

### Article Information

**Article ID Number:** A56542 **Status:** A-Approved

**Article Title:** Billing and Coding: BRCA1 and BRCA2 Genetic Testing

**Original Article Effective Date:** 05/30/2019

**Revision Effective Date:** 12/10/2020

#### Article Text:

This Billing and Coding Article provides billing and coding guidance for Local Coverage Determination (LCD) L36715, BRCA1 and BRCA2 Genetic Testing. Please refer to the LCD for reasonable and necessary requirements.

#### Coding Guidance

**Notice:** It is not appropriate to bill Medicare for services that are not covered (as described by the entire LCD) as if they are covered. When billing for non-covered services, use the appropriate modifier.

### Coding Information

#### Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

999 Not Applicable

#### Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

99999 Not Applicable

#### CPT/HCPCS Codes:

Group 1 Paragraph:

**Note:** Providers are reminded to refer to the long descriptors of the CPT codes in their CPT book.

Group 1 CPT Codes:

<a href="#">81162</a>	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS AND FULL DUPLICATION/DELETION ANALYSIS (IE, DETECTION OF LARGE GENE REARRANGEMENTS)
<a href="#">81163</a>	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS
<a href="#">81164</a>	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL DUPLICATION/DELETION ANALYSIS (IE, DETECTION OF LARGE GENE REARRANGEMENTS)
<a href="#">81165</a>	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS
<a href="#">81166</a>	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL DUPLICATION/DELETION ANALYSIS (IE, DETECTION OF LARGE GENE REARRANGEMENTS)
<a href="#">81167</a>	BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL DUPLICATION/DELETION ANALYSIS (IE, DETECTION OF LARGE GENE REARRANGEMENTS)
<a href="#">81212</a>	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; 185DELAG, 5385INSC, 6174DELT VARIANTS
<a href="#">81215</a>	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; KNOWN FAMILIAL VARIANT
<a href="#">81216</a>	BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS
<a href="#">81217</a>	BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; KNOWN FAMILIAL VARIANT
<a href="#">81432</a>	HEREDITARY BREAST CANCER-RELATED DISORDERS (EG, HEREDITARY BREAST CANCER, HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 10 GENES, ALWAYS INCLUDING BRCA1, BRCA2, CDH1, MLH1, MSH2, MSH6, PALB2, PTEN, STK11, AND TP53
<a href="#">81433</a>	HEREDITARY BREAST CANCER-RELATED DISORDERS (EG, HEREDITARY BREAST CANCER, HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER); DUPLICATION/DELETION ANALYSIS PANEL, MUST INCLUDE ANALYSES FOR BRCA1, BRCA2, MLH1, MSH2, AND STK11

### ICD-10 Codes That Are Covered

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

The following ICD-10-CM codes support medical necessity and provide coverage for CPT codes: **81162, 81163, 81164, 81165, 81166, 81167, 81212, 81215, 81216, 81217, 81432, and 81433.**

<a href="#">C25.0</a>	Malignant neoplasm of head of pancreas
<a href="#">C25.1</a>	Malignant neoplasm of body of pancreas

<a href="#">C25.2</a>	Malignant neoplasm of tail of pancreas
<a href="#">C25.3</a>	Malignant neoplasm of pancreatic duct
<a href="#">C25.4</a>	Malignant neoplasm of endocrine pancreas
<a href="#">C25.7</a>	Malignant neoplasm of other parts of pancreas
<a href="#">C25.8</a>	Malignant neoplasm of overlapping sites of pancreas
<a href="#">C25.9</a>	Malignant neoplasm of pancreas, unspecified
<a href="#">C50.011</a>	Malignant neoplasm of nipple and areola, right female breast
<a href="#">C50.012</a>	Malignant neoplasm of nipple and areola, left female breast
<a href="#">C50.021</a>	Malignant neoplasm of nipple and areola, right male breast
<a href="#">C50.022</a>	Malignant neoplasm of nipple and areola, left male breast
<a href="#">C50.111</a>	Malignant neoplasm of central portion of right female breast
<a href="#">C50.112</a>	Malignant neoplasm of central portion of left female breast
<a href="#">C50.121</a>	Malignant neoplasm of central portion of right male breast
<a href="#">C50.122</a>	Malignant neoplasm of central portion of left male breast
<a href="#">C50.211</a>	Malignant neoplasm of upper-inner quadrant of right female breast
<a href="#">C50.212</a>	Malignant neoplasm of upper-inner quadrant of left female breast
<a href="#">C50.221</a>	Malignant neoplasm of upper-inner quadrant of right male breast
<a href="#">C50.222</a>	Malignant neoplasm of upper-inner quadrant of left male breast
<a href="#">C50.311</a>	Malignant neoplasm of lower-inner quadrant of right female breast
<a href="#">C50.312</a>	Malignant neoplasm of lower-inner quadrant of left female breast
<a href="#">C50.321</a>	Malignant neoplasm of lower-inner quadrant of right male breast
<a href="#">C50.322</a>	Malignant neoplasm of lower-inner quadrant of left male breast
<a href="#">C50.411</a>	Malignant neoplasm of upper-outer quadrant of right female breast
<a href="#">C50.412</a>	Malignant neoplasm of upper-outer quadrant of left female breast
<a href="#">C50.421</a>	Malignant neoplasm of upper-outer quadrant of right male breast
<a href="#">C50.422</a>	Malignant neoplasm of upper-outer quadrant of left male breast
<a href="#">C50.511</a>	Malignant neoplasm of lower-outer quadrant of right female breast
<a href="#">C50.512</a>	Malignant neoplasm of lower-outer quadrant of left female breast
<a href="#">C50.521</a>	Malignant neoplasm of lower-outer quadrant of right male breast
<a href="#">C50.522</a>	Malignant neoplasm of lower-outer quadrant of left male breast
<a href="#">C50.611</a>	Malignant neoplasm of axillary tail of right female breast
<a href="#">C50.612</a>	Malignant neoplasm of axillary tail of left female breast
<a href="#">C50.621</a>	Malignant neoplasm of axillary tail of right male breast
<a href="#">C50.622</a>	Malignant neoplasm of axillary tail of left male breast
<a href="#">C50.811</a>	Malignant neoplasm of overlapping sites of right female breast
<a href="#">C50.812</a>	Malignant neoplasm of overlapping sites of left female breast

<a href="#">C50.821</a>	Malignant neoplasm of overlapping sites of right male breast
<a href="#">C50.822</a>	Malignant neoplasm of overlapping sites of left male breast
<a href="#">C50.911</a>	Malignant neoplasm of unspecified site of right female breast
<a href="#">C50.912</a>	Malignant neoplasm of unspecified site of left female breast
<a href="#">C50.921</a>	Malignant neoplasm of unspecified site of right male breast
<a href="#">C50.922</a>	Malignant neoplasm of unspecified site of left male breast
<a href="#">C56.1</a>	Malignant neoplasm of right ovary
<a href="#">C56.2</a>	Malignant neoplasm of left ovary
<a href="#">C57.01</a>	Malignant neoplasm of right fallopian tube
<a href="#">C57.02</a>	Malignant neoplasm of left fallopian tube
<a href="#">C61</a>	Malignant neoplasm of prostate
<a href="#">D05.01</a>	Lobular carcinoma in situ of right breast
<a href="#">D05.02</a>	Lobular carcinoma in situ of left breast
<a href="#">D05.11</a>	Intraductal carcinoma in situ of right breast
<a href="#">D05.12</a>	Intraductal carcinoma in situ of left breast
<a href="#">D05.81</a>	Other specified type of carcinoma in situ of right breast
<a href="#">D05.82</a>	Other specified type of carcinoma in situ of left breast
<a href="#">D05.91</a>	Unspecified type of carcinoma in situ of right breast
<a href="#">D05.92</a>	Unspecified type of carcinoma in situ of left breast
<a href="#">Z17.0</a>	Estrogen receptor positive status [ER+]
<a href="#">Z17.1</a>	Estrogen receptor negative status [ER-]
<a href="#">Z85.07</a>	Personal history of malignant neoplasm of pancreas
<a href="#">Z85.3</a>	Personal history of malignant neoplasm of breast
<a href="#">Z85.43</a>	Personal history of malignant neoplasm of ovary
<a href="#">Z85.46</a>	Personal history of malignant neoplasm of prostate

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**\*For ICD-10-CM C50 codes, report applicable ICD-10-CM Z17 code for patients 60 years of age or less, to identify estrogen-receptor status.**

## ICD-10 Codes That Are Not Covered

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### Revision History Information

Revision History Date	Revision History Number	Revision History Explanation
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10/01/2021	R3	Article revised and published on 10/14/2021 effective for dates of service on and after 10/01/2021 to reflect the Annual ICD-10-CM Code Updates.
12/10/2020	R2	The following ICD-10-CM code has been added to the Article: <b>C56.3</b> to Group 1. Article revised and published 12/10/2020 effective for dates of service on and after 12/10/2020 to remove CPT codes 81445 and 81455 from the CPT Group 1 Codes and from the ICD-10 Group 1 Paragraph. Minor formatting changes made throughout the coding section.
11/07/2019	R1	Article revised and published on 11/07/2019. System changes have been made to our articles in response to CMS Change Request 10901. The Coding Section has been reordered and new sections for CPT/HCPCS Modifiers and Other Coding Information have been added.