

## HEREDITARY GI/COLON CANCER SUSCEPTIBILITY PANELS

A hereditary colorectal cancer susceptibility panel includes genes that are associated with inherited susceptibility to colorectal cancer.

- I. Genetic testing using a hereditary colorectal cancer susceptibility panel (81435, 81436, 0101U) is considered **medically necessary** when:
  - A. The member meets at least one of the following:
    1. The member has a personal history of, or at least one blood relative with any of the following:
      - a) At least 10 adenomatous polyps, **OR**
      - b) At least 2 hamartomatous polyps, **OR**
      - c) At least 5 serrated polyps/lesions proximal to the rectum, **OR**
    2. The member meets clinical criteria for Lynch syndrome/HNPCC *MLH1*, *MSH2*, *MSH6*, *PMS2*, or *EPCAM* Sequencing and/or Deletion/Duplication Analysis, **AND**
  - B. The panel includes, at a minimum, sequencing of the following genes: *APC*, *MUTYH*, *MLH1*, *MSH2*, *MSH6*, *PMS2*, *EPCAM*, *BMP1A*, *SMAD4*, *PTEN*, *STK11*, and *TP53*.
- II. Genetic testing using a hereditary colorectal cancer susceptibility panel (81435, 81436, 0101U) is considered **investigational** for all other indications.
- III. Hereditary colorectal cancer susceptibility panel targeted mRNA sequencing analysis for the interpretation of variants of unknown significance (0130U, 0162U), when billed in addition, is considered **investigational** because it is typically either considered an existing component of the genetic testing process for quality assurance or follow up testing without proven utility.

**NOTE:** If a multigene cancer panel is performed, the appropriate panel code should be used.

## ***MLH1, MSH2, MSH6, PMS2, and/or EPCAM* Sequencing and/or Deletion/Duplication Analysis**

- I. *MLH1* (81292, 81294), *MSH2* (81295, 81297), *MSH6* (81298, 81300), *PMS2* (81317, 81319), and/or *EPCAM* (81403) sequencing and/or duplication analysis for Lynch syndrome/HNPCC is considered **medically necessary** when:
  - A. The member has a Lynch syndrome-related cancer **and** the tumor shows evidence of mismatch repair (MMR) deficiency (either by microsatellite instability (MSI) or loss of MMR protein expression), **OR**
  - B. The member has a diagnosis of a Lynch syndrome-related cancer, **AND** any of the following:
    1. Diagnosed before age 50, **OR**
    2. Diagnosed at any age with an additional Lynch syndrome-related cancer, **OR**
    3. Diagnosed at any age with one or more first- or second-degree relatives diagnosed before age 50 with a Lynch syndrome-related cancer, **OR**
    4. Diagnosed at any age with two or more first- or second-degree relatives diagnosed at any age with a Lynch syndrome-related cancer, **OR**
  - C. The member has a family history of **any** of the following:
    1. One or more first-degree relatives diagnosed with colorectal or endometrial cancer before age 50, **OR**
    2. One or more first-degree relatives diagnosed with colorectal or endometrial cancer and an additional Lynch syndrome-related cancer, **OR**
    3. Two or more first- or second-degree relatives on the same side of the family diagnosed with a Lynch syndrome-related cancer, one of whom was diagnosed before age 50, **OR**
    4. Three or more first- or second-degree relatives on the same side of the family diagnosed with a Lynch syndrome-related cancer, **OR**

- D. The member has a 5% or greater risk of having Lynch syndrome based on one of the following variant prediction models: MMRpro, PREMM5, MMRpredict, **OR**
  - E. The member has a personal history of colorectal and/or endometrial cancer with a PREMM5 score of 2.5% or greater.
- II. *MLH1* (81292, 81294), *MSH2* (81295, 81297), *MSH6* (81298, 81300), *PMS2* (81317, 81319), and/or *EPCAM* (81403) sequencing and/or duplication analysis for Lynch syndrome/HNPCC is considered **investigational** for all other indications.
  - III. *MLH1*, *MSH2*, *MSH6*, *PMS2* and *EPCAM* mRNA sequencing analysis for the interpretation of variants of unknown significance (0158U, 0159U, 0160U, 0161U, 0162U), when billed in addition, is considered **investigational** because it is typically either considered an existing component of the genetic testing process for quality assurance, or follow up testing without proven utility.

## DEFINITIONS

1. **Close relatives** include first, second, and third degree blood relatives on the same side of the family:
  - a. **First-degree relatives** are parents, siblings, and children
  - b. **Second-degree relatives** are grandparents, aunts, uncles, nieces, nephews, grandchildren, and half siblings
  - c. **Third-degree relatives** are great grandparents, great aunts, great uncles, great grandchildren, and first cousins
2. **Lynch syndrome-related cancer**: Defined as any of the following cancer types: colorectal, endometrial, gastric, ovarian, pancreatic, ureter and renal pelvic, brain (usually glioblastoma), biliary tract, small intestinal, sebaceous adenoma, sebaceous carcinoma, or keratoacanthoma.

## REFERENCES

1. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology: Genetic/Familial High-Risk Assessment: Colorectal. Version 2.2023.  
[https://www.nccn.org/professionals/physician\\_gls/pdf/genetics\\_colon.pdf](https://www.nccn.org/professionals/physician_gls/pdf/genetics_colon.pdf).