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New Cigna Policy on Cancer Genetic Testing Poses Risks to High Quality Cancer Care

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Cigna recently announced plans to implement a new policy, effective Sept. 16 that will require genetic counseling by a board-certified Genetic Counselor or Clinical Geneticist before CIGNA will cover genetic testing for hereditary breast, ovarian and colorectal cancers, as well as non-cancer related genetic syndromes. The policy means that the cost of the genetic test will not be covered if the pre- and post-test counseling is provided by a physician. Cigna is the first of the large, national insurance carriers to adopt this policy, according to recent media reports.

ASCO opposes this new policy as it has the potential to negatively impact the care of cancer patients by serving as a barrier to the appropriate use of genetic testing services. It also prohibits patients from seeking this service from their own providers. The Society has been in dialogue with Cigna and hopes for a solution that will meet Cigna's goals and benefit cancer patients around the country.

According to the new policy, affected Cigna members will be required to receive pre-test counseling by either a board-certified Genetic Counselor or a Clinical Geneticist before coverage for the test will be approved. Following pre-test counseling and a recommendation by the Genetic Counselor/Clinical Geneticist, final decisions on coverage of a genetic test will be made by a Cigna medical director. Post-test counseling must also be performed by the Genetic Counselor.

ASCO believes the new Cigna policy inappropriately limits oncology health care providers' ability to deliver services to patients. Oncologists and oncology nurses are well qualified to provide counseling to patients before and after cancer-related genetic testing. The physician is ultimately responsible for its use in managing the patient's care. Many oncologists do refer patients to Genetic Counselors, and many cancer centers and practices have Genetic Counselors available. However ASCO believes it should be up to the care team and the patient to decide who should deliver the information. Cigna's requirement is anticipated to result in patients opting out of

genetic testing, even when testing is beneficial, because of the need for an additional referral. Ultimately, the policy is likely to increase costs by requiring unnecessary outside referral for services that could normally be provided within the regular scope of oncology practice.

Approximately 5% to 10% of cancers are attributable to a hereditary cancer predisposition syndrome. Identifying mutations in hereditary cancer risk genes such as BRCA1 and BRCA2 can provide long-term and potentially life-saving benefits for patients in early detection, prophylactic surgery and, more recently, choice of chemotherapy drugs. This can help to both improve patient care and reduce overall health care costs for the individuals and families involved. Identifying individuals who have an inherited cancer predisposition gene has significant benefit not only to patients, but also to at-risk relatives. As research in clinical cancer genetics advances, offering hereditary cancer risk assessment has become an expectation in oncology practice, and many oncologists now routinely provide testing for high penetrance alleles (i.e., *BRCA 1, 2*). Oncologists are optimally positioned to advise patients regarding the risk of second malignancies and treatment-related cancers. Germline risk assessment is regularly integrated into standard oncology practice.

The issue of whom to test, and just as importantly whom not to test, for inherited cancer susceptibility is a question of great significance for oncology providers and patients. ASCO's own genetic testing policy underscores the importance of pre- and post-test counseling for individuals offered genetic testing for cancer risk. Cigna's policy is of concern, however, because it discounts the ability of appropriately trained oncology nurses and physicians to adhere to the same guidelines and make proper recommendations for genetic counseling and testing, and it eliminates patients' choice in obtaining information from the provider they wish.

ASCO and its volunteers have devoted considerable time and effort over the past two decades helping to help establish high standards of quality for hereditary cancer genetic counseling and testing. Through policy statements, expert guidelines, and QOPI measures, ASCO has helped oncology professionals to responsibly integrate genetic counseling and testing into clinical oncology practice. Oncology providers have demonstrated their interest in, and commitment to, continuing education on this issue. Over the last two decades, ASCO has developed two editions of an educational curriculum, has held numerous workshops and symposia, and has fostered a growing number of online education modules on ASCO University. These efforts alone have resulted in the education of an estimated 10,000+ oncologists to date.

We will continue to keep you updated on our dialogue with Cigna and hope our efforts will help reverse or revise Cigna's policy.

If you have questions or concerns about this policy and its potential impact on your oncology practice, please contact policy@asco.org.

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