# Gene Expression Profiling for Idiopathic Pulmonary Fibrosis

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**Line of Business:** Medicare  

## Medicare Advantage Medical Coverage Policy

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## Related Medicare Advantage Medical/Pharmacy Coverage Policies

- Genetic Testing

## Related Documents

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

<table>
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<tr>
<th>Type</th>
<th>Title</th>
<th>ID Number</th>
<th>Jurisdiction Medicare</th>
<th>Applicable States/Territories</th>
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<td>LCD</td>
<td>Administrative Contractors (MACs)</td>
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<td>LCD</td>
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<td>L37919, J5 - Wisconsin Physicians Service Insurance Corporation, IA, KS, MO, NE</td>
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<td>Molecular Pathology Procedures</td>
<td>L35000, J6 - National Government Services, Inc. (Part A/B MAC), IL, MN, WI</td>
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<td>L37887, JE - Noridian Healthcare Solutions, LLC, CA, HI, NV, American Samoa, Guam, Northern Mariana Islands</td>
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<td>L34519, JN - First Coast Service Options, Inc. (Part A/B MAC), FL, PR, U.S. VI</td>
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Description
Gene expression profiling (GEP) is a laboratory test that measures the activity, or expression, of ribonucleic acid (RNA) of hundreds to thousands of genes at one time to give an overall picture of gene activity. GEP tests are typically performed on tumor tissue but may also be performed on other specimens such as blood. These tests often use microarray technology though other methodologies, such as next generation sequencing (NGS), whole transcriptome sequencing and reverse transcription polymerase chain reaction (RT-PCR), are also used. GEP tests are currently offered primarily for the management of cancer, most notably breast. However, the scope of testing has broadened to include evaluation of idiopathic pulmonary fibrosis. An example of this type of testing is Envisia Genomic Classifier.

GEP tests differ from germline genetic tests. GEP tests analyze RNA which is dynamic, responds to cellular environmental signals, are not usually representative of an individual’s germline DNA and are not inheritable. Germline genetic testing analyzes an individual’s deoxyribonucleic acid (DNA) to detect genetic variants (mutations). Germline mutations are inherited, are constant throughout an individual’s lifetime and are identical in every cell of the body.

Coverage Determination

*iCare follows the CMS requirements that only allows coverage and payment for services that are reasonable and necessary for the diagnosis and 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, 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 criteria contained in the following:* Envisia Genomic Classifier (81554) will be considered medically reasonable and necessary when the following requirements are met:1,2,3,4,5

- Individual to be tested has interstitial lung disease (ILD) and is suspected of having idiopathic pulmonary fibrosis (IPF); **AND**
• Absence of a definitive occupational, environmental, medication-related or other cause of the individual’s lung disease; **AND**

• Exclusion of autoimmune disease by clinical evaluation and serologic testing, including an evaluation by a rheumatologist when indicated; **AND**

• High-resolution computed tomography (CT) scan of the chest (defined by high kernel approximately 1mm axial reconstructions, including both inspiratory and expiratory imaging) and shows one of the following:
  
  o A **probable** interstitial pneumonia (UIP) pattern as defined by the Diagnostic Categories of UIP Based on CT Patterns; **OR**

  o An **indeterminate** UIP pattern Diagnostic Categories of UIP Based on CT Patterns; **AND**

• Is healthy enough to undergo a bronchoscopy with transbronchial biopsies

*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 tests may not be considered a benefit (statutory exclusion):

• Tests considered screening in the absence of clinical signs and symptoms of disease that are not specifically identified by the law;**11 OR**

• Tests that confirm a diagnosis or known information;**11 OR**

• Tests to determine risk for developing a disease or condition;**11 OR**

• Tests performed to measure the quality of a process;**11 OR**

• Tests without diagnosis specific indications;**11 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**11**

These treatments and services fall within the Medicare program’s statutory exclusion that prohibits payment for items and services that have not been demonstrated to be reasonable and necessary for the
diagnosis and treatment of illness or injury (§1862(a)(1) of the Act). Other services/items fall within the Medicare program’s statutory exclusion at 1862(a)(12), which prohibits payment.

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

- Genetic tests that have not demonstrated clinical utility, analytical and clinical validity via the MolDX Program

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

**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.

<table>
<thead>
<tr>
<th>CPT® Code(s)</th>
<th>Description</th>
<th>Comments</th>
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<tbody>
<tr>
<td>81554</td>
<td>Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstitial pneumonia [UIP])</td>
<td></td>
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**CPT® Category III Code(s)**

No code(s) identified

<table>
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<tr>
<th>HCPCS Code(s)</th>
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No code(s) identified

**References**


Appendix
Appendix A
Diagnostic Categories of UIP Based on CT Patterns

<table>
<thead>
<tr>
<th>Distribution and Features</th>
<th>Typical UIP CT Pattern</th>
<th>Probable UIP CT Pattern</th>
<th>CT Pattern Indeterminate for UIP</th>
<th>CT Features Most Consistent With Non-IPF Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distribution</td>
<td>Basal predominant (occasionally diffuse), and subpleural predominant; distribution is often heterogeneous</td>
<td>Basal and subpleural predominant; distribution is often heterogeneous</td>
<td>Variable or diffuse</td>
<td>Upper-lung or mid-lung predominant fibrosis; peribronchovascular predominance with subpleural sparing</td>
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<tr>
<td>Features</td>
<td>Honeycombing; reticular pattern with peripheral traction bronchiectasis or bronchiolectasis*; absence of features to suggest an alternative diagnosis</td>
<td>Reticular pattern with peripheral traction bronchiectasis or bronchiolectasis*; honeycombing is absent; absence of features to suggest an alternative diagnosis</td>
<td>Evidence of fibrosis with some inconspicuous features suggestive of non-UIP pattern</td>
<td>Any of the following: predominant consolidation, extensive pure ground glass opacity (without acute exacerbation), extensive mosaic attenuation with extensive sharply defined lobular air trapping on expiration, diffuse nodules or cysts</td>
</tr>
</tbody>
</table>

*Reticular pattern is superimposed on ground glass opacity, and in these cases it is usually fibrotic. Pure ground glass opacity, however, would be against the diagnosis of UIP or IPF and would suggest acute exacerbation, hypersensitivity pneumonitis, or other conditions

Change Summary
- 01/01/2024 New Policy.