

Medical Policy



An Independent Licensee of the
Blue Cross and Blue Shield Association.

Title: BRCA I and BRCA II Testing

Professional

Original Effective Date:

Revision Date(s): October 1, 2001; August 1, 2002; July 1, 2003; November 3, 2005; August 29, 2006; October 31, 2006

Current Effective Date: January 1, 2007

Institutional

Original Effective Date: February 1, 2006

Revision Date(s): August 29, 2006; October 31, 2006

Current Effective Date: January 1, 2007

DESCRIPTION

Families suspected of having hereditary breast and/or ovarian cancer are characterized by cancer occurring at an early age, in multiple generations, and often bilaterally and in a pattern suggesting an autosomal dominant pattern of inheritance. The susceptibility may be transmitted through the maternal or paternal side of the family. Germline alterations in 2 genes, BRCA1 and BRCA2, are associated with an increased risk of breast and ovarian cancer. Alterations in BRCA1 and BRCA2 explain much but not all inherited forms of breast and ovarian cancer. With the identification of BRCA1 and BRCA2, it is now possible to test for abnormalities in these genes to provide information on future risk of cancer.

POLICY

It has been determined by a genetic evaluation that the individual has a significantly increased risk for breast and/or ovarian cancer and will receive genetic counseling prior to and following the test and; (must include one of the following:)

1. Persons with breast and/or ovarian cancer who have two (2) or more first-degree* or second-degree** blood relatives (related through a single lineage) with either breast or ovarian cancer.
2. Persons with breast cancer, who are premenopausal, and have 1 first degree maternal relative with breast or ovarian cancer.
3. Person with breast and/or ovarian cancer who have one blood relative (less than 45 years of age at the onset of cancer) with either breast or ovarian cancer.
4. Persons with breast and/or ovarian cancer, which developed at an early age (less than 35 years). Ages 35 and above will be reviewed by a consultant.
5. Persons with breast and/or ovarian cancer with multiple primary cancers or bilateral disease.
6. Persons with breast cancer and a paternal family history of breast or ovarian cancer, case will be evaluated by a consultant.

7. For those contracts that do not include the genetic testing exclusion, BRCA testing should be allowed for first-degree* relatives of persons with documented mutations in the BRCA genes

OR

BRCA testing should be allowed in individuals who have had two or more first-degree relatives* or one first-degree relative* plus two or more second-degree relatives** who have had breast and/or ovarian cancer and who have not had BRCA testing.

*First-degree relatives are parents, siblings, and offspring.

**Second-degree relatives are aunts, uncles, grandparents, nieces, nephews or half-siblings.

CODING

REVENUE CODE

030X

CPT/HCPCS

| | |
|-------|--|
| 83890 | Molecular diagnostics; molecular isolation or extraction |
| 83891 | Molecular diagnostics; isolation or extraction of highly purified nucleic acid |
| 83892 | Molecular diagnostics; enzymatic digestion |
| 83893 | Molecular diagnostics; dot/slot blot production |
| 83894 | Molecular diagnostics; separation by gel electrophoresis (eg, agarose, polyacrylamide) |
| 83896 | Molecular diagnostics; nucleic acid probe, each |
| 83912 | Molecular diagnostics; interpretation and report |
| 83913 | RNA stabilization |
| S3818 | Complete gene sequence analysis; BRCA 1 gene |
| S3819 | Complete gene sequence analysis; BRCA 2 gene |
| S3820 | Complete BRCA1 and BRCA2 gene sequence analysis for susceptibility to breast and ovarian cancer |
| S3821 | Three mutation BRCA 1 and BRCA 2 analysis for susceptibility to breast and ovarian cancer in Ashkenazi individuals |

DIAGNOSIS

These diagnoses are otherwise subject to medical policy as stated above

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| 174.0 | Malignant neoplasm of female breast, nipple and areola |
| 174.1 | Malignant neoplasm of female breast, central portion |
| 174.2 | Malignant neoplasm of female breast, upper-inner quadrant |
| 174.3 | Malignant neoplasm of female breast, lower-inner quadrant |

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| 174.4 | Malignant neoplasm of female breast, upper-outer quadrant |
| 174.5 | Malignant neoplasm of female breast, lower-outer quadrant |
| 174.6 | Malignant neoplasm of female breast, axillary tail |
| 174.8 | Malignant neoplasm of female breast, other specified sites |
| 174.9 | Malignant neoplasm of female breast, unspecified |
| 175.0 | Malignant neoplasm of male breast, nipple and areola |
| 175.9 | Malignant neoplasm of male breast, other and unspecified sites |
| 183.0 | Malignant neoplasm of ovary |
| 198.6 | Secondary malignant neoplasm of ovary |
| 198.81 | Secondary malignant neoplasm of breast |
| 233.0 | Carcinoma in situ of breast |
| 233.3 | Carcinoma in situ of other and unspecified female genital organs (includes ovary) |
| V10.3 | Personal history of malignant neoplasm of breast |
| V10.43 | Personal history of malignant neoplasm of ovary |
| V16.3 | Family history of malignant neoplasm of breast |
| V16.4 | Family history of malignant neoplasm of ovary |
| V16.8 | Family history of malignant neoplasm of breast, male |

REVISIONS

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| August 29, 2006 with effective date November 1, 2006 | In "Policy" section, #6, added 'breast cancer and' to the statement as recommended by the Medical Director. |
| | In "Policy" section, #7, added 'For those contracts that do not include the genetic testing exclusion, BRCA testing should be allowed for' to the statement as recommended by the Medical Director. |
| October 31, 2006 with effective date of January 1, 2007 | In "Coding" CPT/HCPCS section, added CPT code 83913 due to the 2007 CPT changes. |

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Government Agency; Medical Society; and Other Authoritative Publications

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