Hereditary Cancer Syndrome Multigene Panels

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Hereditary cancer syndrome multigene panel testing is addressed by this guideline.

Procedures addressed

The inclusion of any procedure code in this table does not imply that the code is under management or requires prior authorization. Refer to the specific Health Plan's procedure code list for management requirements.

Procedures addressed by this guideline	Procedure codes
BRCAplus	0129U
BreastNext	0102U
Chromosomal microarray [BAC], constitutional	81228
Chromosomal microarray [SNP], constitutional	81229
Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis	81349
ColoNext	0101U
CustomNext + RNA: APC	0157U
CustomNext + RNA: MLH1	0158U
CustomNext + RNA: MSH2	0159U
CustomNext + RNA: MSH6	0160U
CustomNext + RNA: PMS2	0161U
CustomNext + RNA: Lynch (MLH1, MSH2, MSH6, PMS2)	0162U

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Procedures addressed by this guideline	Procedure codes
GeneticsNow Comprehensive Germline Panel	0474U
Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer, hereditary pancreatic cancer, hereditary prostate cancer), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants	81432
Hereditary cancer syndrome multigene gene panel	81479
Hereditary colon cancer-related disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants	81435
Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants	81437
OvaNext	0103U
ProstateNow Prostate Germline Panel	0475U
+RNAinsight for ATM	0136U
+RNAinsight for BRCA1/2	0138U
+RNAinsight for CancerNext	0134U
+RNAinsight for ColoNext	0130U
+RNAinsight for PALB2	0137U

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Procedures addressed by this guideline	Procedure codes
+RNAinsight for ProstateNext	0133U

Criteria

Requests for hereditary cancer syndrome panel testing are reviewed using the following criteria.

Hereditary Cancer Multi-Syndrome Panels

This guideline applies only to testing performed as a multi-syndrome panel for hereditary cancer. For information on single gene or single syndrome requests, please refer to a test-specific policy, if available, as this testing is not addressed here. If none is available, please refer to the clinical use guideline *Genetic Testing for Cancer Susceptibility and Hereditary Cancer Syndromes*.

- Pre- and post-test genetic counseling by an appropriate provider (as deemed by the Health Plan policy), AND
- If there is a known familial mutation in the family, that mutation does not sufficiently explain the indication for testing, AND
- No previous hereditary cancer syndrome multigene panel testing, AND
- No previous hereditary cancer syndrome testing for any gene on the panel, AND
- One of the following is met:
  - Member has a personal diagnosis of cancer consistent with the hereditary cancer syndrome that is suspected in the family, or
  - Member is not affected with cancer but is the most informative person in the family to test and an affected family member cannot proceed with testing. If the member is not the most informative person to test, documentation must be provided by the ordering physician's office clearly documenting that it is impossible to test the most informative family member and describing the reason the unaffected member is being tested at this time, AND
- One of the following is met:
  - Member has a personal history of invasive cutaneous melanoma and a first degree biological relative diagnosed with pancreatic cancer (multi-syndrome panel must include CDKN2A), or
  - Member meets criteria for BRCA Analysis based on current EviCore guideline *BRCA Analysis*, or
  - Member meets criteria for Lynch Syndrome Genetic Testing based on current EviCore guideline *Lynch Syndrome Genetic Testing*, or

  - Member meets criteria for Familial Adenomatous Polyposis Genetic Testing based on current EviCore guideline *Familial Adenomatous Polyposis Genetic Testing*, or
  - Member meets criteria for MUTYH-Associated Polyposis Genetic Testing based on current EviCore guideline *MUTYH-Associated Polyposis Genetic Testing*, or
  - Member meets criteria for two other separate hereditary cancer syndromes based on EviCore guidelines that are included on the panel, AND
- Rendering laboratory is a qualified provider of service per the Health Plan policy.

Deletion/Duplication Analysis

- Member meets criteria for sequencing above, AND
- Previous sequencing panel, if applicable, was performed and no mutations identified.

RNA Testing for Hereditary Cancer Syndromes

This test is considered Experimental, Investigational, or Unproven.

- Experimental, Investigational, or Unproven (E/I/U) refers to tests, or uses of tests, that have insufficient data to demonstrate an overall health benefit. This typically means there is insufficient data to support that a test accurately assesses the outcome of interest (analytical and clinical validity) and significantly improves patient health outcomes (clinical utility). Such tests are also not generally accepted as the standard of care in the evaluation or management of a particular condition.
- In the case of laboratory testing, FDA approval or clearance is not a reliable standard given the number of laboratory developed tests that currently fall outside of FDA oversight. In addition, FDA approval or clearance often does not include an assessment of clinical utility.

Hereditary Cancer Testing Reflex or Update Panels

Hereditary cancer testing reflex or update panels (e.g. MyRisk Update) will be reimbursed when the following criteria are met:

- Pre- and post-test genetic counseling by an appropriate provider (as deemed by the Health Plan policy), AND
- No known cancer-causing mutation in the family, AND
- No previous hereditary cancer syndrome multigene panel testing, AND
- Testing for one condition, for which the member meets EviCore criteria, was performed and billed separately. A multigene panel is now being considered and will be billed at a rate comparable to single syndrome pricing, AND
- Member meets medical necessity criteria for at least one additional condition included in the panel that was not already tested (e.g., hereditary breast and ovarian cancer was already performed, but Lynch syndrome criteria are also met). Please refer to test-specific guidelines for details.

- Although not a complete list, the following are considered separate conditions:
  - Hereditary breast cancer - this includes both BRCA1/2 and PALB2 (Note that if BRCA1/2 testing was already performed and PALB2 criteria are now met, PALB2 testing alone would be medically necessary and not an update panel.)
  - Lynch syndrome
  - Li-Fraumeni syndrome
  - Familial adenomatous polyposis
  - Cowden syndrome
  - Peutz-Jeghers syndrome
  - MUTYH-associated polyposis

Other Considerations

- Genetic testing is only medically necessary once per lifetime. Exceptions may be considered if technical advances in testing demonstrate significant advantages that would support a medical need to retest.

Billing and Reimbursement

This section outlines the billing requirements for tests addressed in this guideline. These requirements will be enforced during the case review process whenever appropriate. Examples of requirements may include specific coding scenarios, limits on allowable test combinations or frequency and/or information that must be provided on a claim for automated processing. Any claims submitted without the necessary information to allow for automated processing (e.g. ICD code, place of service, etc.) will not be reimbursable as billed. Any claim may require submission of medical records for post service review.

- Any individual gene or multigene panel is only reimbursable once per lifetime.
  - A single gene included in a panel or a multigene panel may not be reimbursed if testing has been performed previously.
  - If a panel was previously performed and an updated, larger panel is being requested, only testing for the medically necessary, previously untested genes will be reimbursable. Therefore, only the most appropriate procedure codes for those additional genes will be considered for reimbursement.
- RNA testing is not reimbursable.
- When otherwise reimbursable, the following limitations apply:
  - When a panel is being performed, it is only reimbursable when billed with a single, appropriate panel procedure code (e.g., 81432 or other DNA-based panel code in the table at the beginning of this policy)*.

Note: *The panel code(s) listed here may not be all-inclusive. For further discussion of what is considered an appropriate panel code, please refer to the guideline *Laboratory Billing and Reimbursement*.

What are hereditary cancer syndromes?

When a mutation in a single gene causes a significantly increased risk for certain cancers, it is called a hereditary cancer syndrome. Hereditary cancer syndromes are usually characterized by a pattern of specific cancer types occurring together in the same family, younger cancer diagnosis ages than usual, and/or other co-existing non-cancer conditions.

Prevalence

Most cancer is sporadic and believed to be caused by a mix of behavioral or lifestyle, environmental, and inherited risk factors. However, about 5-10% of cancers are believed to have a major inherited component.[1]

Hereditary cancer syndromes

There are more than 50 hereditary cancer syndromes.[1] Some of the most common are listed below with associated cancers.[2]

- Hereditary breast and ovarian cancer syndrome (HBOC): breast, ovarian/fallopian tube/primary peritoneal cancer, pancreatic, prostate cancers
- Lynch syndrome: colorectal, endometrial, small bowel, stomach, ovarian, pancreatic, ureteral and renal pelvis, biliary tract, brain, sebaceous adenoma, and keratoacanthoma tumors
- Familial adenomatous polyposis: colorectal and other gastrointestinal cancers, gastrointestinal tract polyps (adenomas, fundic gland), osteomas, desmoids, thyroid cancer and hepatoblastoma
- MUTYH-associated polyposis: colorectal and other gastrointestinal cancers, adenomas, hyperplastic polyps
- Cowden syndrome: benign and malignant tumors of the breast, endometrium, and thyroid; cancer and polyps (hamartomas) in the colon and rectum
- Li-Fraumeni syndrome: soft tissue sarcoma, osteosarcoma, leukemia, melanoma, and cancer of the breast, pancreas, colon, adrenal cortex, stomach, esophagus and brain
- Peutz-Jeghers syndrome: polyps (hamartomas) in the stomach, small intestine and colon, and pancreas, lung, breast, uterine and non-epithelial ovarian cancer

Many hereditary cancer syndromes can include the same types of cancer and therefore have overlapping clinical findings. For example, breast cancer is a feature of HBOC, Li-Fraumeni syndrome, Cowden syndrome, and other hereditary cancer syndromes.

The pattern of cancers in the family or pathognomonic features may help determine the underlying syndrome. However, in many cases it can be difficult to reliably diagnose hereditary cancer syndromes based on clinical and family history alone.

Genes associated with hereditary cancer syndromes

The National Comprehensive Cancer Network (NCCN) suggested specific genes that may contribute to hereditary cancers.[3-5] Some of these are provided in the table below.

Hereditary cancer type	Associated genes
Breast cancer	ATM, BARD1, BRCA1, BRCA2, CDH1, CHEK2, NF1, PALB2, PTEN, RAD51C, RAD51D, STK11, TP53
Colon cancer / polyposis	APC, AXIN2, BMPR1A, CHEK2, EPCAM, GREM1, MBD4, MLH1, MLH3, MSH2, MSH3, MSH6, MUTYH, NTHL1, PMS2, POLD1, POLE, PTEN, SMAD4, STK11, TP53
Ovarian cancer	BRCA1, BRCA2, BRIP1, MLH1, MSH2, MSH6, PALB2, PMS2, EPCAM, RAD51C, RAD51D, and STK11
Pancreatic cancer	ATM, BRCA1, BRCA2, CDKN2A, EPCAM, MLH1, MSH2, MSH6, PALB2, PMS2, STK11, TP53
Prostate cancer	ATM, BRCA1, BRCA2, CHEK2, EPCAM, MLH1, MSH2, MSH6, PALB2, PMS2

Test information

Testing for hereditary cancer syndromes may include multigene panel testing.

Multi-Gene Testing Panels

The efficiency of NGS has led to an increasing number of large, multi-gene testing panels. NGS panels that test several genes at once are particularly well-suited to conditions caused by more than one gene or where there is considerable clinical overlap between conditions making it difficult to reliably narrow down likely causes. Additionally, tests should be chosen to maximize the likelihood of identifying mutations in the genes of interest, contribute to alterations in management for an individual, and/or minimize the chance of finding variants of uncertain clinical significance.

Guidelines and evidence

American College of Medical Genetics and Genomics

The American College of Medical Genetics and Genomics (ACMG) has published several statements or standards that offer general guidance on the clinical application of large-scale sequencing, including recommendations regarding counseling around unexpected results, variants of unknown significance, and minimum requirements for reporting apply to many NGS applications.[6-8]

ACMG (2021) published a technical standard for use of NGS in the clinical laboratories which stated:[7]

- "Choosing an appropriate NGS-based test is the responsibility of the ordering health-care provider. Given the large number of tests (https://www.ncbi.nlm.nih.gov/gtr/) available to the clinician, the clinical laboratory often provides critical advice in test selection. Ordering providers must weigh considerations of sensitivity, specificity, cost, and turnaround time for each clinical situation."
- "Test development must consider the variant types that will be detected in the genes or regions of the genome interrogated."

In a 2020 technical standard on gene sequencing panels, ACMG stated:[8]

- "Gene sequencing panels are a powerful diagnostic tool for many clinical presentations associated with genetic disorders. Advances in DNA sequencing technology have made gene panels more economical, flexible, and efficient."
- "Due to differences in decision-making processes in the absence of clear professional standards, genes included on similar disease-focused panels vary between laboratories. With the ability to sequence multiple genes simultaneously, it is imperative to evaluate critically the validity of gene–disease associations prior to test design."
- "Transparency is imperative when performing a gene sequencing panel so that ordering providers know what the test includes and what it does not."
- Gene panels should:
  - "Maximize clinical specificity by limiting or excluding GUSs [genes of uncertain significance], thereby minimizing detection of VUS [variants of uncertain significance]"
  - "Employ auxiliary assays for genes/regions that cannot be interrogated with current sequencing technology to maximize the clinical utility."

In a 2020 statement on whether all individuals with breast cancer should receive BRCA1/2 testing, ACMG stated:[9]

- "With the advances in sequencing technologies and increasing access to and expanding indications for genetic testing, it remains critical to ensure that

implementation of testing is based on evidence. Currently, there is insufficient evidence to recommend genetic testing for BRCA1/2 alone or in combination with multi-gene panels for all breast cancer patients."

American College of Obstetricians and Gynecologists

In a Committee Opinion, the American College of Obstetricians and Gynecologists (ACOG, 2019) stated:[10]

- "If a hereditary cancer risk assessment suggests an increased risk of a hereditary cancer syndrome, referral to a specialist in cancer genetics or a health care provider with expertise in genetics is recommended for expanded gathering of family history information, risk assessment, education, and counseling, which may lead to genetic testing and tailored cancer screening or risk reduction measures, or both."
- "Genetic testing may be performed using a panel of multiple genes through next-generation sequencing technology. This multigene testing process increases the likelihood of finding variants of unknown significance, and it also allows for testing for pathogenic and likely pathogenic variants in multiple genes that may be associated with a specific cancer syndrome or family cancer phenotype (or multiple phenotypes)."

American Society of Breast Surgeons

The American Society of Breast Surgeons (2019) published a consensus guideline on genetic testing for hereditary breast cancer. They stated the following:[11]

- "Breast surgeons, genetic counselors, and other medical professionals knowledgeable in genetic testing can provide patient education and counseling and make recommendations to their patients regarding genetic testing and arrange testing. When the patient's history and/or test results are complex, referral to a certified genetic counselor or genetics professional may be useful. Genetic testing is increasingly provided through multi-gene panels. There are a wide variety of panels available, with different genes on different panels. There is a lack of consensus among experts regarding which genes should be tested in different clinical scenarios. There is also variation in the degree of consensus regarding the understanding of risk and appropriate clinical management of mutations in some genes."
- "Genetic testing should be made available to all patients with a personal history of breast cancer. Recent data support that genetic testing should be offered to each patient with breast cancer (newly diagnosed or with a personal history). If genetic testing is performed, such testing should include BRCA1/BRCA2 and PALB2, with other genes as appropriate for the clinical scenario and family history. For patients with newly diagnosed breast cancer, identification of a mutation may impact local treatment recommendations (surgery and potentially radiation) and systemic therapy. Additionally, family members may subsequently be offered testing and tailored risk reduction strategies."

- "Genetic testing should be made available to all patients with a personal history of breast cancer. Every patient being seen by a breast surgeon, who had genetic testing in the past and no pathogenic variant was identified, should be re-evaluated and updated testing considered. In particular, a patient who had negative germline BRCA1 and 2 testing, who is from a family with no pathogenic variants, should be considered for additional testing. Genetic testing performed prior to 2014 most likely would not have had PALB2 or other potentially relevant genes included and may not have included testing for large genomic rearrangements in BRCA1 or BRCA2."
- "Genetic testing should be made available to patients without a history of breast cancer who meet NCCN guidelines. Unaffected patients should be informed that testing an affected relative first, whenever possible, is more informative than undergoing testing themselves. When it is not feasible to test the affected relative first, then the unaffected family member should be considered for testing if they are interested, with careful pre-test counseling to explain the limited value of “uninformative negative” results. It is also reasonable to order a multi-gene panel if the family history is incomplete (i.e., a case of adoption, patient is uncertain of exact type of cancer affecting family members, among others) or other cancers are found in the family history, as described above."

American Society of Clinical Oncology

The American Society of Clinical Oncology (ASCO, 2024) published the following recommendations on germline genetic testing panels in individuals with cancer:[12]

- "Patients should have a family history taken and recorded that includes details of cancers in first- and second-degree relatives and the patient's ethnicity."
- "When more than one gene is relevant based on personal and/or family history, multigene panel testing should be offered."
- ASCO provided information on genes that were more strongly recommended and those that were less strongly recommended based on cancer type. They stated, "[w]hen considering what genes to include in the panel, the minimal panel should include the more strongly recommended genes … and may include those less strongly recommended."
- "A broader panel may be ordered when the potential benefits are clearly identified, and the potential harms from uncertain results should be mitigated."
- "Patients who meet criteria for germline genetic testing should be offered germline testing regardless of results from tumor testing."

The American Society of Clinical Oncology (ASCO, 2020) published the following recommendations after a consensus conference on germline testing in prostate cancer:[13]

- "For men with metastatic PCA, broader panel testing may be appropriate, particularly if considering treatment or clinical trial options."

  - Recommended priority genes for individuals with metastatic prostate cancer include BRCA1/2 and mismatch repair genes.
  - Recommended priority gene for individuals with nonmetastatic prostate cancer is BRCA2.
  - Additional genes can be considered in either group depending upon personal or family history.
- "Reflex testing may be considered for all patients, but especially for men with nonmetastatic disease considering AS or men without PCA for early detection, which allows for initial testing of genes that inform management."

National Comprehensive Cancer Network

The National Comprehensive Cancer Network (NCCN) made the following general recommendations for using multigene panels in evaluating risk for breast and ovarian cancer and now includes this option in some management algorithms:[3-5]

- "Multi-gene testing is a new and rapidly growing field, but there is currently a lack of evidence regarding proper procedures and risk management strategies that should follow testing, especially when P/LP [pathogenic/likely pathogenic] variants are found for moderate-penetrance genes and when a VUS [variant of uncertain significance] is found. For this reason, the NCCN Panel recommends that multi-gene testing be offered in the context of professional genetic expertise, with pre- and post-test counseling being offered."[4]
- "An individual's personal and/or family history may be explained by more than one inherited cancer syndrome; thus, phenotype-directed testing based on personal and family history through a tailored multi-gene panel test is often more efficient and cost-effective and increases the yield of detecting a P/LP variant in a gene that will impact medical management for the individual or their family members with increased risk."[3]
- "There may also be a role for multi-gene testing in individuals who have tested negative for a single syndrome, but whose personal or family history remains suggestive of an inherited susceptibility."[3]
- "Because commercially available tests differ in the specific genes analyzed, variant classification, and other factors (eg methods of DNA/RNA analysis or option to reflex from a narrow to a larger panel; provision of financial assistance for cascade testing of relatives), it is important to consider the indication for testing and expertise of the laboratory when choosing the specific laboratory and test panel."[3]
- "Multi-gene testing can include "intermediate" penetrant (moderate-risk) genes. For many of these genes, there are limited data on the degree of cancer risk, and there may currently be no clear guidelines on risk management for carriers of P/LP variants. Not all genes included on available multi-gene tests will change risk management compared to that based on other risk factors such as family history." [3]

- "P/LP variants in many breast, ovarian, pancreatic, and prostate cancer susceptibility genes involved in DNA repair may be associated with rare autosomal recessive conditions, thus posing risks to offspring to offspring if the partner is also a carrier."[3]
- "As more genes are tested, there is an increased likelihood of finding VUS, mosaicism, and clonal hematopoiesis of indeterminate potential (CHIP)."[3]
- "It may be possible to refine risks associated with both moderate and high-penetrance genes, taking into account the influence of gene/gene or gene/environment interactions. In addition, certain P/LP variants in a gene may pose higher or lower risk than other P/LP variants in that same gene. This information should be taken into consideration when assigning risks and management recommendations for individuals and their relatives who also have increased risk."[3]

NCCN Practice Guidelines for Genetic/Familial High-Risk Assessment: Colorectal, Endometrial, and Gastric (2025) stated the following regarding multigene panel testing:[4]

- "The introduction of multi-gene testing for hereditary forms of cancer has rapidly altered the clinical approach to testing affected patients who are at increased risk, and their families."
- "Multi-gene testing may be most useful when more than one gene can explain a patient's clinical and family history."
- "PVs in cancer risk genes for which clinical management is uncertain or not informed by well-established evidence will be identified."
- "Multi-gene tests also increase the likelihood of detecting with likelihood rates ranging from 29% to 63% in patients with CRC [colorectal cancer]. The proportion of patients with VUS may be higher among members of racial/ethnic minority groups, particularly with utilization of large multi-gene panels, potentially increasing burden of uncertain results on these populations."
- "Some multi-gene tests may include low- or moderate-penetrance genes, for which there are little available data regarding degree of cancer risk and guidelines for risk management. Further, it is possible that the risks associated with these genes may not be due entirely to that gene only, but may be influenced by gene/gene or gene/environment interactions. It is important to note that a germline multi-gene panel test result alone does not inform treatment decision-making for CRC."
- "The NCCN Panel recommends that MGPT [multigene panel testing] be ideally offered in the context of professional genetic expertise, with pre- and post-test counseling being offered."
- Germline multigene testing that "includes all polyposis and colorectal cancer genes" is preferred for the following individuals when there is no known pathogenic variants in any polyposis gene in the family:
  - "Personal history of 20 or more cumulative adenomas"
  - "Multifocal/bilateral congenital hypertrophy of retinal pigment epithelium (CHRPE)"
  - "Consider testing if a personal history of between 10-19 cumulative adenomas, desmoid tumor, hepatoblastoma, cribriform-morular variant of papillary thyroid

cancer, unilateral CHRPE, if individual meets criteria for SPS [Serrated Polyposis Syndrome] with at least some adenomas, [or] family history of polyposis and family unwilling/unable to have testing."

NCCN Practice Guidelines for Prostate Cancer (2025) stated the following regarding multigene panel testing:[5]

- "If criteria are met, multigene testing is recommended."
- Germline genetic testing is recommended for all men with high-risk, very-high-risk, regional (node positive), or metastatic prostate cancer.[3,5]

NCCN Practice Guidelines for Cutaneous Melanoma (2025) stated the following regarding multigene panel testing:[14]

- "Multigene panel testing that includes CDKN2A is recommended for patients with invasive cutaneous melanoma who have a first degree relative diagnosed with pancreatic cancer."
- "Testing other genes that can harbor melanoma-predisposing mutations may be warranted."

NCCN Practice Guidelines for Kidney Cancer (2025) published criteria for further genetic risk evaluation for hereditary renal cell cancer syndromes. The guideline stated the following regarding multigene panel testing for individuals with no mutation identified in a family member and who have features of a hereditary renal cancer syndrome or who meet criteria as outlined in the guideline:[15]

- "Consider testing of individuals with kidney cancer-focused multi-gene panel or clinically directed single-gene testing."

NCCN Practice Guidelines for Neuroendocrine and Adrenal Tumors (2025) published criteria for genetic testing and stated the following regarding multigene panel testing:[16]

- "The introduction of multigene testing for hereditary endocrine neoplasia syndromes has rapidly altered the clinical approach to genetic testing of patients."
- "Given the possible overlap in clinical presentation amongst hereditary endocrine neoplasias, multigene panel testing may be more efficient and cost-effective in many situations."
- This guideline also addressed the differences that may be present in commercially available tests and the importance of considering the indication for testing and the expertise of the laboratory when considering multigene panel testing.
- Additionally, the guideline stated that testing of unaffected individuals can be considered when an affected family member is unable or unwilling to be tested. Per the guideline, pre-test genetic counseling should include a discussion of the potential difficulties with interpreting test results in this scenario.
- For individuals with likely pathogenic mutations, these are managed similar to pathogenic mutations. For individuals with a VUS, likely benign, or negative results, management is directed based on the cancers/tumors in the individual and family members.

Note:

This benefit/harm statement only applies to those jurisdictions that do not have Medicare guidance. Based upon the guidelines and evidence provided in the clinical policy, following EviCore's criteria for hereditary cancer syndrome multigene panels will ensure that testing will be available to those members most likely to benefit from a genetic diagnosis. For those not meeting criteria, it ensures alternate diagnostic strategies are considered. However, it is possible that some members who would benefit from the testing, but do not meet clinical criteria, will not receive an immediate approval for testing.

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