GENETIC TESTING FOR ALPHA-1 ANTITRYPSIN DEFICIENCY

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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GENETIC TESTING FOR ALPHA-1 ANTITRYPSIN DEFICIENCY (cont.)

Description:

Alpha-1 antitrypsin deficiency (AATD) is an autosomal recessive genetic disorder that results in decreased production of the alpha-1 antitrypsin (AAT) protein or production of abnormal types of the protein that are functionally deficient. Individuals with AATD, especially smokers, have an increased risk of lung and liver disease. Tests are available to measure serum AAT levels and for AAT protein variant phenotyping. Genetic testing is also available to detect the most common mutations associated with AATD.

Production of AAT is encoded by the SERPINA1 gene, which is co-dominant (each gene copy is responsible for producing half of the AAT). Genetic testing for AATD is most commonly done by the alpha-1 genotype test. This test uses polymerase chain reaction (PCR) analysis or some other type of nucleic acid-based analysis, to identify abnormal alleles of AAT DNA. Currently, genotype tests are only designed to detect the most common mutations i.e. the S and Z alleles.

Definitions:

Genetic Testing:
Analysis of DNA, RNA, chromosomes, proteins and certain metabolites in order to detect alterations related to an inherited disorder.

Gene:
A hereditary unit consisting of segments of DNA that occupies a specific location on chromosomes. Genes undergo mutation when their DNA sequence changes.

Genetic Counseling:
Instruction that provides interpretation of genetic tests and information about courses of action that are available for the care of an individual with a genetic disorder or for future family planning.
GENETIC TESTING FOR ALPHA-1 ANTITRYPSIN DEFICIENCY (cont.)

Definitions: (cont.)

Affected Individual:
An individual displaying signs or symptoms characteristic of a suspected or specific inherited disorder.

Unaffected Individual:
An individual who displays no signs or symptoms characteristic of a suspected or specific inherited disorder.

Screening:
Genetic screening is the testing of an individual with no symptoms for a specific inherited disorder to determine if the individual carries an abnormal gene. Screening can be used to predict risk or potential risk for the individual or their offspring.

Familial Assessment:
1st, 2nd, and 3rd degree relatives are blood relatives on the same side of the family (maternal or paternal).

- 1st Degree Relative: Blood-related sibling, parent or child.
- 2nd Degree Relative: Blood-related relative removed by one generation, e.g., grandparent, grandchild, aunt/uncle, niece/nephew or half siblings.
- 3rd Degree Relative: Blood-related relative removed by two generations, e.g., great-grandparent, great-grandchild, great-aunt/uncle, grandniece/nephew or first cousin.
GENETIC TESTING FOR ALPHA-1 ANTITRYPsin DEFICIENCY (cont.)

Criteria:

- Genetic testing and/or counseling of an unaffected individual, regardless of risk factors is considered screening and not eligible for coverage.

- Genetic testing and/or counseling of an affected individual to confirm a disease when confirmation of the diagnosis would not impact the care and/or management is considered not medically necessary and not eligible for coverage.

- Genetic testing and/or counseling for alpha-1 antitrypsin gene (SERPINA 1) is considered medically necessary for an affected individual with documentation of ALL of the following:

  1. ONE of the following:
     - Anti-proteinase 3-positive vasculitis (C-ANCA) [anti-neutrophil cytoplasmic antibody]-positive vasculitis
     - Bronchiectasis without evident etiology
     - Early-onset emphysema (≤ age 45)
     - Emphysema in the absence of a recognized risk factor (e.g., smoking, occupational dust exposure, etc.)
     - Emphysema with prominent basilar hyperlucency
     - Otherwise unexplained liver disease
     - Necrotizing panniculitis
     - 1st degree relative with known alpha-1 antitrypsin deficiency

  2. Serum alpha-1 antitrypsin (AAT) level in the range of severe deficiency based on the laboratory’s normal range. In general, clinically-significant deficiency exists when the blood levels are less than 80 milligrams per deciliter (mg/dl) or 11 micromoles (µM). However, normal ranges for serum antitrypsin levels vary with the laboratory. It is important to note both the units of measurement and the laboratory’s normal range when interpreting an AAT serum level.

- Genetic testing and/or counseling for alpha-1 antitrypsin gene (SERPINA 1) for all other indications not previously listed or if above criteria not met is considered experimental or investigational based upon:

  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.
GENETIC TESTING FOR ALPHA-1 ANTITRYPSIN DEFICIENCY (cont.)

Resources:

Literature reviewed 02/28/17. We do not include marketing materials, poster boards and non-published literature in our review.

The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.

Resources prior to 05/22/13 may be requested from the BCBSAZ Medical Policy and Technology Research Department.

GENETIC TESTING FOR ALPHA-1 ANTITRYPSIN DEFICIENCY (cont.)

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ’s Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ’s Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1–800–368–1019, 800–537–7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe’ é atah nílínígíí Blue Cross Blue Shield of Arizona haada yit’éego bina’ídílkidgo éí dodoago Háída bíí anilíyeedígíí t’aadoo le’é yina’ídílkidgo beehaz’áanii hólo díí t’áa hazaadk’ehjí háká a’dooowolgó bee haz’q doo báqí ilínígódí. Ata’ halne’ígíí koi’ bíchí’jí hodíílnígíí 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một tổng dịch viên, xin gọi 877-475-4799.

Arabic: إن كان لديك أو أدى شخصًا تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona الضرورية بلغتك من دون اية تكلفة للتحدث مع مترجم المصلح ب 877-475-4799.
GENETIC TESTING FOR ALPHA-1 ANTITRYPSIN DEFICIENCY (cont.)

Multi-Language Interpreter Services: (cont.)

Tagalog: Kung ikaw, o ang iyong tinitulungan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatang na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통해하시기 위해서는 877-475-4799로 전화해십시오.

French: Si vous, ou quelqu’un que vous êtes en train d’aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d’obtenir de l’aide et l’information dans votre langue sans aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizonaについてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799までお電話ください。

Farsi:

اگر شما یا کسی که شما به او کمک می‌کنید، سوال نیز مورد اطلاعات به زبان خود را به طور رایگان دریافت نمایید 877-475-4799.

Assyrian:

Blue Cross Blue Shield of Arizona ناسیه‌تباری، سوم عفونت‌های ویروس‌های، سوم عفونت‌های، ممکن است به

Serbo-Croatian: Ukoiko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo do besplatno dobijene pomoći i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคุณ หรือคนที่คุณช่วยเหลือต้องการความช่วยเหลือ Blue Cross Blue Shield of Arizona ขอเสนอที่ได้ติดตามต่อที่ 877-475-4799.