

BRACANALYSIS LARGE REARRANGEMENT TEST (BART)

Scope

This policy applies to:

- | | | |
|---|---|-----------------------------------|
| <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington | <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington Options, Inc. | <input type="checkbox"/> Medicaid |
| <input checked="" type="checkbox"/> Commercial | <input checked="" type="checkbox"/> Medicare | |

Policy

Original Effective Date: 11/01/2013

When benefits allow and the [BRCA test](#) is negative, [BART](#) testing may be allowed for reimbursement.

Billing/Coding Guidelines

All claims must be billed according to Centers for Medicare & Medicaid Services (CMS) guidelines.

Policy Definitions

BART – An additional level of analysis, to detect large genomic rearrangements in both BRCA1 and BRCA2 that are not identified as part of the BRCA analysis sequencing test.

BRCA Test – A blood test that uses DNA analysis to identify harmful changes or mutations in either one of the two breast cancer susceptibility genes; BRCA1 and BRCA2.

Prerequisite(s)

Negative test result from BRCA testing.

References

[Calendar Year \(CY\) 2013 Annual Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment](#), MLN Matters 8132.

[BRCA1 and BRCA2: Cancer Risk and Genetic Testing](#), National Cancer Institute at the National Institutes of Health.

Frequently Asked Questions

Q1: A member's BRCA test results are positive and the BART test is performed. Will the BART test be payable?

A1: No. The BART test is only covered when BRCA testing is negative and clinical criteria of the health plan is satisfied.

Revision History

04/19/2022 – Updated to remove Medicaid from “This policy applies to” field, corrected hyperlinks and formatting.

Note: This information is intended to serve only as a general reference resource regarding reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, we may use reasonable discretion in interpreting and applying this policy to services being delivered in a particular case. Further, the policy does not cover all issues related to reimbursement for services rendered to our enrollees as legislative mandates, the provider contracts, the enrollee's benefit coverage documents, and the Provider Manual all may supplement or in some cases supersede this policy. This policy may be modified from time to time by publishing a new version of the policy on Kaiser Permanente provider website; however, the information presented in this policy is believed to be accurate and current as of the date of publication.