November 2023

SONIC HEALTHCARE USA

Client Communication

Medicare Local Coverage Determination Policy: CGS

Coverage Policy

L38822- MolDX: Minimal Residual Disease Testing for Cancer

CPT: 81445, 81479, 81450, 81206, 81207, 81208, 81310, 81315, 81316, 81334, 81401, 0040U, 81261, 81263, 81264, 81340, 81342

Revision Effective Date: 11/02/2023

Coverage Indications, Limitations, and/or Medical Necessity

This Medicare contractor will provide limited coverage for minimally invasive molecular deoxyribonucleic acid (DNA) and ribonucleic acid (RNA) tests that detect minimal residual disease (MRD) in patients with a personal history of cancer.

This Contractor provides limited coverage for MRD testing in cancer when ALL of the following are true:

1. If Next-Generation Sequencing (NGS) methodology is used in testing, the conditions set by NCD90.2 are fulfilled (summarized: the patient has advanced cancer; plans on being treated for said cancer, and has not been previously tested with the same test for the same genetic content) or are not applicable (the patient does not have cancer as defined below)
2. The patient has a personal history of cancer, the type and staging of which is within the intended use of the MRD test
3. The identification of recurrence or progression of disease within the intended use population of the test is identified in the National Comprehensive Cancer Network (NCCN) or other established guidelines as a condition that requires a definitive change in patient management
4. The test is demonstrated to identify molecular recurrence or progression before there is clinical, biological or radiographical evidence of recurrence or progression AND demonstrates sensitivity and specificity of subsequent recurrence or progression comparable with or superior to radiographical or other evidence (as per the standard-of-care for monitoring a given cancer type) of recurrence or progression;
5. To be reasonable and necessary, it must also be medically acceptable that the test being utilized precludes other surveillance or monitoring tests intended to provide the same or similar information, unless they either (a)

are required to follow-up or confirm the findings of this test or (b) are medically required for further assessment and management of the patient;

6. If the test is to be used for monitoring a specific therapeutic response, it must demonstrate the clinical validity of its results in published literature for the explicit management or therapy indication (allowing for the use of different drugs within the same therapeutic class, so long as they are considered 'equivalent and interchangeable' *for the purpose of MRD testing*, as determined by national or society guidelines);
7. Clinical validity (CV) of any analytes (or expression profiles) measured must be established through a study published in the peer-reviewed literature for the intended use of the test in the intended population;
8. The test is being used (a) in a patient who is part of the population in which the test was analytically validated and (b) according to the intended use of the test;
9. The MRD test [unless it is a Food and Drug Administration (FDA) approved and established standard-of-care single-gene polymerase chain reaction (PCR)] satisfactorily completes a technical assessment (TA) that will evaluate and confirm that the analytical validity, clinical validity, and clinical utility criteria set in this policy are met to establish the test as Reasonable and Necessary;
10. Tests utilizing a similar methodology or evaluating a similar molecular analyte to a test for which there is a generally accepted testing standard or for which existing coverage exists must demonstrate equivalent or superior test performance (i.e., sensitivity and/or specificity) when used for the same indication in the same intended-use population.

MRD testing often requires 2 types of assays to be performed as part of the service. First, a sample is taken from tumor diagnostic material to establish a baseline (solid and/or liquid) tumor signature as defined by the test methodology. This is followed by a series of assays run on a minimally invasive specimen (i.e., liquid biopsy or bone marrow aspirate) to detect the presence or recurrence of tumor, based on the measured biomarkers, expression, or other analytes over various timepoints. Other approaches are also acceptable, based on the validity established for the individual test comprising the service. This series of assays comprises a single test when the patient is known to have cancer.

When the patient is NOT known to have cancer (specifically when there is no clinical, radiographical, or other biological evidence that tumor cells remain post treatment and subsequently the patient is no longer being subjected to therapeutic interventions for cancer), a second kind of test may exist wherein a single timepoint may constitute a single test. In such patients, the frequency of MRD testing is in accordance with national or society guidelines or recommendations.

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For patients with or without cancer (as defined above), established standard-of-care MRD tests using single-gene PCR (i.e., BCR-ABL1) are covered under this policy according to testing schedules outlined in national (i.e., NCCN) or society guidelines.

MRD testing in accordance with this policy can be performed using PCR and/or sequencing-based technologies and is not restricted to a single type of biological material or defined number of genes.

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The ICD10 codes listed below are the top 40 diagnosis codes Sonic most commonly receives from ordering physicians for this limited-coverage test. Medicare supports provider utilization of all the diagnosis codes listed below, except those notated in bold. If you are providing a diagnosis code that is bolded below, please submit a valid ABN form with the order. To view the complete policy and the full list of medically supported diagnosis codes, please refer to the CMS website for guidance: https://www.cms.gov/medicare-coverage-database/search.aspx

Code	Description
I10	**Essential (primary) hypertension**
I50.9	**Heart Failure, Unspecified**
G40.802	**Other epilepsy, not intractable, without status epilepticus**
E55.9	**Vitamin D deficiency, unspecified**
D64.9	**Anemia, Unspecified**
Z13.0	**Encounter for screening for diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism**
R53.83	**Other Fatigue**
E03.8	**Other specified hypothyroidism**
B97.89	**Other viral agents as the cause of diseases classified elsewhere**
E23.0	**Hypopituitarism**
R42	**Dizziness and Giddiness**
E29.1	**Testicular hypofunction**
R79.82	**Elevated C-reactive protein (CRP)**
E34.9	**Endocrine disorder, unspecified**
C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission
E53.8	**Deficiency of other specified B group vitamins**
M25.50	**Pain in the Unspecified Joint**
M25.519	**Pain in unspecified shoulder**
M62.81	**Muscle weakness (generalized)**
R41.3	**Other amnesia**
E72.11	**Homocystinuria**
R53.82	**Chronic fatigue, unspecified**

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E78.00	Pure hypercholesterolemia, unspecified
R68.89	Other general symptoms and signs
E78.2	Mixed Hyperlipidemia
R94.4	Abnormal results of kidney function studies
Z13.29	Encounter for screening for other suspected endocrine disorder
Z13.1	Encounter for screening for diabetes mellitus
Z13.6	Encounter for screening for cardiovascular disorders
B96.89	Other specified bacterial agents as the cause of diseases classified elsewhere
B37.0	Candidal stomatitis
G89.29	Other chronic pain