

# Pharmacogenomics and Companion Diagnostics



INDEPENDENT CARE HEALTH PLAN

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## Medicare Advantage Medical Coverage Policy

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#### Disclaimer

The Coverage Summaries are reviewed by the iCare Medicare Utilization Management Committee. Policies in this document may be modified by a member's coverage document. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from iCare.

## Related Medicare Advantage Medical/Pharmacy Coverage Policies

Comprehensive Genomic Profiling for Solid Tumors

Genetic Testing

Genetic Testing for Diagnosis and Monitoring of Cancer

Testing for Hereditary Breast Ovarian Pancreatic and Prostate Cancer

Liquid Biopsy

Pharmacogenomics Testing

## Related Documents

Please refer to [CMS website](#) for the most current applicable National Coverage Determination (NCD)/Local Coverage Determination (LCD)/Local Coverage Article (LCA)/CMS Online Manual System/Transmittals.

Type	Title	ID Number	Jurisdiction Medicare Administrative Contractors (MACs)	Applicable States/Territories
NCD	Next Generation Sequencing (NGS)	<a href="#">90.2</a>		
LCD	MolDX: Pharmacogenomics Testing	<a href="#">L38435</a>	J5 - Wisconsin Physicians Service Insurance Corporation	IA, KS, MO, NE
LCD	Molecular Pathology Procedures	<a href="#">L35000</a>	J6 - National Government Services, Inc. (Part A/B MAC)	IL, MN, WI
LCD	MolDX: Pharmacogenomics Testing	<a href="#">L38435</a>	J8 - Wisconsin Physicians Service Insurance Corporation	IN, MI
LCD	MolDX: Pharmacogenomics Testing	<a href="#">L38394</a>	J15 - CGS Administrators, LLC (Part A/B MAC)	KY, OH
LCD LCA	MolDX: Pharmacogenomics Testing Billing and Coding: MolDX: Germline testing for use of PARP inhibitors	<a href="#">L38335</a> <a href="#">A55294</a>	JE - Noridian Healthcare Solutions, LLC	CA, HI, NV, American Samoa, Guam, Northern Mariana Islands
LCD LCA	MolDX: Pharmacogenomics Testing Billing and Coding: MolDX: Germline testing for use of PARP inhibitors	<a href="#">L38335</a> <a href="#">A55294</a>	JF - Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
LCD	Pharmacogenomics Testing Biomarkers for Oncology	<a href="#">L39063</a> <a href="#">L35396</a>	JH - Novitas Solutions, Inc. (Part A/B MAC)	AR, CO, NM, OK, TX, LA, MS
LCD	MolDX: Pharmacogenomics Testing	<a href="#">L38294</a>	JJ - Palmetto GBA (Part A/B MAC)	AL, GA, TN
LCD	Molecular Pathology Procedures	<a href="#">L35000</a>	JK - National Government Services, Inc. (Part A/B MAC)	CT, NY, ME, MA, NH, RI, VT
LCD	Pharmacogenomics Testing Biomarkers for Oncology	<a href="#">L39063</a> <a href="#">L35396</a>	JL - Novitas Solutions, Inc. (Part A/B MAC)	DE, D.C., MD, NJ, PA
LCD	MolDX: Pharmacogenomics Testing	<a href="#">L38294</a>	JM - Palmetto GBA (Part A/B MAC)	NC, SC, VA, WV

LCD	Pharmacogenomics Testing	<a href="#">L39073</a>	JN - First Coast Service Options, Inc. (Part A/B MAC)	FL, PR, U.S. VI
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## Description

**Pharmacogenomics and companion diagnostics** tests are laboratory studies that use an individual's unique genetic makeup to help determine response to a specific medication. Companion diagnostics differ from pharmacogenomics testing because they are co-developed with a specific drug to help evaluate response or nonresponse to the drug. Companion diagnostics are often approved by the US Food & Drug Administration (FDA) corresponding with a specific pharmacotherapy. Both types of tests are used to guide management for several cancers such as non-small cell lung cancer (NSCLC), breast and colorectal cancer (CRC). Techniques can vary from test to test include, but may not be limited to, fluorescence in situ hybridization (FISH), immunohistochemistry (IHC) and next-generation sequencing (NGS).

**Multigene (or expanded) panels** analyze a broad set of genes simultaneously (as opposed to single gene testing that searches for variants in one specific gene). Panels often include medically actionable genes but may also include those with unclear medical management.

## Coverage Determination

*iCare follows the CMS requirement that only allows coverage and payment for services that are reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member except as specifically allowed by Medicare.*

*Genetic tests must demonstrate clinical utility, analytical and clinical validity and fulfill the CMS "reasonable and necessary" criteria. Analytic validity (test accurately identifies the gene variant), clinical validity (test identifies or predicts the clinically defined disorder) and clinical utility (test measurably improves clinical outcomes) of the genetic test is supported by generally accepted standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, specialty society recommendations, and views of physicians practicing in relevant clinical areas. The test must be ordered by a physician who is treating the beneficiary and the results will be used in the management of a beneficiary's specific medical problem.*

*For jurisdictions with no Medicare guidance for a particular test, iCare will utilize the [MolDX program](#) and Technical Assessments for molecular assays as the standard to evaluate clinical utility, analytical and clinical validity in conjunction with adhering to Medicare's reasonable and necessary requirement.*

*In interpreting or supplementing the criteria above and in order to determine medical necessity consistently, iCare may consider the following criteria:*

### **Somatic (Acquired) Cancer**

**Pharmacogenomics and companion diagnostic** testing (including single gene, multi-gene panels, and combinatorial tests) in **somatic (acquired) cancer** will be considered medically reasonable and necessary when all the following requirements are met:

- Testing services are performed in a Clinical Laboratory Improvement Amendments (CLIA)-certified laboratory, when ordered by a treating physician; **AND**
- Individual is diagnosed with recurrent, relapsed, refractory, metastatic, or advanced stage III or IV cancer; **AND**
- Individual has not been previously tested with the same test using NGS or other methodology for the same cancer genetic content; **AND**
- Decided to seek further cancer treatment (eg, therapeutic chemotherapy); **AND**
- The diagnostic laboratory test using NGS or other methodology (eg, FISH, IHC) must have:
  - FDA approval or clearance as a companion in vitro diagnostic; **AND**
  - FDA approved or cleared indication for use in that patient's cancer; **AND**
  - Results provided to the treating physician for management of the patient using a report template to specify treatment options

### **Germline (Inherited) Cancer**

**Pharmacogenomics and companion diagnostic** testing (including single gene, multi-gene panels, and combinatorial tests) in **germline (inherited) cancer (eg, MyChoice CDx [0172U])** when all of the following criteria are met:

- Testing services are performed in a CLIA certified laboratory, when ordered by a treating physician; **AND**
- Individual is diagnosed with ovarian (including fallopian tube, primary peritoneal cancer) or breast cancer; **AND**
- Clinical indication for germline testing for hereditary breast or ovarian cancer (per National Comprehensive Cancer Network [NCCN] guidelines); **AND**
- Risk factor for germline breast or ovarian cancer; **AND**
- Individual has not been previously tested with the same germline test using NGS or other methodology for the same germline genetic content

- The diagnostic laboratory test using NGS or other methodology (eg, FISH, IHC) must have all of the following:
  - FDA approval or clearance; **AND**
  - Results provided to the treating physician for management of the individual using a report template to specify treatment options

*The use of the criteria in this Medicare Advantage Medical Coverage Policy provides clinical benefits highly likely to outweigh any clinical harms. Services that do not meet the criteria above are not medically necessary and thus do not provide a clinical benefit. Medically unnecessary services carry risks of adverse outcomes and may interfere with the pursuit of other treatments which have demonstrated efficacy.*

## Coverage Limitations

[US Government Publishing Office. Electronic code of federal regulations: part 411 – 42 CFR § 411.15 - Particular services excluded from coverage](#)

The following services/items will not be considered medically reasonable and necessary:

- Genetic tests that have not demonstrated clinical utility, analytical and clinical validity via the [MoIDX Program](#)
- Repeat genetic testing utilizing the same tissue sample for the same content

A review of the current medical literature shows that the evidence is insufficient to determine that this service is standard medical treatment for these indications. There remains an absence of randomized blinded clinical studies examining benefit and long-term clinical outcomes establishing the value of this service in clinical management for these indications.

Screening services such as presymptomatic genetic tests and services used to detect and undiagnosed diseased or disease predisposition are not a Medicare benefit and are not covered.

The following test types are examples of testing services that may not be considered a benefit (statutory excluded) and denied as Medicare Excluded tests<sup>123</sup>:

- Tests considered screening in the absence of clinical signs and symptoms of disease that are not specifically identified by the law; **OR**
- Tests that confirm a diagnosis or known information; **OR**
- Tests to determine risk for developing a disease or condition; **OR**
- Tests performed to measure the quality of a process; **OR**

- Tests without diagnosis specific indications; **OR**
- Tests identified as investigational by available literature and/or the literature supplied by the developer and are not a part of a clinical trial

### Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis	
81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis	
81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis	
81194	NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis	
81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)	
81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	
81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	
81237	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)	
81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	
81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	

81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	
81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)	
81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)	
81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)	
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37)	
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	
81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	
81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	
81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	
81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	
81445	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed	
81455	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA analysis, and RNA analysis when performed, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed	
81479	Unlisted molecular pathology procedure	
84999	Unlisted chemistry procedure	
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	

88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	
88360	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual	
0037U	Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	
0111U	Oncology (colon cancer), targeted KRAS (codons 12, 13, and 61) and NRAS (codons 12, 13, and 61) gene analysis utilizing formalin-fixed paraffin-embedded tissue	
0154U	Oncology (urothelial cancer), RNA, analysis by real-time RT-PCR of the FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p.G370C [c.1108G>T], p.Y373C [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3) utilizing formalin-fixed paraffin-embedded urothelial cancer tumor tissue, reported as FGFR gene alteration status	
0155U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545A, p.E545D [g.1635G>T only], p.E545G, p.E545K, p.Q546E, p.Q546R, p.H1047L, p.H1047R, p.H1047Y), utilizing formalin-fixed paraffin-embedded breast tumor tissue, reported as PIK3CA gene mutation status	
0172U	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score	
0177U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha) gene analysis of 11 gene variants utilizing plasma, reported as PIK3CA gene mutation status	
0249U	Oncology (breast), semiquantitative analysis of 32 phosphoproteins and protein analytes, includes laser capture microdissection, with algorithmic analysis and interpretative report	



0332U	Oncology (pan-tumor), genetic profiling of 8 DNA-regulatory (epigenetic) markers by quantitative polymerase chain reaction (qPCR), whole blood, reported as a high or low probability of responding to immune checkpoint–inhibitor therapy	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
No code(s) identified		

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## Change Summary

- Click or tap to enter a date. New Policy.

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