

## Medical Coverage Policy | Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer



**EFFECTIVE DATE:** 07|01|2025

**POLICY LAST REVIEWED:** 05|07|2025

### OVERVIEW

Laboratory tests have been developed to detect the expression, via messenger RNA, of different genes in breast tumor tissue and combine the results to determine prognosis in individuals with breast cancer. Test results may help providers and individuals decide whether to include adjuvant chemotherapy in the postsurgical management of breast cancer, to alter treatment in individuals with ductal carcinoma in situ (DCIS) or triple-negative (estrogen receptor, progesterone receptor, human epidermal growth factor receptor 2) breast cancer (TNBC), or to recommend extended endocrine therapy in individuals who are recurrence-free at five years.

The following tests are addressed in this policy:

- BluePrint (Agendia® Inc) (CPT code 81479)
- BluePrint® Molecular Subtyping Test (Agendia® Inc.) (CPT code 0630U)
- DCISionRT® (Prelude Corporation) (CPT code 0295U)

### MEDICAL CRITERIA

#### Medicare Advantage Plans and Commercial Products

##### Oncotype DX Breast DCIS Score – CPT 0045U

Effective 7/1/2025, this test is considered medically necessary when the medical criteria in the online authorization tool for participating providers is met.

### PRIOR AUTHORIZATION

Prior authorization is required for Medicare Advantage Plans and recommended for Commercial Products via the online tool for participating providers for the following tests:

- Oncotype DX Breast DCIS Score

There is no specific CPT coding for some of the services referenced in this policy. Therefore, an Unlisted CPT code should be used (see Coding Section for details). All Unlisted genetic testing CPT codes require prior authorization to determine what service is being rendered and if the service is covered or not medically necessary. See the Related Policies section.

**Note:** Laboratories are not allowed to obtain clinical authorization or participate in the authorization process on behalf of the ordering physician. Only the ordering physician shall be involved in the authorization, appeal or other administrative processes related to prior authorization/medical necessity.

In no circumstance shall a laboratory or a physician/provider use a representative of a laboratory or anyone with a relationship to a laboratory and/or a third party to obtain authorization on behalf of the ordering physician, to facilitate any portion of the authorization process or any subsequent appeal of a claim where the authorization process was not followed and/or a denial for clinical appropriateness was issued, including any element of the preparation of necessary documentation of clinical appropriateness. If a laboratory or a third party is found to be supporting any portion of the authorization process, BCBSRI will deem the action a violation of this policy and severe action will be taken up to and including termination from the BCBSRI provider network. If a laboratory provides a laboratory service that has not been authorized, the service will be denied as the financial liability of the participating laboratory and may not be billed to the member.

### POLICY STATEMENT

## Medicare Advantage Plans and Commercial Products

Effective 7/1/2025, the following test(s) may be considered medically necessary when the medical criteria in the online authorization tool for participating providers is met:

- Oncotype DX Breast DCIS Score

The following test(s) are not covered for Medicare Advantage Plans and not medically necessary for Commercial Products as the evidence is insufficient to determine the effects of the technology on health outcomes:

- BluePrint
- BluePrint® Molecular Subtyping Test
- DCISionRT

Some genetic testing services are not covered and a contract exclusion for any self-funded group that has excluded the expanded coverage of biomarker testing related to the state mandate, R.I.G.L. §27-19-81 described in the Biomarker Testing Mandate policy. For these groups, a list of which genetic testing services are covered with prior authorization, are not medically necessary or are not covered because they are a contract exclusion can be found in the Coding section of the Genetic Testing Services or Proprietary Laboratory Analyses policies. Please refer to the appropriate Benefit Booklet to determine whether the member's plan has customized benefit coverage. Please refer to the list of Related Policies for more information.

### COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for laboratory tests and applicable not covered/not medically necessary benefits/coverage.

### BACKGROUND

#### BluePrint

Molecular subtyping profile or BluePrint is proposed for the evaluation of an individual's prognosis when diagnosed with breast cancer. The multigene profile classifies breast cancer into basal type, luminal type and ERBB type (HER2/neu positive) molecular subclasses to stratify an individual's risk to purportedly assist with treatment decisions. Aetna Agendia BluePrint has an 80-gene profile that classifies breast cancer into molecular subtypes. The profile separates tumors into Basal-type, Luminal-type and ERBB2-type subgroups by measuring the functionality of downstream genes for each of these molecular pathways to inform the physician of the potential effect of adjuvant therapy.

There is insufficient evidence to support the required clinical utility for BluePrint. The evidence is insufficient to determine the effects of the technology on health outcomes.

#### DCISionRT

The DCISionRT combines 7 monoclonal protein markers (COX-2, FOXA1, HER2, Ki-67, p16/INK4A, PR, and SIAH2) assessed in tumor tissue with 4 clinicopathologic factors (age at diagnosis, tumor size, palpability, and surgical margin status) to produce a score that stratifies individuals with DCIS into 3 risk groups: low risk, elevated risk with good response, and elevated risk with poor response. The purpose of the test is to predict radiation benefit in individuals with DCIS following breast conserving surgery.

For individuals who have DCIS considering radiotherapy who receive gene expression profiling with DCISionRT, the evidence includes retrospective validation studies. One Simon et al (2009) category B study provided evidence for clinical validity which showed no benefit of radiation therapy among a group of participants classified as low risk using the DCIS RT score at a threshold of <3 (absolute risk difference for invasive recurrence 1.2% (-5.7% to 8.2%). However, it is unclear whether the estimated 10-year recurrence risk for this group (12.4%; 95% CI 7.2% to 20.8% for invasive recurrence) is low enough to consider changing management or is estimated with sufficient precision. Conclusions are also limited because there are no comparison recurrence estimates for women based on the standard of care (risk predictions based on clinical

algorithms). The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

## **CODING**

### **Medicare Advantage Plans and Commercial Products**

The following CPT code(s) may be considered medically necessary for Medicare Advantage Plans and Commercial Products when the medical criteria in the online authorization tool for participating providers is met:

This code can be used for Oncotype DX Breast DCIS (Ductal Carcinoma In Situ) Score:

**0045U** Oncology (breast ductal carcinoma in situ), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score

Please refer to the Genetic Testing Services policy for the following CPT codes and associated ICD-10-CM codes that are considered medically necessary.

- Breast Cancer Index (Biotheranostics) (CPT code 81518)
- Oncotype DX Breast (Genomic Health) (CPT code 81519)
- Prosigna (NanoString Technologies) (CPT code 81520)
- MammaPrint (Agendia) (CPT code 81521)
- EndoPredict (Myriad) (CPT code 81522)
- MammaPrint NGS (Agendia) (CPT code 81523)

### **The following CPT code(s) are not covered for Medicare Advantage Plans and not medically necessary for Commercial Products.**

This code can be used for DCISionRT:

**0295U** Oncology (breast ductal carcinoma in situ), protein expression profiling by immunohistochemistry of 7 proteins (COX2, FOXA1, HER2, Ki-67, p16, PR, SIAH2), with 4 clinicopathologic factors (size, age, margin status, palpability), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a recurrence risk score

This code can be used for BluePrint® Molecular Subtyping Test:

**0630U** Oncology (breast), mRNA, gene expression profiling by micro-array of 80 genes (80 content and 465 housekeeping), utilizing formalin-fixed paraffin-embedded tissue (FFPE), algorithm reported as index that is diagnostic of a molecular subtype (luminal, basal, Her2) (New Code Effective 4/1/2026; prior to 4/1/2026, this test would be filed with CPT code 81479)

### **The following CPT code requires prior authorization for Medicare Advantage Plans and Commercial Products.**

The code can be used for any test identified in this policy that does not have a specific CPT code.

**81479** Unlisted molecular pathology procedure

## **RELATED POLICIES**

Biomarker Testing Mandate

Genetic Testing Services

Proprietary Laboratory Analyses (PLA) and Multianalyte Assays with Algorithmic Analyses (MAAA)

Unlisted Procedures

## **PUBLISHED**

Provider Update, July 2025

Provider Update, September 2024

Provider Update, February/November 2023

Provider Update, February 2022

Provider Update, June/September 2021

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2. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD): MolDX: Proteomics Testing (A59641)
3. Centers for Medicare and Medicaid Services (CMS). Local Coverage Article: Billing and Coding: MolDX: BLUEPRINT® Test (A55115)
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