TREATMENT FOR PREVENTION OF BREAST CANCER IN HIGH-RISK WOMEN

Line 191

Bilateral prophylactic breast removal and/or salpingo-oophorectomy are included on Line 191 for women without a personal history of invasive breast cancer who meet the criteria in the NCCN Clinical Practice Guidelines in Oncology (Genetic/Familial High-Risk Assessment: Breast, Ovarian and Pancreatic [V2.2024 \(9/27/23\)](#) ~~V1.2023 (9/7/22)~~ www.nccn.org). Prior to surgery, women without a personal history of breast cancer must have a genetics consultation as defined in section B of the DIAGNOSTIC GUIDELINE D1, NON-PRENATAL GENETIC TESTING GUIDELINE.

Contralateral prophylactic mastectomy is included on Line 191 for women with a personal history of breast cancer.

Hysterectomy is only included on Line 191 for women with a BRCA1 pathogenic/likely pathogenic variant who undergo the procedure at the time of risk reducing salpingo-oophorectomy.