



Status

Active

## Medical and Behavioral Health Policy

Section: Laboratory

Policy Number: VI-32

Effective Date: 09/24/2014

Blue Cross and Blue Shield of Minnesota medical policies do not imply that members should not receive specific services based on the recommendation of their provider. These policies govern coverage and not clinical practice. Providers are responsible for medical advice and treatment of patients. Members with specific health care needs should consult an appropriate health care professional.

## SINGLE-NUCLEOTIDE POLYMORPHISM (SNP) BREAST CANCER RISK ASSESSMENT

**Description:** Single nucleotide polymorphisms (SNPs), are single base-pair variations in the DNA sequence of the genome. Some of these have been found to be associated with breast cancer. However, these SNPs are common in the population and confer only small increases in breast cancer risk. It has been suggested that these common risk SNPs could be combined to achieve an individualized risk prediction, either alone or in combination with traditional predictors, in order to personalize screening programs in which starting age and intensity would vary by risk.

Examples of SNP breast cancer risk assessment tests are the OncoVue<sup>®</sup> Breast Cancer Risk Test (InterGenetics, Inc.) and BREVAGen<sup>™</sup> (Phenogen Sciences). These are proprietary tests to evaluate the status of multiple SNPs. Results are incorporated with personal history measures to determine breast cancer risk. The tests do not detect known high risk genetic factors such as *BRCA* mutations.

A number of companies currently offer breast cancer risk profile testing using SNPs directly to consumers via the Internet. These include 23andMe, deCODE, easyDNA, GenePlanet, Matrix Genomics, MediChecks, Navigenics, Pathway Genomics, and The Genetic Testing Laboratories.

**Policy:** Testing for one or more single nucleotide polymorphism (SNP) is considered **INVESTIGATIVE** as a method of estimating individual patient risk for developing breast cancer due to a lack of evidence demonstrating its impact on improved health outcomes. These include but are not limited to the OncoVue<sup>®</sup> and BREVAGen<sup>™</sup> breast cancer tests and tests offered directly to consumers.

**Coverage:** Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit

plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member's summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

**Coding:** *The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.*

**HCPCS:**

G0452 Molecular pathology procedure; physician interpretation and report

**Deleted Codes:** 83891, 83892, 83894, 83900, 83901, 83909, 83912, 83914

**Policy History:** **Developed September 9, 2009**

**Most recent history:**

Reviewed September 14, 2011

Reviewed September 12, 2012

Revised September 11, 2013

Reviewed September 10, 2014

**Cross Reference:** Genetic Testing for Hereditary Breast and/or Ovarian Cancer Syndrome (*BRCA1* and *BRCA2* Genes), VI-16

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