

Lynch Syndrome Testing

Plan: AmeriHealth Caritas Louisiana

Clinical Policy ID: CCP.4018

Recent review date: 1/2026

Next review date: 5/2027

Policy contains: Lynch syndrome testing; genetic testing; cancer.

AmeriHealth Caritas has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas' clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of medically necessary, and the specific facts of the particular situation are considered, on a case by case basis, by AmeriHealth Caritas when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas' clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas' clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas will update its clinical policies as necessary. AmeriHealth Caritas' clinical policies are not guarantees of payment.

Policy statement

Genetic testing for Lynch syndrome is medically necessary when a member meets one of the following criteria:

- Amsterdam II criteria; or
- Revised Bethesda Guidelines; or
- Estimated risk \geq 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 50 years of age;
- 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 member who is less than 50 years of age;
- Presence of synchronous (coexist at the same time), metachronous (previous or recurring) colorectal cancer, or other Lynch syndrome associated tumors**;
- Colorectal cancer with the MSI-H *** histology **** diagnosed in a member who is less than 60 years of age;
- 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 of age; and/or
- Colorectal cancer diagnosed in two or more first- or second-degree relatives with Lynch syndrome-related tumors, regardless of age.

**Hereditary nonpolyposis colorectal cancer-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 National Cancer Institute-recommended panels of microsatellite markers.

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

Prior Authorization

Genetic testing must be prior approved by AmeriHealth Caritas Louisiana.

Genetic testing for a particular disease should generally be performed once per lifetime; however, there are rare instances in which testing may be performed more than once in a lifetime (e.g., previous testing methodology is inaccurate or a new discovery has added significant relevant mutations for a disease).

References

Louisiana Department of Health. 2012. Professional Services Provider Manual. Lynch Syndrome Testing. Chapter 5, Section 5.1. Issued 08/04/2025.

Policy updates

Initial review date: 3/2/2021

3/2023: Policy references updated.

1/2024. Policy references updated.

1/2025: Policy references updated.

1/2026: Policy references updated.

Related Codes

Below are the most commonly submitted codes for the service(s)/item(s) subject to this policy CCP. 4018. This is not an exhaustive list of codes. Providers are expected to consult the appropriate coding manuals and bill accordingly.

Code	Code Description