Louisiana Department of Health
Health Plan Advisory 18-19
November 1, 2018

Reimbursement for Lynch Syndrome and Familial Adenomatous Polyposis Genetic Testing

Effective for dates of service beginning Jan. 1, 2019, Louisiana Medicaid fee for service (FFS) will reimburse genetic testing for Lynch Syndrome and Familial Adenomatous Polyposis (FAP) once in a recipient's lifetime.

Lynch Syndrome Genetic Testing:

In FFS, genetic testing for Lynch Syndrome will be considered for enrollees who meet one of the following eligibility criteria:

- Amsterdam II criteria.
- Revised Bethesda guidelines.
- Estimated risk greater than or equal to 5 percent based on predictive models (MMRpro, PREMM5 or MMRpredict).

Amsterdam II Criteria

- There must be at least three relatives with a Lynch Syndrome associated cancer (cancer of the colorectal, endometrium, small bowel, ureter or renal pelvis) and all of the following criteria should be present:
    - One must be a first-degree relative to the other two;
    - Two or more successive generations must be affected;
    - One or more must be diagnosed before age 50;
    - Familial adenomatous polyposis should be excluded in the colorectal cancer; and
    - Tumors must be verified by pathological examination.

Revised Bethesda Guidelines (one or more criterion must be met)

- Colorectal or uterine cancer diagnosed in a patient who is less than 50 years old.
- Presence of synchronous (coexisting), metachronous (previous or recurring) colorectal cancer, or other Lynch Syndrome associated tumors.*
- Colorectal cancer with the MSI-H** histology*** diagnosed in a patient who is less than 60 years old.

- Colorectal cancer diagnosed in one or more first-degree relatives with a Lynch syndrome related tumor, with one of the cancers being diagnosed under 50 years old.
- Colorectal cancer diagnosed in two or more first- or second-degree relatives with Lynch Syndrome related tumors, regardless of age.

* Hereditary nonpolyposis colorectal cancer (HNPCC)-related tumors include colorectal, endometrial, stomach, ovarian, pancreas, ureter and renal pelvis, biliary tract, and brain (usually glioblastoma as seen in Turcot syndrome) tumors; sebaceous gland adenomas and keratoacanthomas in Muir-Torre syndrome; and carcinoma of the small bowel.

** MSI-H: Microsatellite instability-high in tumors refers to changes in two or more of the five panels of microsatellite markers recommended by the National Cancer Institute.

*** Presence of tumor-infiltrating lymphocytes, Crohn's-like lymphocytic reaction, mucinous/signet-ring differentiation or medullary growth pattern

FAP Genetic Testing:

In FFS, genetic testing for FAP will be considered for recipients who meet one of the following eligibility criteria:

- Personal history of greater than or equal to 20 cumulative adenoma.
- Known deleterious APC mutation in first-degree family member.
    - Unaffected recipient testing will focus on the same mutation found in affected first-degree family member.

Managed care organizations (MCO) must update their systems for allowable CPT codes for genetic testing for Lynch Syndrome and FAP in accordance with the requirements set forth above, effective for Jan. 1, 2019 implementation. All MCOs must complete their system updates accordingly and publish written instructions for providers regarding prior authorization and claim submissions no later than 60 days from the date of this advisory.

If you have any questions regarding this mandate, please contact Helen Prett at Helen.Prett@la.gov.