



## P R O V I D E R   B U L L E T I N

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**To:        All Providers****Subject:   Billing Requirements and Prior Authorization Criteria for  
Genetic Testing for Breast and Ovarian Cancer****Overview**

The purpose of this bulletin is to announce changes to the Indiana Health Coverage Programs (IHCP) billing requirements and prior authorization (PA) criteria for genetic testing for breast and ovarian cancer (BRCA).

**Billing and Reimbursement**

Effective April 1, 2006, the IHCP will reimburse for BRCA 1 and BRCA 2 genetic testing when medically necessary, with prior authorization (PA) billed with the appropriate Healthcare Common Procedure Coding System (HCPCS) codes shown in Table 1 and the appropriate ICD-9-CM diagnosis codes shown in Table 2.

**Codes**

HCPCS codes S3820, S3822, and S3823 are limited to once per lifetime. If reimbursement has been provided for HCPCS code S3820, the IHCP will not reimburse S3822 or S3823 for that member because S3820 represents complete BRCA1 and BRCA 2 gene sequence analysis.

IHCP reimbursement is **not** available for BRCA testing reported with the HCPCS codes listed in Table 3. However, reimbursement is available for the codes listed in Table 3 for genetic testing related to other types of cancer, such as pancreatic carcinoma.

***Prior Authorization and Medical Necessity***

PA will be given for genetic testing related to breast and ovarian cancer, using the HCPCS codes listed in Table 1, when medically necessary in the following circumstances. Documentation must be submitted with the PA request and must be maintained in the member's medical record.

1. Clinically affected individuals (invasive breast cancer or ovarian cancer at any age) meeting at least one of the following criteria:
  - a. One or more first-degree (mother, father, sister, or daughter) or second-degree (aunt, uncle, grandmother, niece, or granddaughter) relatives with invasive breast cancer diagnosed before age 50.
  - b. One or more first- or second-degree relatives with ovarian cancer.
  - c. One or more first- or second-degree relatives with male breast cancer.
2. Individuals with a personal history of at least one of the following (no family history required):
  - a. Invasive breast cancer before age 50.
  - b. Ovarian cancer at any age.
  - c. Both invasive breast cancer and ovarian cancer at any age.
  - d. Male breast cancer at any age.
3. Individuals with a family member (related by blood) with a known BRCA 1 or BRCA 2 mutation.
4. Individuals with Ashkenazi (Eastern European) Jewish ancestry with invasive breast cancer at any age, or meeting any of the criteria in items 1-3.

BRCA testing of men with breast cancer is considered medically necessary for either of the following indications.

1. To assess the man's risk of recurrent breast cancer; or
2. To assess the breast cancer risk of a female member where the affected male is a first- or second-degree blood relative of that member. BRCA 1 and BRCA 2 testing to assess the risk of breast or prostate cancer in men without breast cancer is considered not medically necessary.

Table 1 – HCPCS Codes to Report Genetic Testing for Breast and Ovarian Cancer Diagnoses Only

HCPCS Code	Description	Comments
S3820	Complete BRCA 1 and BRCA 2 gene sequence analysis for susceptibility to breast and ovarian cancer	S3820 encompasses all of the testing for all the genetic variations involving BRCA 1 and BRCA 2. Testing required is more extensive than required for the specific gene variations reported by S3822 and S3823.
S3822	Single mutation analysis (in individual with a known BRCA 1 or BRCA 2 mutation in the family) for susceptibility to breast and ovarian cancer	S3822 designates the test required for detection of BRCA gene mutation for an individual with a family member known to have BRCA 1 or BRCA 2 mutation.
S3823	Three-mutation BRCA 1 and BRCA 2 analysis for susceptibility to breast and ovarian cancer in Ashkenazi individuals.	S3823 reports genetic testing for individuals of Ashkenazi Jewish descent. Since there are known to be fewer and more specific changes in this population group, the amount of testing required is significantly less than the general population.

Table 2 – ICD-9-CM Codes Supporting Medical Necessity

Code	Description
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
174.4	Malignant neoplasm of female breast; upper-outer quadrant
174.5	Malignant neoplasm of female breast; lower quadrant
174.6	Malignant neoplasm of female breast; axillary tail
174.8	Malignant neoplasm of female breast; other specified sites of breast
175.0	Malignant neoplasm of male breast; nipple and areola
175.9	Malignant neoplasm of male breast; other and unspecified sites of male breast
183.0	Malignant neoplasm of ovary and other uterine adnexa; ovary
183.2	Malignant neoplasm of ovary and other uterine adnexa; fallopian tube
183.3	Malignant neoplasm of ovary and other uterine adnexa; broad ligament
183.4	Malignant neoplasm of ovary and other uterine adnexa; parametrium
183.5	Malignant neoplasm of ovary and other uterine adnexa; round ligament
183.8	Malignant neoplasm of ovary and other uterine adnexa; other specified sites of uterine adnexa
183.9	Malignant neoplasm of ovary and other uterine adnexa; uterine adnexa, unspecified
V10.3	Personal history of malignant neoplasm; breast
V10.43	Personal history of malignant neoplasm; ovary
V16.3	Family history of malignant neoplasm; breast
V16.41	Family history of malignant neoplasm; ovary

Table 3 – HCPCS Codes to Report Other Genetic Testing Not to be Used for Breast and Ovarian Cancer Diagnoses

CPT® Code	Definition
83891	Molecular diagnostics; molecular isolation or extraction; isolation or extraction of highly purified nucleic acid.
83898	Molecular diagnostics; molecular isolation or extraction; amplification of patient nucleic acid (e.g., polymerase chain reaction (PCR), ligase chain reaction (LCR)), single primer pair, each primer pair
83904	Molecular diagnostics, molecular isolation or extraction; mutation identification by sequencing, single segment, each segment
83912	Molecular diagnostics, molecular isolation or extraction; interpretation and report
S3818	Complete gene sequence analysis; BRCA 1 gene
S3819	Complete gene sequence analysis; BRCA 2 gene

## **Contact Information**

If you have any questions about the information in this bulletin, contact Customer Assistance at (317) 655-3240, in the Indianapolis local area, or 1-800-577-1278.

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