Genetic Testing for Susceptibility to Breast and Ovarian Cancer (BRCA) (for North Carolina Only)

Policy Number: CSNCT0711.05
Effective Date: December 1, 2024

Instructions for Use

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Related Policies
None

Application

This Medical Policy only applies to the state of North Carolina.

Coverage Rationale

Genetic testing for susceptibility to breast and ovarian cancer (BRCA) is proven and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the North Carolina Medicaid (Division of Benefits) Clinical Coverage Policy, Laboratory Services: 1S-9, Genetic Testing for Diagnosis and Treatment.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. 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.

CPT Code	Description
81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (i.e., detection of large gene rearrangements)

References

North Carolina Medicaid Division of Health Benefits, Clinical Coverage Policies, Laboratory Services, 1S-5, Genetic Testing for Susceptibility to Breast and Ovarian Cancer (BRCA). https://medicaid.ncdhhs.gov/media/14680/download?attachment. Accessed October 1, 2024.

Policy History/Revision Information

Date	Summary of Changes
12/01/2024	**Coverage Rationale** • Updated reference link to the North Carolina Medicaid (Division of Benefits) Clinical Coverage Policy, *Laboratory Services: 1S-9, Genetic Testing for Diagnosis and Treatment* **Supporting Information** • Updated *References* section to reflect the most current information • Archived previous policy version CSNCT0711.04

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.