

SPECIAL eBULLETIN

FOR PROFESSIONAL PROVIDERS

SEPT. 24, 2018

NEW BRCA GENETIC TESTING REIMBURSEMENT POLICY EXPLAINS REPORTING GUIDELINES

Just as you do everything in your power to deliver the best care for patients, we do everything in ours to ensure providers are accurately reimbursed for that care. That's why we have a variety of programs dedicated to ensuring all claims are legitimate, accurate, and clinically appropriate.

To that end, Highmark is implementing a new BRCA1 and BRCA2 genetic testing reimbursement policy to ensure that we are reimbursing providers accurately for the services they provide to our members. The new policy will be effective Nov. 5, 2018. Providers should submit one procedure code when BRCA1 and BRCA2 full gene sequence evaluation testing is performed on the same date of service in accordance with the *Current Procedural Terminology (CPT®)* guidelines.

If a genetic lab performs BRCA1 and BRCA2 testing on the same day, please do not report separate procedure codes, for example, 81211 and 81213. Please report procedure code 81162, which represents both tests.

The new BRCA genetic testing reimbursement guidelines will apply to Highmark's Commercial products.

WEB LOCATION OF HIGHMARK'S REIMBURSEMENT POLICIES

You can review Highmark's Reimbursement Policy, RP-044, BRCA Genetic Testing, on the Provider Resource Center.

Reimbursement policies are located on the Provider Resource Center as an option under **CLAIMS, PAYMENT & REIMBURSEMENT**. Select **Reimbursement Policy** to review Highmark's reimbursement policies. As new reimbursement policies are developed, they will be added to the **Reimbursement Policy** page.

